

Connecticut Police Academy

Child Abuse

SEC 518

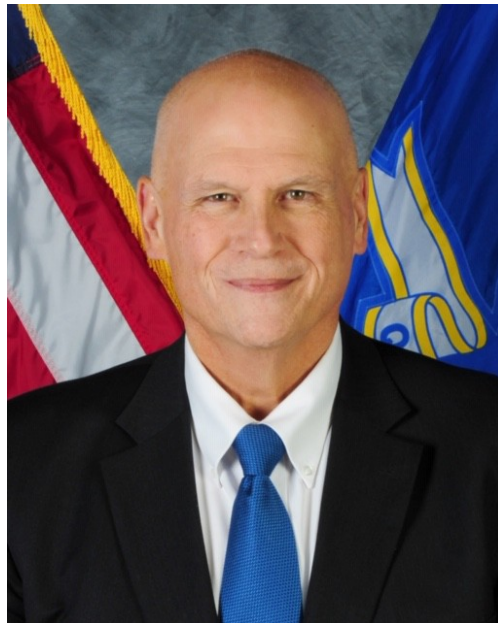
T/O BRIAN P. REILLY



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Goals and Objectives

518 CHILD ABUSE & NEGLECT (4 hrs)

INSTRUCTIONAL GOAL:

The purpose of this course is to teach recruits how to recognize suspected cases of neglect, abuse, and the sexual abuse of children. Interviewing methods appropriate for children will be covered as well as proper child protection reporting procedures.

PERFORMANCE OBJECTIVES:

- 1) Define the following terms:
 - [Abused child](#)
 - [Neglected child](#)
 - [Mandatory Reporting Laws](#)
 - [Forensic Interview](#)
- 2) [Identify the Connecticut Mandatory Reporter laws and procedures.](#)
- 3) [Be able to efficiently utilize DCF Careline and fill out DCF -736 form](#)
- 4) Identify proper procedures for conducting investigations for:
 - [Abuse](#)
 - [Neglect](#)
 - [Sexual abuse](#)
- 5) [Identify various public and private groups and agencies that can assist and/or have responsibilities for child abuse/neglect cases.](#)
- 6) [Identify who can remove custody from parent/ guardian](#)
- 7) [Identify proper and effective methods for interviewing child abuse victims.](#)
- 8) [Identify proper protocol for interviewing child sexual abuse victim](#)

OVERVIEW OF THE CHILD PROTECTION SYSTEM

Law enforcement is one of the key professions involved in the child protection system. Each discipline involved in the system maintains its own purpose, authority, philosophical basis, and approaches to intervening in child abuse and neglect. For example, Department of Children and Families (DCF) generally is designated as the agency responsible for receiving reports of interfamilial child maltreatment. DCF maintains a social work orientation, with a focus on protection of the child from further abuse and neglect and maintaining the integrity of the family. DCF has a rehabilitative focus in its intervention. State and Federal laws and professional values and standards support the preservation or reunification of the family. Decision making in these agencies is often shared, with individual DCF caseworkers seeking consultation from supervisors or legal counsel prior to significant case action such as the removal of a child from his/her family.

DCF receives reports 24 hours a day through the “Careline”. Law enforcement receives calls of child abuse at all hours but may refer the investigation to DCF Careline as well. A Careline worker may respond to calls after hours. Law enforcement’s mission is to investigate crimes and refer those believed responsible for the crime for criminal prosecution. The police agency is organized in a quasi-military structure with clear lines of authority. Individual officers generally act on their judgment without the requirement of formal consultation with supervisors. The prosecutor and other professionals, such as victim/witness advocates, use the results of law enforcement investigations to prosecute cases and assist victims.

Other key professionals such as physicians and other health personnel not only treat the injuries incurred as the result of abuse, but also provide critical information to investigators. Officers involved in the child protection system encounter a greater diversity of judicial forums than in other areas of law enforcement. Not only will they work with prosecutors and criminal courts, but they may find themselves called upon to testify in juvenile or family court, divorce courts (when allegations of abuse are being considered), and even before State administrative bodies such as day care licensing boards.

WHO IS A MANDATED REPORTER?

Under Connecticut law, the following professionals are “mandated reporters” and are therefore required to report known or suspected incidents of abuse or neglect of any child under age 18 and any child under age 21 if the child is a DCF client:

- Any person paid to care for a child in any public or private facility, child day care center, group day care home or family day care home which is licensed by the State
- Domestic Violence Counselors
- Chiropractors
- Dentists and Dental Hygienists
- Department of Children and Families employees
- office of Early Childhood employees responsible for the licensing of child day care centers, group day care homes, family day care homes or youth camps.
- Foster parents
- Judicial Department Employees (Family Relations Counselors, Family Counselor Trainees, Family Services Supervisors
- Licensed or Unlicensed Resident Interns
- Licensed or Unlicensed Resident Physicians
- Licensed Physicians, Surgeons
- Licensed Practical Nurses
- Licensed Professional Counselors
- Licensed Behavior Analyst
- Licensed/Certified Alcohol and Drug Counselors
- Licensed/Certified Emergency Medical Services Providers
- Licensed/Certified Marital and Family Therapists
- Medical examiners
- Any paid Youth Camp Director or Assistant Director
- Members of the Clergy
- Mental health professionals
- Optometrists
- Parole officers (Juvenile or Adult)
- Pharmacists
- Physical therapists
- Physicians
- Physician Assistants
- Podiatrists
- Police officers
- Probation officers (Juvenile or Adult)
- Psychologists
- Registered Nurses
- School Coaches or Coaches of Intramural or Interscholastic Athletics
- School Employees
- Sexual Assault Counselors
- Social Workers
- The Child Advocate and any employee of the office of the Child Advocate

WHAT IS A MANDATED REPORTER REQUIRED TO DO?

Mandated reporters are required to report or cause a report to be made when, in the ordinary course of their employment or profession, they have reasonable cause to suspect or believe that a child under the age of 18 and any child under the age of 21 if the child is a DCF client, has been abused, neglected or is placed in imminent risk of serious harm.

DO THOSE MANDATED TO REPORT INCUR LIABILITY?

No. Any person, institution or agency which, in good faith, makes or does not make a report, shall be immune from any civil or criminal liability provided such person did not perpetrate or cause such abuse or neglect.

IS THERE A PENALTY FOR NOT REPORTING?

Yes. Any person required to report who fails to do so may be prosecuted for a Class A misdemeanor and may be required to participate in an educational and training program. Any person who intentionally and unreasonably interferes with or prevents a report may be prosecuted for a Class D felony.

IS THERE A PENALTY FOR MAKING A FALSE REPORT?

Yes. Any person who knowingly makes a false report of child abuse or neglect may be fined not more than \$2,000 or imprisoned for not more than one year or both. The identity of such person shall be disclosed to the appropriate law enforcement agency and to the alleged perpetrator of the abuse.

WHAT ARE THE REPORTING REQUIREMENTS?

An oral report shall be made by a mandated reporter by telephone or in person to DCF Careline or to a law enforcement agency as soon as practicable, but not later than 12 hours after the mandated reporter has reasonable cause to suspect or believe that a child has been abused or neglected or placed in imminent risk of serious harm. If a law enforcement agency receives an oral report, it shall immediately notify Careline. oral reports to the Careline shall be recorded.

Within 48 hours of making an oral report, a mandated reporter shall submit a written report to DCF Careline on DCF-136, "Report of Suspected Child Abuse or Neglect."

When a mandated reporter is a member of the staff of a public or private institution or facility that provides care for children or a public or private school, the reporter shall also submit a copy of the written report to the person in charge of such institution, school or facility or the person's designee.

An oral report must be made within 12 hours of the alleged abuse, followed by a written one (DCF 136 form) within 48 hours after that, both to DCF Careline, **1-800-842-2288**. The written report form is available on DCF website at <https://portal.ct.gov/DCF/1-DCF/Reporting-Child-Abuse-and-Neglect> or one can be requested when an oral report is made to DCF Careline. A law enforcement agency must immediately notify DCF when it receives an oral report.

Mandated reporters are required to give their name when they make a report to DCF, however, reporters may request anonymity to protect their privacy. This means that DCF would not disclose their name or identity unless mandated to do so by law (Connecticut General Statutes, Sections 17a-28 and 17a-101). Unless a reporter gives written consent, his or her name will not be disclosed except to:

- a DCF employee
- a law enforcement officer
- an appropriate state's attorney
- an appropriate assistant attorney general
- a judge and all necessary parties in a court proceeding
- a state child care licensing agency, executive director of any institution, school or facility or superintendent of schools

If DCF suspects or knows that the reporter knowingly makes a false report, his or her identity shall be disclosed to the appropriate law enforcement agency and the person may be subject to the penalty described in the next section.

For more information on Connecticut Laws and Information about Child Abuse and Neglect, visit the Connecticut Judicial Branch Law Libraries webpage: <https://www.jud.ct.gov/lawlib/law/childabuse.htm>

REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT



Careline
1-800-842-2288

Within forty-eight hours of making an oral report, a mandated reporter shall submit this form (DCF-136) to the relevant Area office listed below
See the reverse side of this form for a summary of Connecticut law concerning the protection of children.

Please Print or Type

Child's Name	<input type="checkbox"/> M <input type="checkbox"/> F	Age or DOB	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American (not of Hispanic origin)	<input type="checkbox"/> Hispanic <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
Child's Address				
Name of Parents or other Person Responsible For Child's Care		Address		Phone Number
Name of Careline Worker to Whom oral Report Was Made		Date of oral Report	Date and Time of Suspected Abuse/Neglect	
Name of Suspected Perpetrator, If Known		Address and Phone Number, If Known		Relationship To Child
Nature and Extent of Injury(ies), Maltreatment or Neglect				
Describe the Circumstances Under Which the Injury(ies), Maltreatment or Neglect Came To Be Known				
Describe the Reasons Such Persons(s) Are Suspected of Causing Such Injuries, Maltreatment of Neglect				
Information Concerning Any Previous Injury(ies), Maltreatment or Neglect of The Child or His/Her Siblings				
Information Concerning Any Prior Cases(s) In Which the Person(s) Have Been Suspected of Causing An Injury(ies), Maltreatment or Neglect of A Child				
List Names and Ages of Siblings, If Known				
What Action, If Any, Has Been Taken to Treat, Provide Shelter or Otherwise Assist the Child?				

REPORTER SECTION

Reporter's Name:	Reporter's Race
Agency Name:	American Indian or Alaskan Native
Phone Number:	Asian/Pacific Islander
Agency Address:	Black/African American (not of Hispanic origin)
City:	Hispanic (any race)
	White (not of Hispanic origin)
	Prefer Not to Answer
	Other _____
Reporter's Signature	Position
	Date

WHITE COPY: TO DCF AREA OFFICE (see below)

IF YOU NEED ADDITIONAL SPACE, YOU MAY ATTACH MORE DOCUMENTATION

Bridgeport 100 Fairfield Avenue Bridgeport, CT 06604 203-384-5300 TDD: 203-384-5399 Fax: 203-384-5306	Danbury 131 West Street Danbury, CT 06810 203-207-5100 TDD: 203-748-8325 Fax: 203-207-5169	Hartford 250 Hamilton Street Hartford, CT 06106 860-418-8000 TDD: 800-315-4082 Fax: 860-418-8325	Manchester 364 West Middle Turnpike Manchester, CT 06040 860-533-3600 TDD: 800-315-4415 Fax: 860-533-3734	Norwalk 761 Main Avenue, I-Park Complex Norwalk, CT 06851 203-899-1400 TDD: 203-899-1491 Fax: 203-899-1463, 203-899-1464
Meriden One West Main Street Meriden CT 06451 203-238-8400 TDD: 203-238-8517 Fax: 203-238-6425	Middletown 2081 South Main Street Middletown, CT 06457 860-638-2100 TDD: 860-638-2195 Fax: 860-346-0098	Milford 38 Wellington Road Milford, CT 06461 203-306-5300 TDD: 203-306-5604 Fax: 203-306-5606	New Britain One Grove Street, 4th Floor New Britain, CT 06053 860-832-5200 TDD: 860-832-5370 Fax: 860-832-5491	New Haven One Long Wharf Drive New Haven, CT 06511 203-786-0500 TDD: 203-786-2599 Fax: 203-786-0660
Norwich Two Courthouse Square Norwich, CT 06360 860-886-2641 TDD: 860-885-2438 Fax: 860-887- 3683	Torrington 62 Commercial Blvd Torrington, CT 06790 860-496-5700 TDD: 860-496-5798 Fax: 860-496-5834	Waterbury 395 West Main Street Waterbury, CT 06702 203-759-7000 TDD: 203-465-7329 Fax: 203-759-7295	Willimantic 322 Main Street Willimantic, CT 06226 860-450-2000 TDD: 860-456-6603 Fax: 860-450-1051	Special Investigations Unit 505 Hudson Street, 7 th Floor Hartford, CT 06106 860-550-6696 FAX: 860-723-7237

DEFINITIONS OF ABUSE AND NEGLECT

Abused Child:

Any child who has a non-accidental physical injury, or injuries which are at variance with the history given of such injuries or is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment.

Neglected Child:

Any child who has been abandoned or is being denied proper care and attention, physically, educationally, emotionally, or morally or is being permitted to live under conditions, circumstances or associations injurious to his or her well-being.

Exception: The treatment of any child by an accredited Christian Science practitioner shall not by itself constitute neglect or maltreatment.

CHILD UNDER AGE 13 WITH VENEREAL DISEASE:

A physician or facility must report to Careline upon the consultation, examination or treatment for venereal disease of any child who has not reached his or her 13th birthday.

DO PRIVATE CITIZENS HAVE A RESPONSIBILITY FOR REPORTING?

Yes. Any person having reasonable cause to suspect or believe that any child under the age of 18 is in danger of being abused or has been abused or neglected may cause a written or oral report to be made to the Careline or a law enforcement agency. Any person making the report in good faith is immune from any liability, civil or criminal. However, the person is subject to the penalty for making a false claim.

WHAT MEANS ARE AVAILABLE FOR REMOVING A CHILD FROM HIS OR HER HOME?

- 96-Hour hold by the Commissioner of DCF or designee.
- 96-Hour hold by a physician – Any physician examining a child with respect to whom abuse or neglect is suspected shall have the right to keep such child in the custody of a hospital for no longer than 96 hours in order to perform diagnostic tests and procedures necessary to the detection of child abuse or neglect and to provide necessary medical care with or without the consent of such child's parents or guardian or other person responsible for the child's care, provided the physician has made reasonable attempts to
- advise such child's parents or guardian or other person responsible for the child's care that the physician suspects the child has been abused or neglected, and (2) obtain consent of such child's parents or guardian or other person responsible for the child's care. In addition, such physician may take or cause to be taken photographs of the area of trauma visible on a child who is the subject of such report without the consent of such child's parent's or guardian or other person responsible for the child's care. All such photographs or copies thereof shall be sent to the local police department and the Department of Children and Families.
- Bench order of temporary custody – Whenever any person is arrested and charged with an offense under Section 53-20 or 53-21 or under Part V, VI, or VII of Chapter 952, as amended, the victim of which offense was a minor residing with the defendant, any judge of the Superior Court may, if it appears that the child's condition or circumstances surrounding the case so require, issue an order to the Commissioner of the Department of Children and Families to assume immediate custody of such child and, if the circumstances so require, any other children residing with the defendant and to proceed thereon as in other cases.

ROLE OF LAW ENFORCEMENT IN COMBATING CHILD MALTREATMENT

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Law enforcement officers tend to view child abuse and neglect not as a social problem, but rather in the context of criminal law. All or most all forms of reportable child abuse or child neglect are crimes. Consequently, officers generally focus their energy on preservation and collection of evidence for criminal prosecution. Unless they have been trained in the philosophy of child protection, law enforcement officers will generally see little importance in family preservation. Many officers will believe a parent who abuses or neglects a child has abdicated parental responsibilities and does not deserve to care for the maltreated child. Most officers will consider incarceration of the person(s) responsible for the child's condition as the desirable outcome. As officers gain experience in cases of child maltreatment, they often begin to appreciate the civil protection alternatives DCF offers, the value of casework intervention, and the need for efforts to protect children without resorting to out-of-home placement.

Child abuse and neglect represents a departure from the more traditional law enforcement cases. Most crime reports can be accepted as generally factual. That is, if Mrs. Jones reports her house has been burglarized, the responding officers can enter the case with the presumption that a crime has occurred and set out to find the person(s) responsible. In child maltreatment cases, however, the officer must first establish that a crime has, in fact, occurred. He or she cannot assume, in the absence of other evidence, that the injury or sexual assault reported has occurred, and that the child's condition is the result of an individual's actions or willful inactions. The role of the law enforcement officer and DCF caseworker, as well, is *first to determine if abuse or neglect has occurred*, and if so, *who is responsible*, then decide *what actions*, if any, *are necessary to protect the child*. Only then can the officer really focus on collecting the evidence necessary for a criminal prosecution.

SPECIALIZED KNOWLEDGE AND SKILLS

The crimes of child abuse and neglect also present some other unique issues. First, the victim is always a child, and some are very young. The officer's ability to communicate with children is dependent upon his/her understanding of cognitive and language development of children. The crime victims in this class of case are at a disadvantage in any subsequent legal proceedings. Second, many forms of abuse resemble non-abusive conditions. Inflicted traumatic injuries will be described by defense attorneys as the result of accidents. Some medical conditions may also be initially misdiagnosed as maltreatment, even by trained medical professionals. Therefore, the officer must consider all reasonable alternative explanations for the child's condition. The situation is especially sensitive when it involves child death. Complicating the investigation further is the fact that child abuse and neglect generally occurs in private places and the victims, for a number of reasons, may actively try to hide the evidence of maltreatment and deny its existence even when approached by an investigator.

Law enforcement officers assigned to child abuse investigations must possess special skills. The investigators chosen for this type of work should be able to communicate and empathize not only with the victim but also with the family and the perpetrator. In many instances, if the investigator can talk effectively with the offender, he or she can obtain a confession or other incriminating statements. Often, meticulous, detailed effort is necessary to build the case. Also, knowledge of the patterns and types of child maltreatment is a necessity for the investigator.

Investigators who work with child abuse cases must receive special training. While a good investigator can work on a child abuse case, specialized knowledge and skills eliminate much of the guesswork on the part of the investigator. Any law enforcement training provided to investigators must focus on the special needs of the victim. It is important for the investigator to realize that the victims of child abuse may suffer both psychological and physiological trauma. Immediate attention to psychological wounds assures greater possibility of successful treatment just as

immediate attention to physical wounds assures greater probability of successful medical treatment. Finally, investigators must also be able to share authority with other disciplines and work in a team environment with DCF officials if the outcome of all agencies is to be achieved.

LAW ENFORCEMENT ROLES

Law enforcement officers play many roles in the community's response to child abuse and neglect.

Prevention/Advocacy

Because law enforcement officers are seen as a symbol of public safety, they are in an excellent position to raise community awareness about child abuse and neglect. Their perspective on the issue will carry significant weight with the media and the public at large. Because of this, many law enforcement agencies actively participate in community education efforts designed to reduce the risk of child abuse and neglect and encourage reporting. The most common prevention programs are held in school settings and target extrafamilial sexual abuse. Officers conducting such programs must balance their presentations with material on abuse by relatives and caregivers if programs are to be effective for most potential victims.

Reporting

Because of their presence in the community, law enforcement officers often encounter situations that appear to involve child maltreatment. For example, on domestic calls or during drug arrests the officer may see evidence of harm to a child. Police are, in fact, legally mandated to report any suspected abuse and neglect. Nationally, law enforcement makes about 16 percent of all reports of suspected maltreatment to DCF.

Support to Department of Children and Families

It is increasingly important for DCF and law enforcement to work together. One area of cooperation involves law enforcement support to DCF. Sometimes DCF caseworkers must visit isolated, dangerous locations and deal with mentally unstable, violent, and/or substance controlled individuals. Caseworkers generally do not have on-site communication (radio, car phone, etc.), weapons, or special training in self-protection. Because of this and the stabilizing effect that law enforcement personnel have on many people, it is often necessary for law enforcement personnel to accompany DCF caseworkers to conduct their investigations.

Law enforcement officers may accompany DCF caseworkers based on the location of investigation, the time of night, or history of the subjects involved. Failure to have proper backup has unfortunately resulted in the deaths of several child protective services caseworkers and injuries to many others in the United States.

Law enforcement's authority is also much more widely accepted than DCF authority. Many times DCF caseworkers are denied access to alleged victims of maltreatment while law enforcement's requests to see the child are honored. The officer with the power of arrest is also in an excellent position to enforce any standing orders of the court. For example, Connecticut allows warrantless arrests of those violating civil protection orders; the officer may be able to remove an offender from the home who has previously been placed under restrictions by the court. In some circumstances, this may avoid the need to remove a child from his/her home.

When it is necessary to remove children from their home, law enforcement officers are often called upon for assistance.

Immediate Response

Law enforcement is often able to react to emergency situations faster than DCF. If officials learn that a child is being seriously abused or the perpetrator is trying to flee the jurisdiction of the court with a child in State custody, a patrol unit can generally get to the scene much faster than DCF and stabilize the situation until DCF and/or law enforcement investigators can arrive. Law enforcement is also available 24 hours per day while DCF after hour response is limited.

Investigative Role

Law enforcement is the criminal investigative agency in the community and often must investigate the same incident, involving the same people, as DCF. In many communities this involves a parallel investigation where DCF and law enforcement must attempt to not work at cross purposes.

To avoid potential conflict and to improve investigative outcomes, a team approach with DCF

and law enforcement working collaboratively is far more desirable.

There are, however, cases of maltreatment where law enforcement personnel generally work alone or take the lead role. These include child homicides, particularly where no other children are in the home; out-of-home care abuse; commercial child pornography (these cases often involve law enforcement teams with postal inspectors and the FBI); and organized sexual exploitation of minors (again involving the FBI if State lines were crossed).

Recognizing Child Abuse

[Click for Video](#)

What is child abuse and neglect?

Child abuse isn't just about black eyes. While physical abuse is shocking due to the marks it leaves, not all signs of child abuse are as obvious. Ignoring a child's needs, putting them in unsupervised, dangerous situations, exposing them to sexual situations, or making them feel worthless or stupid are also forms of child abuse and neglect—and they can leave deep, lasting scars on kids.

Regardless of the type of abuse, the result is serious emotional harm. But there is help available. If you suspect a child is suffering from abuse or neglect, it's important to speak out. By catching the problem as early as possible, both the child and the abuser can get the help they need.

To start, it's important to separate the myths from the facts about child abuse and neglect:

Myths and facts about child abuse and neglect

Myth: It's only abuse if it's violent.

Fact: Physical abuse is just one type of child abuse. Child neglect, or sexual and emotional abuse can inflict just as much damage. Since the signs are not always as obvious, other people may be less likely to intervene.

Myth: Only bad people abuse their children.

Fact: Not all abusive parents or guardians intentionally harm their children. Many have been victims of abuse themselves and don't know any other way to parent. Others may be struggling with mental health issues or substance abuse problems.

Myth: Abuse doesn't happen in "good" families.

Fact: Abuse and neglect doesn't only happen in poor families or bad neighborhoods. These behaviors cross all racial, economic, and cultural lines. Sometimes, families who seem to have it all from the outside are hiding a different story behind closed doors.

Myth: Most child abusers are strangers.

Fact: While abuse by strangers does happen, most abusers are family members or others close to the family.

Myth: Abused children always grow up to be abusers.

Fact: It is true that abused children are more likely to repeat the cycle as adults, unconsciously repeating what they experienced as children. On the other hand, many adult survivors of child abuse have a strong motivation to protect their children against what they went through and become excellent parents.

Effects of child abuse and neglect

All types of abuse and neglect leave lasting scars. Some of these scars might be physical, but emotional scarring has long lasting effects throughout life, damaging a child's sense of self, their future relationships, and ability to function at home, work and school.

The effects of abuse and neglect on a child include:

Lack of trust and relationship difficulties. If you can't trust your parents, who can you trust? Without this base, it is very difficult to learn to trust people or know who is trustworthy. This can lead to difficulty maintaining relationships in adulthood. It can also lead to unhealthy relationships because the adult doesn't know what a good relationship is.

Core feelings of being "worthless." If you've been told over and over again as a child that you are stupid or no good, it is very difficult to overcome these core feelings. As they grow up, abused kids may neglect their education or settle for low-paying jobs because they don't believe they are worth more. Sexual abuse survivors, with the stigma and shame surrounding the abuse, often struggle with a feeling of being damaged.

Trouble regulating emotions. Abused children cannot express emotions safely. As a result, the emotions get stuffed down, coming out in unexpected ways. Adult survivors of child abuse can struggle with unexplained anxiety, depression, or anger. They may turn to alcohol or drugs to numb out the painful feelings.

Recognizing the different types of child abuse

Abusive behavior comes in many forms, but the common denominator is the emotional effect on the child. Whether the abuse is a slap, a harsh comment, stony silence, or not knowing if there will be dinner on the table, the end result is a child that feels unsafe, uncared for, and alone.

Emotional abuse

Contrary to some people's beliefs, words can hurt and emotional abuse can severely damage a child's mental health or social development. Examples of emotional abuse include:

- Constant belittling, shaming, and humiliating.
- Calling names and making negative comparisons to others.
- Telling a child they're "no good," "worthless," "bad," or "a mistake."
- Frequent yelling, threatening, or bullying.
- Ignoring or rejecting a child as punishment, giving them the silent treatment.
- Limiting physical contact with a child—no hugs, kisses, or other signs of affection.
- Exposing a child to violence against others, whether it is against the other parent, a sibling, or even a pet.

Child neglect

Neglect—a very common type of child abuse—is a pattern of failing to provide for a child's basic needs, which include adequate food, clothing, hygiene, or supervision.

Child neglect is not always easy to spot. Sometimes, a parent might become physically or mentally unable to care for a child, such as in cases of serious illness or injury, or untreated depression or anxiety. Other times, alcohol or drug abuse may seriously impair judgment and the ability to keep a child safe.

Physical abuse

This involves physical harm or injury to the child. It may be the result of a deliberate attempt to hurt the child or excessive physical punishment. Many physically abusive parents insist that their actions are simply forms of discipline—ways to make children learn to behave. But there is a big difference between using physical punishment to discipline and physical abuse.

With physical abuse, the following elements are present:

- Unpredictability. The child never knows what is going to set the parent off. There are no clear boundaries or rules. The child is constantly walking on eggshells, never sure what behavior will trigger a physical assault.
- Lashing out in anger. Abusive parents act out of anger and the desire to assert control, not the motivation to lovingly teach the child. The angrier the parent, the more intense the abuse.
- Using fear to control behavior. Abusive parents may believe that their children need to fear them in order to behave, so they use physical abuse to “keep their child in line.” However, what children are really learning is how to avoid being hit, not how to behave or grow as individuals.

Sexual abuse

Child sexual abuse is an especially complicated form of abuse because of its layers of guilt and shame. It’s important to recognize that sexual abuse doesn’t always involve body contact. Exposing a child to sexual situations or material is sexually abusive, whether or not touching is involved.

Sexually abused children are often tormented by shame and guilt. They may feel that they are responsible for the abuse or somehow brought it upon themselves. This can lead to self-loathing and sexual and relationship problems as they grow older.

The shame of sexual abuse makes it very difficult for children to come forward. They may worry that others won’t believe them, will be angry with them, or that it will split their family apart. Because of these difficulties, false accusations of sexual abuse are not common, so if a child confides in you, take them seriously.

Warning signs of child abuse and neglect

The warning signs that a child is being abused or neglected can vary according to the type of abuse inflicted.

Warning signs of emotional abuse

The child may:

- Be excessively withdrawn, fearful, or anxious about doing something wrong.
- Show extremes in behavior (extremely compliant, demanding, passive aggressive).
- Not seem to be attached to the parent or caregiver.
- Act either inappropriately adult (taking care of other children) or inappropriately infantile (thumb-sucking, throwing tantrums).
- Warning signs of physical abuse

The child may:

- Have frequent injuries or unexplained bruises, welts, or cuts. Their injuries may appear to have a pattern such as marks from a hand or belt.
- Be always watchful and “on alert,” as if waiting for something bad to happen.
- Shy away from touch, flinch at sudden movements, or seem afraid to go home.
- Wear inappropriate clothing to cover up injuries, such as long-sleeved shirts on hot days.
- Warning signs of child neglect

The child may:

- Wear ill-fitting, filthy, or inappropriate clothing for the weather.
- Have consistently bad hygiene (unbathed, matted and unwashed hair, noticeable body odor).
- Have untreated illnesses and physical injuries.
- Be frequently unsupervised or left alone or allowed to play in unsafe situations.
- Be frequently late or missing from school.
- Warning signs of sexual abuse in children

The child may:

- Have trouble walking or sitting.
- Display knowledge of sexual acts inappropriate for their age, or even exhibit seductive behavior.
- Make strong efforts to avoid a specific person, without an obvious reason.
- Not want to change clothes in front of others or participate in physical activities.
- Have an STD or pregnancy, especially if they're under the age of 14.
- Try to run away from home.

Risk factors for child abuse and neglect

While abuse and neglect occurs in all types of families, children are at a much greater risk in certain situations.

Domestic violence. Even if the abused parent does their best to protect their children, domestic violence is still extremely damaging. Getting out is the best way to help your children.

Alcohol and drug abuse. Parents who are drunk or high may be unable to care for their children, make good parenting decisions, or control often-dangerous impulses. Substance abuse can also lead to physical abuse.

Untreated mental illness. Parents who are suffering from depression, an anxiety disorder, bipolar disorder, or another mental illness may have trouble taking care of themselves, much less their children. A mentally ill or traumatized parent may be distant and withdrawn from their children, or quick to anger without understanding why. Treatment for the caregiver means better care for the children.

Lack of parenting skills. Some caregivers never learned the skills necessary for good parenting. Teen parents, for example, might have unrealistic expectations about how much care babies and small children need. or parents who were themselves victims of child abuse may only know how to raise their children the way they were raised. Parenting classes, therapy, and caregiver support groups are great resources for learning better parenting skills.

Stress and lack of support. Parenting can be a very time-intensive, stressful job, especially if you're raising children without support from family and friends, or you're dealing with relationship problems or financial difficulties. Caring for a child with a disability, special needs, or difficult behaviors is also a challenge. It's important to get the support you need, so you are emotionally and physically able to support your child.

THE TEAM INVESTIGATION

Increasingly, professionals involved in child abuse and neglect investigations recognize the need to eliminate unnecessary duplication of effort, to promote proper and expeditious collection and preservation of evidence and to “develop a coordinated system for identifying and investigating appropriate calls. This is best accomplished through a team approach, where both DCF and law enforcement work collaboratively, sharing information, assigning investigative tasks, and participating in a shared decision-making process. As a result of a team effort, the victim is less likely to be further traumatized by the investigation and a positive outcome for all investigative parties is enhanced examination, and in taking statements and confessions. Law enforcement can also make arrests and present the criminal case in a lawsuit through obtaining warrants, presenting the case at a preliminary hearing or in criminal court.

DCF caseworkers often have greater experience in interviewing children (victims and siblings), in assessing the risk of further abuse, in arranging for medical or psychological exams and services, and in working with the protective alternatives of juvenile or family court. Law enforcement can place children in custody, but DCF generally must provide foster care services. Other members of an investigative team might include the prosecutor or agency attorney who assesses the evidence as it is collected and then formally prosecutes the case. The prosecutor can assist in drafting search warrants, preparing witnesses, and providing general direction and guidance. Law enforcement brings to the team “expertise in the collection and preservation of evidence, in crime scene. Mental health professionals also provide consultation to investigators on the clinical needs of the victim and others involved in the investigation, help interpret psychological information secured, and offer guidance on interviewing strategies with children and adults. To facilitate team operation, local agencies are encouraged to establish formal DCF/law enforcement protocols. The protocol should include:

- statement of purpose;
- discussion of joint and respective missions and organizational responsibilities;
- types of cases covered (e.g., sexual abuse and serious or potentially serious cases of physical abuse);
- procedures for handling cases, including special investigative techniques;
- criteria for child’s removal;
- criteria for arrest of suspects;
- criteria for law enforcement referral to DCF;
- criteria for DCF referral to the law enforcement agency;
- procedures to assist DCF;
- criteria and/or procedures for joint investigations, including timing, determining who has prime decision-making authority, and concurrent prosecutions;
- provisions for joint training;
- provisions for multidisciplinary consultation; and
- Criteria and/or procedures for cooperation/ coordination with/among agencies.

Effective collaboration is based on mutual understanding of the unique perspective of each discipline. Interagency collaboration does not blend the disciplines into a homogeneous mix where the police are indistinguishable from DCF caseworkers. Rather a multidisciplinary team seeks to create a final product that retains the flavor and integrity of each ingredient. By understanding why other professionals believe and act as they do, team members are better able to accept, if not always agree with, the action of a fellow team member.

PROBLEMS IN WORKING TOGETHER

DCF caseworkers approach the job from a different perspective than most police officers. DCF caseworkers have a dual role, one part of which may appear to conflict with the other. The dual role is integrated throughout social work literature and training. DCF is charged with the responsibility of protecting children from further abuse and neglect. This is a difficult task involving assessing not only what has happened but also predicting if it will ever happen again. As with police, the basic investigative questions for DCF are: Did the child suffer harm or is the child likely to suffer harm? Did the parent or caretaker cause the harm? What is the likelihood of the child being harmed in the future? What steps are necessary to protect the child? It is the last question that brings into play the second role of DCF: to make all reasonable efforts to preserve the natural family. DCF is obligated to attempt to keep the family together or, once separated, to work toward family reunification. It is this role that becomes a major source of conflict on many teams. Many officers see permanent removal of the child, termination of parental rights, and adoption of the child as the only route available for the child to grow up in a “normal” setting. officers may not understand DCF philosophy that if his/her safety can be assured, the child’s own family is the preferred place for him/her. Also, officers may not be aware of the problems and realities of foster care or the legal difficulties in terminating parental rights.

The decision-making processes of the two systems differ in many ways. Law enforcement officers are accustomed to making rapid life and death decisions in the field without supervisory consultation or approval. Many DCF agencies have procedures that involve “shared decision making” on critical issues such as the emergency removal of a child. Police find DCF need to consult with supervisors frustrating, time consuming, and an example of bureaucracy at its worst. DCF caseworkers find that consultation reduces inappropriate actions based on the emotions of the moment.

Visitation between the child in foster care and his/her parents is another source of conflict. Laws, court decisions, and agency procedures encourage visitation between a child and his/her parents once in foster care. Visitation is considered vital to the child’s sense of continuity and belonging even when removed from an abusive home. It is, after all, the only home the child has known and even abusive parents represent some degree of security and attachment for the child. This visitation, generally supervised in cases of sexual abuse or severe physical abuse, is usually therapeutic for the child and is essential if the child is to return home. However, law enforcement may view visitation as undermining the criminal prosecution. Police often believe that the parents are using the time to directly or subtly pressure the child to recant (and often they are right). Many police and prosecutors would prefer to suspend visits pending the outcome of a criminal case. DCF typically disagrees and emphasizes that isolating the child from the family for an extended period can also lead to recantation of any allegations.

Recommendations for disposition of the offender after the conclusion of the investigation often emphasizes the differences in philosophies of law enforcement and DCF. In interfamilial cases, recommendation for treatment outside of the correctional system has been a fairly common procedure for DCF staff. The vast majority of law enforcement officers are extremely skeptical about the efficacy of most treatment programs and, indeed, about the expertise of most therapists. They perceive that many of the offenders are just “going through the motions” in treatment to comply with court orders, and they see therapists, aided and abetted by DCF caseworkers, helping manipulative offenders escape the punishment they so justly deserve.

When lack of coordination or other factors lead DCF caseworker to initiate the investigation alone or to interview any of the principals without law enforcement, the danger exists that they will unwittingly tamper with or destroy physical evidence or lead others to do so. But once familiar with the value of physical evidence collection, DCF staff can become frustrated with a law enforcement officer who does not pursue a timely search warrant where appropriate.

These conflicts must be minimized and properly dealt with if the investigative goals of all parties are to be achieved and the secondary trauma to the victim limited. These issues can be addressed on two levels, the systems level and the individual level.

Individual professionals should:

Reach out to the other discipline. This should be done in informal, nonthreatening ways. It can take many forms, from suggesting that team members meet in a non-work setting to inviting other disciplines to a staffing or case consultation. It is important for team members to know that they are professionally and personally valued.

Share professional information. Even when joint training is not available, individuals can share research articles, procedure manuals, or other materials of mutual interest. Each contact helps build the sense of trust and breaks down the barriers to effective team work, particularly if the material shared relates to an area of conflict.

Keep communication open. Even when the system does not provide for a close team approach, individuals can keep their counterparts informed on the status of individual cases through notes or telephone calls.

Confront the conflicts openly. Areas of professional or personal conflict should be confronted in a nonthreatening and open manner. Discussion can put the issues on the table and sort them out. Some issues can be resolved; on others, the parties may agree to disagree.

The conflicts inherent in the relationship between DCF and law enforcement are serious but do not have to present road blocks to working together effectively. Communicating and formalizing the relationship where possible can break down barriers to effective team work. Dissonance can be reduced, and conflicts can be minimized. When the team concept works, it works for all: the police, DCF, and most importantly the child and family

Sec. 17a-101h. Coordination of investigatory activities. Interview with child. Reporter to provide information. Consent of parent, guardian or responsible person.

Notwithstanding any provision of the general statutes, any person authorized to conduct an investigation of abuse or neglect shall coordinate investigatory activities in order to minimize the number of interviews of any child and share information with other persons authorized to conduct an investigation of child abuse or neglect, as appropriate. A person reporting child abuse or neglect shall provide any person authorized to conduct an investigation of child abuse or neglect with all information related to the investigation that is in the possession or control of the person reporting child abuse or neglect, except as expressly prohibited by state or federal law. The commissioner shall obtain the consent of parents or guardians or other persons responsible for the care of the child to any interview with a child, except that such consent shall not be required when the department has reason to believe such parent or guardian or other person responsible for the care of the child or member of the child's household is the perpetrator of the alleged abuse or neglect or that seeking such consent would place the child at imminent risk of physical harm. If consent is not required to conduct the interview, such interview shall be conducted in the presence of a disinterested adult unless immediate access to the child is necessary to protect the child from imminent risk of physical harm and a disinterested adult is not available after reasonable search. For purposes of this section, "child" includes any victim described in subdivision (2) of subsection (a) of section 17a-101a.

THE INVESTIGATIVE PROCESS

Investigators involved in child maltreatment cases must determine if a crime has occurred. If a crime has occurred, officers must determine who is responsible, if any actions on law enforcement's part are necessary to protect the child, and if criminal prosecution is warranted. To answer these key questions, investigators must complete a number of tasks to collect necessary information.

Interviewing the Reporter

The investigator must have certain information prior to initiating the investigation. An adequately trained officer or DCF caseworker may have already obtained the necessary information. If not, or if some additional clarification is necessary, the investigator should contact the reporter directly.

Gathering Information from the Reporter

The more comprehensive the information provided by the reporter, the better able investigators are to determine the appropriateness of the report for law enforcement or DCF intervention and the better able they are to determine the level of risk to the child and the urgency of the response needed. Information gathering should focus on demographic information about the child and family; information about the alleged maltreatment; and information about the child, the parents, caretakers, and the family as a whole.

Demographic Information

Demographic information serves two primary purposes: to locate the child and family and to assist in the assessment of risk to the child. Each State defines the scope of demographic information to be collected. In general, officers should gather information regarding:

The child's

Name, age (date of birth), sex, and race; and permanent address, current location, and school/day care attending.

The parents'/caretakers'

Name, age, (date of birth), and race; and permanent address, current location, place of employment, and telephone number(s). (If the person alleged to have maltreated the child is a caretaker other than the child's parents, the above information should be gathered for both the parents and caretaker.)

The family composition

names, ages (dates of birth), sexes, race, and location of all children in the family; names, ages (date of birth), and location(s) of other children in the alleged offender's care (if the offender is not the birth parent, e.g., a babysitter); names of other relatives and nonrelatives living in the home; names, addresses, and telephone numbers of other relatives and their relationship to the child; and names, addresses, and telephone numbers of other sources of information about the family.

The reporter's

Name, address, telephone number, and relationship to the child/family.

Information Regarding the Alleged Maltreatment

Investigators should obtain information about the type(s), nature, severity, chronicity, and the location(s) where the alleged maltreatment took place.

The types of maltreatment. This refers to physical abuse, sexual abuse, neglect, and/or emotional abuse.

The nature of the maltreatment. This refers to information regarding the specific characteristics of the maltreatment.

- physical abuse: burns, beatings, kicking, biting, etc.;
- neglect: abandonment, withholding of needed medical care, lack of supervision, lack of adequate food or shelter, emotional deprivation, failure to register or send to school, and failure to thrive;
- sexual abuse/exploitation: fondling, masturbation, oral or anal sex, sexual intercourse, pornography, and forcing the child to engage in prostitution;
- emotional abuse: constant berating and rejecting treatment, scapegoating a particular child, and bizarre/cruel/ritualistic forms of punishment (e.g., locking a child in a dark closet, tying a child to a bedpost, or constantly belittling and demeaning a child); and

- Parental/caretaker acts/omissions such as accidental versus intentional/premeditated, disregard for the child's age or condition, and instruments used.
- The severity of the maltreatment. It is important to obtain information from the reporter regarding the emotional and physical injury to the child.
- extent of the physical or emotional effects on the child (e.g., second- and third-degree burns on half of the child's body, withdrawal, suicidal behavior, and excessive fear); and
- Location of the injury on the child's body.
- The chronicity of the maltreatment. Information gathering should focus on:
 - whether there have been prior incidents of abuse or neglect;
 - how long the abuse or neglect has been occurring; and
 - Whether abuse or neglect has increased in frequency or remained relatively constant.

The location of the incident. It is important to ascertain the setting where the actual abuse or neglect occurred (e.g., home, school, supermarket).

Information Regarding the Child

To effectively evaluate the level of risk to the child and determine the urgency of the response, officers should obtain the following information from the reporter.

- The child's physical and emotional condition. This relates to the child's current condition and should consider any ongoing disabilities the child may have.
- The child's behavior. For example, does the child exhibit extremes in behavior?

Information Regarding the Parent(s)/Caretaker(s)

If the reporter has the information, it is important to gather as much information as possible about the parents/caretakers. Knowledge of the parents'/caretakers' emotional and physical condition, their behavior, history, view of the child, child rearing practices, and quality of their relationships outside the family helps to determine the level of risk to the child.

The parents'/caretakers' emotional and physical condition (e.g., do the parents/caretakers misuse drugs/alcohol? Are the parents/caretakers physically ill or incapacitated?).

- The parents'/caretakers' behavior (e.g., do the parents/caretakers engage in violent outbursts? Do the parents/caretakers engage in bizarre irrational behavior?).
- The parents'/caretakers' history (e.g., were the parents/caretakers traumatized or victimized as children? Do the parents/caretakers have a history of trouble with the law?).
- The parents'/caretakers' view of the child (e.g., do the parents/caretakers view the child as bad or evil? Do the parents/caretakers blame the child for the child's condition?).
- The child rearing practices (e.g., do the parents/caretakers have unrealistic expectations of the children? Do they use verbal and physical punishment as the first response to misbehavior?).
- The parents'/caretakers' relationships outside the home (e.g., do the parents/caretakers have friends and what is the quality of those friendships?).

FIELD INTERVIEWS

Physical Neglect

While neglect allegations are the most common form of child maltreatment reported to child protection agencies, criminal investigation and prosecution occurs in only a small minority of the cases. Allegations of physical neglect normally involve the care the child receives in his/her home. The first step in such an investigation is to visit the home, generally on an unannounced basis. The neglect may involve environmental hazards, a lack of supervision, abandonment, malnutrition, failure to provide medical care, or other factors. The officer investigating possible environmental hazards in the home should examine the

living conditions with the permission of the occupant or, in extreme cases, under the authority of a search warrant. The investigator must draw a distinction between poverty, a dirty house, poor housekeeping and clutter, and true environmental hazards to the child. The distinction is best made by separating poverty or life style factors from those conditions that will adversely affect the child's health and safety. Significant amounts of human or animal feces; exposed live electrical wires; extreme rodent and insect infestation; rotting garbage; and structural damage to the house, exposing the child to the risk of illness or injury, may independently or collectively constitute child neglect.

Unless law enforcement officers find clear and present danger requiring immediate action, they will rarely act independently in cases of child neglect. DCF staff are often in a better position to work with parents to reduce the risks to the child without unnecessary removal from the home. In fact, under Federal law, Public Law 96-272 (and many parallel State laws), the juvenile or family court requires DCF agencies to demonstrate that they attempted *reasonable* efforts to prevent out-of-home placement. Some communities have many options for avoiding foster care placement in neglect cases. These include intensive family preservation programs, day care, teaching homemakers, parenting classes, and traditional counseling. For some neglectful parents the answer is financial aid, with DCF referring them to income maintenance and job search programs. Law enforcement officers generally lack access to those services and consequently are handicapped in neglect investigations unless DCF is involved.

There are situations in which law enforcement may determine that independent action is required. These include times when DCF is not accessible and when:

- very young children are left unattended and no one can contact a responsible adult caretaker;
- the adults are under the influence of drugs or alcohol and their actions or inability to act constitute a clear threat to the child's safety (i.e., Driving-Under-the-Influence (DUI) or Driving-While-Intoxicated (DWI) or actual and threatened use of firearms); or
- the adult caretakers are/have been arrested and no responsible caretaker is available to care for the children.

A child neglect investigation includes a visit to the child's home or place where the neglect is alleged to have occurred to determine the physical conditions present. The investigation should include an interview with the caretaker(s) to determine their perception of the situation and to assess their ability and willingness to care for the child. The investigation may include securing medical assessments of the child, particularly in cases where malnutrition, failure to provide medical care, or improper physical care is alleged. A combination of medical exams and psychological or developmental assessments may also be useful, particularly when neglect is alleged to adversely affect the development of small children or in cases of emotional neglect. DCF caseworker generally arranges for these assessments.

Physical Abuse

Criminal prosecution of physical child abuse is more common than prosecution of neglect, and the role of law enforcement becomes clearer. The first step after conferring with the complainant is to interview the child. The investigator, preferably acting as part of a team with DCF staff, can explain to the caretaker that the agency received a call concerning the child and that they would like to talk to the caretaker about the child's condition. It is important to avoid using the term child abuse at this stage as it has different meaning for different people and can elicit intense feelings resulting in parental resistance in the interview. Some parents may admit to disciplining their children in a way that accidentally caused severe injury. In reality, much physical abuse, if not most, is the result of the offender's efforts to discipline the child and a failure to control the situation, his/her temper, or the force used. However, caretakers rarely view what they have done as abuse.

Interviewing the Alleged Victim

After explaining the reason for the visit, investigators should ask to see the child. One of the investigating team members should explain, if the child is old enough to understand, why they are there and what they

will be doing. Depending on the allegations and/or the child's age, the investigator will need to visually examine the child for signs of obvious trauma. Investigators should document any injuries noted and, if possible, photograph areas of injury or of questionable physical findings. The child should be interviewed outside the presence of the caregiver. The investigator is interested in such issues as:

- establishing the child's developmental level;
- the child's explanation of any injuries;
- who the child perceives as his/her caretakers;
- how the child is disciplined;
- how other children in the home are disciplined;
- how often have the victim and/or siblings been injured in the past;
- what type of weapon or implement was used, and where it is now;
- if they bled after the assault, where their clothing is now, or any other item that might have been stained;
- who else saw the incident; and
- who the child told of the incident.

If the investigator finds the child has sustained life threatening or severe injuries, the first priority is securing emergency medical attention for the child.

Interviewing Caretaker

After talking with the child and assessing the presence of obvious physical findings, the investigator should talk with the caretaker(s). The caretaker should be asked for his/her explanation of any injuries. Again, the investigator should make an initial assessment of the match between the injuries and the explanations the child and adult caretaker(s) provide. The investigator should remain nonjudgmental and matter-of-fact during this stage, since some people who physically abuse their children fail to recognize the impropriety of their actions and will openly acknowledge what has happened. If they recognize that the officer disapproves of what they have done, they will attempt to cover up their actions. In cases of significant injury, however, such resistance can be expected. If DCF staff are present, they may need to talk with the caretaker(s) about their background and current living situation to assess the risk of future abuse.

The investigator may find that there have been a number of persons caring for the child during the period of injury, and the child may not be willing or able to identify the person responsible for the injury (due to trauma or age). In this case, the officer should obtain details about who has recently cared for the child, for what time periods, and if anyone else was present, building a chronology of care so the investigator knows the transition points between these caretakers. Names, addresses, and telephone numbers should be secured. If any of these caretakers are present, the investigator should discuss the injuries with them as well. If there is any question about who is responsible for the abuse, all caretakers should be asked what signs of injury they observed, when they first noticed them, and when was the last time they knew those injuries were not present. Investigators should also determine what they know of the other caretakers' actions, of any past history of injury to this or other children in the home, or other relevant factors.

Interviewing Other Children

If other children are under the care of the same people, the investigator should talk with these children and perform, as appropriate, a screening for signs of physical injury. Other children should be asked about any injuries noted, as well as their observations about the injury on the alleged victim. Even if no sign of abuse is present in these children, they may be able to provide valuable information about family interactions, such as how discipline is handled, by whom, whether it varies from child to child, etc.

Medical Examination

When there is evidence of injury in cases of physical abuse, it is advisable to secure a medical examination

of the child as soon as possible. The physician can document any injuries and treat any conditions present. The physician can also check for injuries with little outward manifestations such as internal bleeding, old fractures, or shaken infant syndrome. The doctor can also assess the developmental level of smaller children. Perhaps the most valuable role of the physician (after the treatment of any injuries) is to assist in the assessment of the match between the injuries noted and the explanation offered. For example, if the parents say that a 1-month-old child pulled himself up in his crib and tumbled out, the physician can explain the implausibility of the story based on child development and show that the injuries sustained are not consistent with a fall but the result of violent shaking.

Crime Scene

While the order of these steps may vary by necessity, the law enforcement agency may wish to seek physical evidence to substantiate any criminal charges. Using either a consent to search or a search warrant, the officer will be interested in the instrumentalities of the crime, such as the rod, coat hanger, bed board, belt, etc., used to inflict the injuries; blood-stained items such as children's clothing; and the exact location where abuse occurred to possibly photograph blood splatters on wall/floor/furniture, etc.

Interviewing the Alleged Perpetrator

In the event a possible or alleged perpetrator is not the caretaker already interviewed, the officer should interview the subject. The interview of this person should be postponed until the investigator can get a clear idea of what has happened (unless the delay exposes children to undue risks). The interview should parallel the caretaker interview, seeking information nonjudgmentally, which will generally yield the best results. Again, the officer is not seeking an admission of responsibility for "abuse," but seeking an acceptance of responsibility for the injuries sustained.

DECISION MAKING

Substantiation

At the heart of the investigative process is the decision regarding the substantiation of the allegations. Substantiation is the process of determining if abuse has occurred or, for DCF, whether risk of maltreatment is imminent. It is a term borrowed from DCF and may be used interchangeably with "validation," "indicated," or "founded". More than a belief that the maltreatment has occurred, substantiation is based on substantial evidence. This decision does not require the same evidentiary standard as that of a criminal prosecution. As noted earlier, even when sufficient evidence is lacking for a criminal prosecution or abuse has not yet occurred, children can still be protected through skillful DCF intervention and/or the civil protections of the juvenile or family court. DCF does not require Probable Cause", rather they weigh the following list of contributing factors to make a determination of substantiation.

Physical Abuse and Neglect

The decision regarding substantiation of alleged physical abuse is a comparatively straightforward process. Physical abuse leaves physical evidence of the assault on the child, which can be observed, documented by a physician, and photographed for evidence. Other tests that can document presence of physical abuse include: X-rays, lab tests (e.g., for poisoning), etc. The officer investigating a physical abuse case should weigh various factors.

Medical Evidence

Medical evidence is the findings of licensed physicians or qualified medical practitioners that support or refute the allegations. This evidence may document injuries or conditions and explain how the injury or condition could have been sustained. of particular interest are injuries medically inconsistent with the explanations offered by the caretaker, injuries consistent with inflicted trauma, or conditions that are the result of willful actions or inactions of caretakers.

Admission of the Perpetrator

This is self-explanatory: an individual acknowledges full or partial responsibility for causing the injury or condition.

Credible Witnesses

Individuals who support or refute the allegation and are willing to do so in court are credible witnesses. Care must be exercised to assess the credibility of persons offering statements who may have a bias about the incident, child, or perpetrator.

Mental Health Information

This information is garnered from clinical interviews, psychological test results, interpretation of tests, and interviews by qualified mental health professionals. However, mental health professionals do not have training to validate whether abuse or neglect occurred.

Victim's Statement

This statement details when, where, and how the abuse occurred and who is responsible.

Observed, Videoed, or Photographed Injuries or Conditions

These include tapes, photographs, or other documented evidence usually produced by a licensed physician or a law enforcement officer.

Physical Evidence

Physical evidence is collected during the investigation at the crime scene

Behavioral or Physical Indicators of Abuse

These include any behaviors or physical symptoms involving the child noted by others that support or refute the allegation. For example, the teacher who sees bruises and notes that the child refused to dress for physical education class can help support other evidence of injury during the same time frame.

Observed, Videoed, or Photographed Injuries or Conditions

This is documentation of physical injuries through observation from a trained physician, photographs produced by a physician or law enforcement officer, or videos demonstrating the conditions under which the child is living (e.g., severe physical neglect).

Physical Evidence

This evidence is collected during the crime scene investigation. Indicators vary with different victims.

Behavioral or Physical Factors That Might Be Indicative of Childhood Trauma

Some sexual behaviors of children are specific to sexual abuse. Other nonsexual behaviors in children may corroborate the child's disclosures. Still other behaviors in children are indicative of trauma and need to be explored for possible sexual abuse. For specific information on behavioral and physical indicators of sexual abuse.

Summary

The substantiation process should weigh all the factors described above, including those that support and refute the allegation. *Based on the sum of the factors the investigator should make a determination regarding the validity of the complaint.* Substantiation may be made based on only one factor if it is of sufficient strength. For example, the medical evidence or the child's statement alone may be compelling. However, cases should not be validated on behavioral or physical indicators or circumstantial evidence alone. If the case is valid, the investigator must determine what further action is necessary, including child protection efforts and criminal prosecution. In some cases, it will be evident that the child was abused, but the evidence to link the act or conditions to any specific perpetrator may be lacking. Prior interviews conducted by others (either family or other investigators) may well influence the information the child shares in your interview. Knowing how and by whom these other interviews were administered is critical in evaluating material that was disclosed at the interview under substantiation.

Sexual Abuse

Patrol Response

When responding to a complaint of sexual abuse as a first responder you must keep in mind that often these investigations are handled by another specific Detective, Unit or Division. It is important that you get the information and secure any possible evidence or scene while waiting to transfer the case. Your responsibilities will insure all the victims' needs are met while preserving the integrity of the case. Initial responding officers should be primarily concerned with the well-being of the victim and, where circumstances allow, should initiate investigative procedures that will facilitate the identification and arrest of suspects while preserving the crime scene.

Due to the nature of child sexual abuse, law enforcement and DCF are strongly encouraged to approach the allegation of sexual abuse as an investigative team. This will reduce the number of interviews the child must experience and improve the investigative outcomes of both agencies. Prior to initiating the field investigation, investigators must make several key decisions.

- Who will take the lead in taking minimal facts from the alleged victim, siblings, or other child victims or witnesses?
- Who will be present during the interviews?
- Where will the interviews take place?
- Who will interview non-offending adults?
- Who will interview the alleged perpetrator(s)?

Your Core Responsibility in Child Sexual Abuse Allegations

DCF will assess family for:

- Safety/Well Being
- Domestic Violence
- Substance Abuse
- Mental Health
- Ability of non-offending parent to protect

Law Enforcement is responsible for:

- Safety and well-being of the victim
- Investigation of all possible criminal activity
- Identifying and preserving the crime scene
- Locating and identifying all witnesses, other possible victims and perpetrators

Patrol Response

Upon arrival:

Interviewing the Reporter

- The investigator must have certain information prior to initiating the investigation. An adequately trained officer or DCF caseworker may have already obtained the necessary information. If not, or if some additional clarification is necessary, the investigator should contact the reporter directly.

Gathering Information from the Reporter

- The more comprehensive the information provided by the reporter, the better able investigators are to determine the appropriateness of the report for law enforcement or DCF intervention and the better able they are to determine the level of risk to the child and the urgency of the response needed. Information gathering should focus on demographic

information about the child and family; information about the alleged maltreatment; and information about the child, the parents, caretakers, and the family as a whole.

- Limit investigative questioning to those matters necessary to identify the victim and to describe and locate the suspect (Minimal Facts!)
- Relay pertinent information to Communications / ERS personnel
- Render necessary first aid and request emergency medical assistance if required
- Attempt to gain the victim's trust and confidence by showing understanding, patience and respect for personal dignity; using language appropriate to the age, intelligence and emotional condition of the victim and helping the victim to locate family or friends for emotional support or to obtain outside assistance from victim advocates.
- officers shall, as soon as practical, notify the Department of Children and Families if not already notified.
- Advise the victim/ concerned parties that information pertaining to their identity will not be released and is considered confidential. (Gen. Stat. 54-86e)

Minimal Facts Interview:

Why is it important to NOT interview the child?

To have a coordinated investigative response to child abuse/maltreatment cases in order to:

- Minimize trauma to child/family caused by multiple interviews
- Provide for better flow of information between agencies
- Ensure better case preparation
- Facilitate better follow up services for child/family

There is a potential for re-traumatization as well. No one ever tells of an experience in the same way every time. We run the risk of the child giving different details, sometimes more, sometimes less or different each time which creates inconsistencies which equals contamination of facts and the investigation. It may look like the child is fabricating when in actuality they are just remembering different details of their experience.

We must try and minimize the number of times a child must tell his or her experience, thereby:

- Reducing the child's trauma and avoiding re-victimizing the child.
- Avoiding contaminating the information the child is disclosing
- The child may shut down
- The child may provide different responses based upon the questions asked. (Makes the child look inconsistent)
- Child feels like they are not believed
- Another child may overhear and not want to disclose
- Child talks multiple times, and this could affect the investigation outcome

Location

- Safe and Comfortable
- Private and Distraction Free
- Maintain an Equal or Inferior Position to the Victim
- Allow her to have some Control over her Surroundings
- There will be questions that the victim does not have the answers to.
- The victim DOES NOT have to make any immediate decisions about whether to prosecute or not

Don't ask general questions like "What Happened?" Be specific and only seek minimal facts.

- What Happened?
 - Don't get the "Whole Story" only enough to identify abuse, neglect or assault
- Who is/are the alleged perpetrator(s)?
- Where did it happen? (Don't forget to check for multiple jurisdictions)
- When did it happen? (Timeframe)

Four most important things you need before making a report is who, what, where and when

Use that language and your question will not suggest the answer (therefore, non-leading)

Everything else, i.e.: context of the disclosure, suspect's history, action taken to assist the child after the disclosure, can come from adults

WHO?

Who is the suspected perpetrator of abuse?

Who - relationship of suspected perpetrator is all that is needed to make the initial report (one does not need to have the name of the suspect).

WHAT?

What is the abuse or neglectful act?

Examples: What – "Daddy touched my pee-pee when he came into bed with me last night." Who – "Susie's brother put his tongue in my mouth."

WHEN?

Timing is important as it relates to the need (or not) for an immediate medical exam (i.e. evidence collection); however, if you do not have that information, make the call to DCF anyway. It is not necessary to get a specific date and time as children may not be able to recall a specific date, however a general timeframe will be useful.

WHERE?

This is helpful in determining appropriate legal jurisdiction, so the appropriate police department continue investigation. Example-. Last night, yesterday, last summer, etc., or at _____'s house.

Remember- Do not interview the child about the sexual abuse allegations if you can get the minimal facts from other sources!!!

Do Not

Ask questions that contain only one answer: "Were you taking a bath?" "Was mommy helping you wipe?" "Did mommy put her finger inside you?"

When speaking to the child avoid expressions of disbelief, shock, anger etc. Don't use repetitive questions. In most cases this interview is only preliminary to the forensic interview. Finally make no accusatory statements.

Child sexual abuse presents far greater problems in substantiation than physical abuse, due to the nature of the abuse. For the most part, substantiation relies upon the same categories of evidence but with some special considerations. First, clear physical evidence is generally lacking, the abuse usually occurs secretly so no credible witnesses exist, often the child has been coerced into silence, and the victims' young age makes their statements problematic on the surface. Second, perpetrators are admitting to very serious felonies if they acknowledge their role in the abuse. Understandably, they are reluctant to do so. All of these factors make accurate substantiation of child sexual abuse very challenging. Defense experts at trials may well argue that every category of evidence used by investigators is invalid, yet investigators must make a reasonable determination of whether evidence exists of sexual abuse. The categories of evidence are discussed below.

Medical Findings

These are findings by a licensed physician or other qualified medical practitioner that support the allegation of sexual abuse, including a diagnosis of a sexually transmitted disease, or even pregnancy in some cases.

Admission of the Perpetrator

This is self-explanatory: the perpetrator confesses to specific sexual acts with a child.

Credible Witnesses

These are observations of child and adult witnesses, which serve to support or detract from the allegation. Extreme caution should be exercised about the credibility of witnesses (e.g., statements of parties engaged in a custody dispute).

Interviewing the Alleged Victim

The initial Minimal Facts interview is not enough information for most criminal investigations. The next step is a more structured interview. This is done with trained forensic social workers in a specialized Child Advocacy Center (CAC). All regions in CT have access to a Child Advocacy Center (CAC), such as at Yale, St. Francis Hospital, Wendy's Place, etc. The centers provide comprehensive, multidisciplinary assessments of children who may have been sexually abused. A "CAC" provides help for children who are victims of serious physical, human trafficking and sexual abuse. Working with law enforcement, DCF and other agencies, the CAC offers a safe, child-friendly environment for diagnostic/forensic interviews. Some CACs also offer medical evaluations of the child victim, and on-going support for the child and non-offending family. Services may include the following.

Forensic Interviews:

Trained social workers meet with children to obtain information regarding the sexual abuse allegation. The interviews are conducted in a neutral, child-friendly environment. It is recorded using state-of-the-art equipment to allow medical staff, police and DCF to observe the interview as it occurs.

Medical Interviews & Examinations:

Specially trained pediatricians and pediatric nurse practitioners document the child's medical history, as well as the history of the sexual abuse concern. The child also receives a complete physical exam.

Child Life:

A trained professional who specializes in child development provides age-appropriate preparation for the forensic interview and medical examination. The child life specialist may also provide direct support of children during the physical examination.

Family Advocacy:

A social worker helps to support families and helps link them to community resources.

The first responder's primary attention should be given to the person disclosed to. Instinct is to interview the victim - but no, A First Responder needs to look at different sources of information (if available) and consider all the information gathered.

IF A CHILD BEGINS TO DISCLOSE TO YOU, DO NOT STOP THEM BUT DO NOT CONTINUE PAST THE DISCLOSURE.

Remember to be flexible. Encourage them to be open but explain that there will be a person we "want them to tell it to"

Interviewing Other Children/Siblings in Sexual Abuse Allegations

This will also be done at the Child Advocacy Center.

Interviewing Other Adult Witnesses

Any adult witnesses who can shed light on the allegations should be interviewed for much of the same information as described above: what did they see, what were they told, and how did they react.

Interviewing the Non-offending Spouse

In interfamilial cases, the non-offending parent, most commonly the mother, will be the next family member interviewed in depth. Frequently, this is the most difficult interview for the investigator. The primary goals of the officer's interview are:

- To learn what the non-offending parent believes has happened and to provide corroborative evidence to support or refute the child's statement.
- To assess the capability and willingness of the non-offending parent to protect the child in order to provide the child with a supportive environment. This is necessary for the child to heal and to enhance his/her ability to handle the challenges that the criminal justice system demands of the survivor of sexual abuse.

This interview, like that of the victim's, should be conducted in a neutral setting if possible. Only the interviewer and the parent should be present. Because of the nature of some of the questions the officer asks the parent (such as the concern about spousal violence or quality, quantity, and type of sexual activity engaged in with the offending spouse), the element of privacy should be maintained.

During the early stages of the interview, the investigator should convey an attitude of concern for the non-offending parent and the child. No guilt or recriminations should be indicated by the interviewer. The interviewer should reassure the parent as much as possible that there is a legitimate investigative necessity for not only this interview but for specific questions that will be asked. The attitude of the interviewer should be that of seeking the truth and discovering what actually happened.

In general, the investigator wants to determine what the parent knows about the sexual abuse. The investigator should tell the parent only what is absolutely necessary about the child's disclosure. The investigator should not reveal anything during this interview that should not be repeated to the perpetrator. It is frequently best to use generalities, at least in the initial stages of the interview. There are a number of possible reactions to such information ranging from anger and grief to total disbelief and hostility. The interviewer might find it necessary to give the parent several minutes to ventilate and express his/her feelings before bringing the interview back on track. Some non-offending parents will be very concerned about what will happen to them as opposed to the child's immediate well-being. While taking note of this attitude, the interviewer can make it clear that this will be discussed at a later time.

It is necessary for the investigator to determine how much of the child's statement the parent can corroborate. As in all interviews, it is frequently best to let the parent talk about his/her knowledge in a flowing narrative style, and then go back to ask specific questions at the end of this parent's recitation.

Specifics to be covered should include:

- Can the parent confirm any behavioral indicators?
- Does the parent recall any times when the sexual activity could have taken place?
- How long has the non-offending parent known about the allegation?
- How did the parent become aware of the allegation?
- If the child disclosed, does the non-offending parent believe the child? If so, why? If not, why not?
- What action has he/she taken since the child revealed the incidents?
- What statements has this parent made to the child concerning the allegations?

This information is extremely important in assessing the cooperation of the parent, his/her ability to influence the future cooperation of the child, and his/her desire and ability to protect the child from further abuse.

Other circumstantial evidence that this parent could provide to enhance the credibility of the child's statement includes a description of household routine; for example, which parent is the primary disciplinarian; who controls the finances; and what is the child's daily routine. These can be explored early in the interview in a manner that gives the non-offending parent a chance to talk about nonsexual and less threatening matters first. The investigator needs to obtain all possible details during this initial interview. Once the non-offending parent has had a chance to think about possible consequences of the situation or talks with the molester or other family members, he/she might be reluctant to expand on any statements that

verify the child's account.

Once the investigator understands the family dynamics, he/she can move to the more sensitive issues:

- What is the non-offending parent's relationship to his/her spouse (the offender)?
- Is there a history of violence between the alleged offender and family members?
- Is the non-offending parent physically afraid of the alleged offender?
- What is the sexual relationship between the parents (i.e., frequency of sexual activity, type of sexual activity, does the alleged offender have the spouse engage in actions such as shaving the pubic area, wearing "juvenile" clothes, or speaking or acting like a child)?
- What sort of material does the suspect read or collect (soft-core pornography, hard-core pornography, child development literature, general sexuality literature, "detective" magazines, etc.)?
- What is the suspect's relationship with children other than the victim?
- Is there a history of arrest for any family members? If so, for what?
- Have there been any hospitalizations or psychiatric treatments for any family members? If so, where and for what reasons?
- Is there substance abuse by family members? The investigator should keep in mind that substance use/abuse by the alleged offender may be used by the defense as a mitigating factor in establishing the defendant's lack of responsibility. Substance use/abuse by the non-offending parent might be critical in his/her inability to protect the child in the past and future. Substance abuse by the child might be a behavioral indicator of abuse.
- Does the non-offending parent know the background of the suspect (i.e., was the offending spouse sexually or physically abused as a child)?
- Were there any prior marriages or children by other individuals? Does this parent know their names and current locations?
- What is the non-offending parent's relationship with his/her children, particularly the victim?

If the non-offending parent is appropriately concerned, believes the child, and is supportive of the goals of the investigation, this parent can be enlisted as an ally with the investigator to help the child. If this parent does not believe or support the child or demonstrates a hostile, punitive, or rejecting attitude toward the child, then he/she cannot be considered properly protective of the victim. Out-of-home placement of the child should be discussed with DCF staff in these situations.

The interviewer should be aware of the services such as temporary shelters, financial assistance, medical and psychological assistance, etc., that are available for the non-offending spouse and children. It is preferable to have this information in written form, which can be left with the non-offending parent.

If possible, end the interview on a positive note, giving the non-offending parent a card with the investigator's name and telephone number. Let the parent know that if he/she needs any assistance or thinks of anything that would help the child to feel free to call. The investigator should prepare the parent for further intervention of the criminal justice system, such as the possibility of preliminary hearings, grand jury proceedings, videotaped interviews, medical examinations, etc. The interviewer should attempt to address any concerns and answer any questions that the parent has at this time.

The law enforcement investigator should remember that if circumstances warrant, charges can be brought against the non-offending parent for either complicity in the sexual abuse itself or failure to protect the child. This should be discussed with the team and the prosecutor, if appropriate.

Interviewing Parents in Out-of-Home Abuse Cases

In out-of-home abuse cases where the perpetrator is not a family member, parents are interviewed after the child has been interviewed. Investigators are interested in what the child has told the parents concerning the assault(s) and in physical or behavioral indicators that they may have observed. In cases where the offender is someone known, the investigator wants to explore the parents' relationship with the offender, how they first met the offender, what the offender told them he/she was doing with their child, and how the offender

responded to particular questions the parents asked concerning activities with the child.

It is important to confirm whether or not the parents believe the child and what plan they can develop to prevent further abuse. Investigators should offer parents an explanation of the steps in the investigative process and discuss the possibility that the child may recant the disclosure. Parents should be instructed not to question the child about the abuse but be prepared to discuss it if the child brings it up. Investigators should give parents a name and number to call if they have problems during the investigation or think of further details relevant to the case.

Medical Examinations

Generally, the next step in the investigative process is to arrange a medical examination, as appropriate. Evidence of sexual assault can be medically detected in only a minority of cases. One study reported that only 45 percent of the cases studied revealed clear evidence of sexual assault among cases in which the perpetrator confessed. Such findings are not surprising, given the nature of sexual abuse. Most incidents of exposure, fondling, forced masturbation, or oral sex would not be expected to leave medically detectable evidence. For this reason, the terms chosen by the physician for the exam report can be very powerful. A child disclosing a history of fondling to the examiner may be described on the report as having “no evidence of sexual abuse,” subtly undermining the child’s statement. The same physician may just as accurately phrase the results as, “consistent with the child’s statement, no abnormal medical findings.

Physicians and nurses specializing in child sexual abuse know ways to minimize the child’s discomfort. Those working with the child should describe clearly, in terms the child will understand, what is going to happen. The child should be given as much control as possible over the exam.

Crime Scene Search

A primary objective of every law enforcement investigation of child sexual abuse should be to avoid having the child victim testify in court. Building a case so strong that the defendant will want to plead out rather than go to trial is one way to accomplish this goal. The presence of physical evidence is a key determinant toward this end. The investigator should view every case, no matter what the relationship between the offender and the child, as a case which he/she is preparing for vigorous prosecution. If, after the interview with the child, the investigator feels that this is a potentially valid complaint, the officer should proceed with the investigation, just as he/she would with any other criminal investigation.

One of the most important points to keep in mind in these cases is that corroborative evidence is extremely critical; all attempts should be made to secure *any* evidence that supports *any* statement that the child has made.

The investigator should also keep in mind standard investigative crime scene procedures and use these in all possible circumstances.

The following rules of evidence should be followed:

- Recording. officers should note the position and the condition of the evidence and its relation to other evidence. Also, they should note the date and time the evidence was collected, who found it, who collected it, how it is marked, etc.
- Preservation. officers should use: proper collection techniques, placing the evidence in a proper container; and marking the evidence.
- Chain of evidence. officers must list everyone who handles evidence.
- Evidence of violence. officers must look for weapons. The assailant with a weapon often leaves traces of his/her weapon or uses a weapon found at the scene and leaves it. officers should note and photograph the victim’s wounds and damaged clothing. Blood is important to note at the scene, as are signs of forced entry. These factors can help prove the element of force or lack of consent on the victim’s part, which may be an issue at trial.
- Stain evidence. officers must look for many stains including: blood, semen, perspiration, saliva, etc.
- Minute and latent evidence.
- Specific places to search.
 - officers should search the bathroom for evidence, because the suspect may have bathed or

washed the child.

- Investigators should search for semen in the area where the assault occurred.
- Fabrics that are not frequently washed, such as bedspreads, may show ejaculate long after the assault has taken place and should be submitted to the lab.
- Evidence left. Investigators should collect articles of clothing left, stains, fingerprints, weapons, etc.
- Articles taken. officers should look for small items such as locks of hair, barrettes, panties, or pubic hairs which may have been taken by the offender as a souvenir or remembrance of the sexual activity.
- Background evidence. During the interview, the investigator should ask the child about furniture, wallpaper, ceiling fixtures, anything that would be difficult for the offender to remove or change. The collectors should search for such evidence and record it with either photographs or videotapes. The child's ability to relate this information shows accuracy of memory. This may be important evidence in a court hearing.
- Instrumentalities of the crime. Investigators should look for cameras, phones, condoms, sexual devices, or any items that the child indicated were used in the commission of the sexual assault.
- Lures. officers should search for toys, games, stuffed animals, etc., that the perpetrator may have used to entice the child into the situation or into the location where the assault occurred.
- Child erotica. Investigators should look for any material relating to children that is sexually arousing to an adult, such as child sketches, fantasy writings, diaries, and sexual aids. There is one important distinction between child pornography and child erotica. Although both are used for sexual arousal and gratification of the individual, child pornography has the added and more important dimension of effect on the child portrayed.
- Child pornography. officers should look for any visual or print medium depicting sexually explicit conduct involving a child. Child pornography is photos or video of children being sexually molested. The sexually explicit conduct can include sexual intercourse, bestiality, masturbation, sadomasochistic abuse, and lewd exhibition of the genitals or pubic area. The child(ren) visually represented in child pornography have not reached the age of consent. This is in effect a crime scene photograph of actual child abuse. Mere possession of child pornography is a crime.
- Adult pornography. officers should look for the use of adult pornography. There are several uses in child sexual abuse. In some instances, the offender may need the adult pornographic material to arouse himself to complete the sexual abuse of the child. In other situations, the material is shown to attempt to arouse the child so that the sexual abuse can take place. or the material is shown to the child to lessen his/her inhibitions and to give the child some ideas as to the sexual activities he/she would "enjoy" engaging in. When an investigator discovers quantities of adult pornography on the premises, he/she should seize the adult material and compare the scenes in the commercially produced magazines and videotapes with the sexual activity with the child(ren) to determine if the same or similar poses were used with the child victim(s).
- Homemade pornography. Investigators should seize child pornography or child erotica or simply a collection of nonsexual pictures of children such as school photographs. The nonsexual photographs may help identify other victims.
- Personal letters and diaries. officers should examine all correspondence found at a residence to determine the type of correspondence. Investigators should also search for diaries, which might summarize sexual encounters the perpetrator has had or even list names and ages of sexual partner(s) and a brief description of the type of sexual activity. Thus a diary may be helpful in determining other victims that this offender has abused.
- Home computers. When a home computer is present in the home of an alleged offender, the investigator should determine if it is being used to contact others of like interest.
- Computers are also used to store information concerning the pedophile's photographic collection and his/her victims to facilitate retrieval. Should the investigator find a home computer and believe

that it has been used for this purpose, the computer should be seized (both hardware and software) for further evaluation. Care should be taken during shut down and removal so as not to erase any data.

- Cameras/ Phones Investigators should seize still cameras, phones (even if not apparently functional) and/or video cameras and recorder(s)
- Videos/ DVDs etc- Any videos should be reviewed for content, despite the labeling. Most likely a separate search warrant will be needed to view all the videos.

The investigator should be creative in the search. The search warrant should be broad enough to include items that might not be considered sexual, but which the child may have mentioned in the statement as used by the offender to entice the child, help consummate the crime, or record the crime.

Investigators may also consider the possibility of obtaining a legal consent to search when interviewing a non-offending spouse in an interfamilial case, but a search warrant is often the best way to ensure your evidence is lawfully obtained.

As mentioned earlier, if the investigator believes that such items may be destroyed or hidden after the child is interviewed, the investigator should take immediate steps to secure this evidence. This may involve contacting the prosecutor to expedite the issuance of a search warrant or sending officers to the location where it is believed this material is housed to secure it until such time as a search warrant can be obtained. The investigator should consult with the prosecutor regarding what circumstances would be considered exigent where the items could be seized without a search warrant. Telephone search warrants might be used in jurisdictions where they are permitted.

Interviewing the Alleged Perpetrator

If the identity of the offender is not known, the investigator should conduct normal investigative procedures to ascertain identity. This means neighborhood canvases, all points bulletins, a check of local jails, hospitals, etc., that have had recent inmate releases, strangers in the neighborhood, and suspicious vehicles that may have been reported.

If possible, the timing of the interview with the offender should be selected carefully. Many sexual abuse cases have been lost or jeopardized because investigators moved too rapidly to interview the offender before they were fully conversant with the facts of the case. The investigator must keep in mind that the offender is, in many cases, not likely to cooperate with him or her unless the offender is convinced that the investigator has strong evidence to prove the abuse. However, in some cases consideration should be given to interviewing this individual early in the investigation where the element of surprise can work to the investigator's advantage. The offender, if unaware of the investigation, will not have prepared an alibi, retained an attorney, or destroyed physical evidence, all of which is possible if the investigator does not act swiftly. This should be evaluated on a case-by-case basis.

CROSS-CULTURAL INVESTIGATIONS

Law enforcement officers will be called upon to investigate allegations of child maltreatment involving members of different ethnic or racial groups from their own. In some parts of the country, the cultural diversity of the community requires tremendous flexibility in the investigative style. Not only must officers be able to communicate with others who do not speak English, but they must also know the style of interview that will yield the most accurate results. Investigators will also need to consider cultural factors in the substantiation process.

Investigators need to be sure that their personal beliefs about child care do not become the standard to which they legally seek to hold others. In addition, some cultural practices have the potential to be misinterpreted as child abuse. For example, Vietnamese may cause symmetrical linear bruises from the cultural practice of coin-rubbing. The practice is for the treatment of fever, chills, or headache and involves massaging the back and chest with a coin. The result may appear to be abuse related. Other practices of foreign cultures must be explored when the officer is called upon to investigate people whose culture is different and/or unknown.

ISSUES IN ARREST

THE MIRANDA WARNING

As in any other investigation, the Miranda warnings should be provided prior to any *custodial* interview of the alleged offender. officers should never try to circumvent the necessity of these warnings by having DCF caseworker interview the suspect in a custodial setting (such as a police station, jail, or after arrest). Failure to properly observe these requirements will result in the inadmissibility of the statement for trial and expose the parties to lawsuits.

CONCLUSION

In the final analysis, the skills and judgments required of law enforcement officers in response to child abuse cases are significantly different than that expected of officers in the investigation of most criminal activity. Factors that set apart child abuse cases are:

- At the onset of the investigation, officers must not assume that abuse, and therefore a crime, has occurred. The investigation must not just seek who is responsible but must first establish that what has happened constitutes child abuse as defined in State law.
- officers must communicate effectively with children in child abuse cases far more often than in any other class of crime. The child, particularly in sexual abuse cases, may be the only witness to the crime (beside the perpetrator).
- The officer must share power and authority with staff of other investigative agencies who have an equal responsibility to investigate allegations of child abuse. DCF staff must be viewed and developed as allies, rather than competitors or impediments in the criminal investigative process.
- officers must often defer to the judgments of other professionals in assessing the evidence before them, including physicians, coroners, or mental health professionals.
- The officer may find that the case is affected by more judicial systems than any other class of crime he/she is likely to confront. It is not uncommon for the criminal investigation and prosecution to be influenced by the juvenile or family court judge, the divorce judge, or administrative bodies such as licensing review boards or DCF due process systems.

Ultimately law enforcement and the criminal justice system alone cannot successfully confront child abuse. Likewise, the child protection system or medical professions cannot deal effectively with this problem alone. It is only through the effective integration of the strengths of all who provide services to abused and neglected children and their families that successful outcomes can be achieved. For this reason, officers involved in the protection of children, either as a function of their patrol duties or as a special investigative assignment, must seek ways to build effective relationships and alliances with the other systems involved in child protection. Law enforcement officers cannot isolate themselves in their own system and expect to address this problem effectively. Some officers may have natural abilities with children, special training promotes understanding of the special developmental limitations and abilities of growing children and positively influences the investigative and fact-finding process.

officers must also be prepared for the special emotional toll that child abuse cases may exact from professionals involved. Failure to fully appreciate this aspect can lead to early burnout but may also cloud judgment and objectivity. The potential for such influences to adversely affect the officer's performance can be mitigated through effective coordination with the other agencies and professions actively involved in the protection of children. It is the interdisciplinary team that is our best tool in combating child maltreatment.

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