Law Enforcement Engagement Illustrations

[Diagram with text and images depicting a family and medical evaluation process.]
Law Enforcement Engagement

On May 9th, individuals affiliated with local law enforcement, the Pennsylvania State Police or a District Attorney’s Office engaged in a virtual guided discussion. The discussion included individuals who had previously completed a brief survey (see details of that below). The major themes and discussion points during the May 9th discussion are included below.

Collaborative approach to investigations

- We go out for every allegation of physical injury reported (as a result of our memorandum of understanding) we have a dual response which can run “patrol ragged” when it is a “discipline issue but err on side of caution”. Part of reason for the dual response is to “not put burden solely on CYS” and may “alleviate hostility toward CYS when have a uniformed officer there”

Deciding when a medical evaluation is pursued

- Influenced by child welfare and their “history of the family”
- One of “weaker points” with no one knows the “threshold” from law enforcement if will arise to aggravated assault (i.e., broken bones, loss of consciousness) those “will be guaranteed.” Less certain is where kid has “bruises but nothing else visible”. Generally speaking for young child or those who are not verbal and “are visible injury” they likely get referred, but “no bright line rule on that, not cut and dry”. Infants are “likely to go”
- Our department “could use the most help” to establish so we are “all on the same page, this child meets y and z so need physical assessment of the child.”
- Sexual assault as a matter of “routine” go through the children’s advocacy center, but for “physical assaults not as many make it to a CAC.”
- Sexual assault “seems to be a lot clearer” with physical abuse “we are eyeballing it making an in-person determination in 5 or 10 minutes.” We could “certainly use more guidance”
- Lucky to have the Children’s Hospital of Philadelphia office in King of Prussia so the “availability” of the resource “isn’t really the problem, the question is when we should and shouldn’t use them.”
- 99% of the time making decision in consultation with child welfare
- “Infrequently” will transport for a sexual abuse exam
- “We need a protocol, because we can not get CYS to send physical cases for a medical”. I have called CYS myself urging that the child get a medical evaluation and am told the “family didn’t want to go but would follow up with pediatrician and as law enforcement not much we can do if we don’t have early stage inform/ation.”
- “Frequently” we can’t kids in for “medicals on physical abuse” because the parent is potential perpetrator or doesn’t want to get the other “parent in trouble” and CYS “simply refuses”. This happens even as we have “abundant resources” and health care providers are “accommodating”
- A protocol would be “good first step, because with no protocol CYS will say they can’t do anything.”
- Need to be attentive to impact of hospital closings and so more utilization of urgent cares and sometimes they will say “this is not what we treat”. Sometimes said you “need to leave here to get imaging” but then may not show up at the hospital (sometimes due to a “means of getting them there”)
- Most concerned about where “kids need testing for substances” or they may have “some internal or head injury and they need imaging”
• “If we can get the child into the CAC, we can get them medical and not many refuse once they agree to have child come in and get interviewed.”
• Medical evaluation will be “based on what the child discloses during the forensic interview” without disclosure or “apparent injuries, there is no need for medical to be done.”
• It is not bad “if we send and they don’t need because almost an educational process”
• Police get child to CAC and then decision about medical evaluation is “more collaborative” between law enforcement and child welfare and “potentially CAC personnel”
• Sometimes questions arise after child brought in for an interview and suggest a medical, the response sometimes is ‘it’s outside the window, what are we sending them for?’
• Many families have felt exam is “traumatic” and don’t want to put through unless “needed for investigation”

**Mandatory reporting of suspected child abuse**

• We see a lot of reports that “don’t or shouldn’t require a law enforcement investigation” (i.e., an adult “yelled at or chastised a student or student athlete”) and all of this takes “resources”. Sometimes the “more important reports are getting lost” by overwhelmed law enforcement
• We have spent so long “messaging you have to call in everything” now maybe we have “swung the pendulum too far.”
• Reporting parties and training like with “schools and counselors” calling and yet often “doesn’t even fall under mandatory reporting.”
• We get reports from “specific schools,” because they have more “special needs students” and so calls made “on side of caution”
• We had a report from a school and the student said she was uncomfortable at how a “creepy teacher” looked at her. Why is ChildLine even called? We have to do a “lot of weeding out”
• “Quality of reports are all over the place”. Sometimes we have “paragraphs” of “life history” and then sometimes we get a “sentence or two”

**Miscellaneous**

• “Very difficult time with child victims who have one parent in the country and they are not here legally.....frequent issue of what to do when a child is here and living with someone who is physically or sexually abusing them and they have no where else to go and no other family in the country.” Have seen varied and “problematic responses” to the issue, sometimes told if child can’t stay in the house then “only option” is to send them back to country where they have a parent. “Serious issue if a child makes a disclosure of sex abuse and now you need to send you back” to another country. CYS hesitant to file dependency petition, because the child really isn’t dependent if have available parent in another country. Comes up “pretty frequently” and hard to come up with “appropriate balance in those cases”

**Triaging reports at ChildLine, CY104s**

• Coding of reports by ChildLine is confusing. Case involving sexually problematic behavior (all under age 10) so coded as law enforcement only (LEO) and will never be child protective services report or a safety plan put in place
• Would like to “know the how and why” in ChildLine decisions
• Maybe law enforcement’s training on ChildLine could be “improved”
• Some incidents that should get to law enforcement (in a timely way) don’t often because coded as general protective services (GPS)
• Will get a sexual abuse allegation (even if the victim is well into adulthood) in real-time but when a “child goes to the hospital with a serious head injury” or an ingestion not likely to come to us (DA) until Monday. “This is a major issue”
• District attorney’s office has to send out the CY104 reports that come in from ChildLine to law enforcement, but then police think it is a “mandate” from DA to investigate
• Duplicates still require us to “do something” (at law enforcement side). This can be “frustrating”
• Duplicates are not a problem because can cross reference by name/other information. The bigger challenge is “so much incorrect information on them” and if don’t have child’s date of birth (but know age) they put in month taking call, 1st and then count back to earlier year instead of just putting unknown
• Duplicates are “easily managed” because rural and PA State Police are “primary police source” so direct line of communication. Sometimes there are “logistical issues” if the report comes in after hours