

CALIFORNIA COMMISSION ON PEACE OFFICER STANDARDS AND **TRAINING**

**GUIDELINES FOR THE INVESTIGATION OF  
CHILD PHYSICAL ABUSE AND NEGLECT,  
CHILD SEXUAL ABUSE AND EXPLOITATION**

**DECEMBER 1998**

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## FOREWORD

Child abuse in all forms has reached epidemic proportions in the United States. Year after year the number of reported incidents of abuse continues to rise at an alarming rate. Most professionals agree that the statistics are only the "tip of the iceberg." The Commission on Peace Officer Standards and Training (POST) has prepared these guidelines to assist all those involved in the prevention, detection, and investigation of these onerous crimes, with an added dimension of a healing sensitivity for victims and others.

It is critical that officers assigned to field or investigative duties possess the necessary skills, information, and sensitivity to meet the needs of the victim as they often are the first to have contact with the child abuse victim and the victim's family. Penal Code Sections 13516 and 13517 require POST to prepare guidelines establishing standard procedures which may be followed by law enforcement agencies in the detection, investigation and response to cases in which a minor is a victim of an act of abuse, neglect, sexual abuse or sexual exploitation. POST first published these guidelines in 1983 and updated them in 1986.

The guidelines in this document reflect contemporary law and procedures for investigating reported child abuse offenses. As required, these guidelines continue to include procedures for determining whether or not a child should be taken into protective custody, as well as minimizing the number of times a child is interviewed by law enforcement personnel. In addition to required Basic Course training reflecting these procedures, Penal Code Section 13516 requires officers assigned to investigative duties, which include the handling of cases involving the sexual abuse and sexual exploitation of children, to successfully complete a course for specialists within six months of the date of assignment.

The guidelines themselves are not mandatory, however, they do point out mandatory provisions of law. They are presented in a format that will allow the reader to follow a step-by-step process for conducting a child abuse investigation. POST encourages the sharing of this information with all law enforcement personnel who may serve as the liaison between a child abuse victim and the criminal justice system.

The Commission appreciates the contributions of the Child Abuse Investigation Guidelines/Curriculum Advisory Council for their assistance in the updating of this information. Questions or comments concerning this document should be directed to the Training Program Services Bureau at (916) 227-4885. For information on obtaining additional copies of this document, please call POST Media Distribution at (916) 227-4856.

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## **INTRODUCTION**

Children, by definition, are immature in their physical, cognitive and emotional development. Many times the person who is abusing them is a person they love and trust such as a parent or caretaker. Often, the offenses take place repeatedly over an extended period of time, and in the privacy of a home. There is little if any evidence to collect to substantiate the allegation of abuse unless the officer knows what to look for. Many times the offenders are sophisticated in their operations and intimidate the child victim into remaining silent. The child feels guilt and fear about the abusive environment, but in many cases, it is all they know. They fear that their revelation of the abuse will mean the loss of a loved one through incarceration, and their own placement in a community child care facility.

With little or no evidence to corroborate the child's statement, the criminal justice system must rely on the skill of the law enforcement officers handling the investigation to provide the necessary information leading to the successful prosecution of the offender. Often, it comes down to the child's statement of what happened versus the offender's denial. An adult versus a child is hardly a fair contest. The judicial system works the same way regardless of whether the victim is an adult or a child. Thus, the child must experience the trauma and intimidation of sitting in a courtroom of adults answering questions about a very secret subject that may ultimately take a loved one away.

This guideline document incorporates legal mandates as they pertain to law enforcement personnel. Law enforcement has a legal and moral obligation to thoroughly investigate reports of suspected child abuse and to determine whether a crime has been committed. This investigation must be carried out in a professional and sensitive manner to protect the welfare of the suspected victim and the suspected offender. The label of "child molester" has a devastating impact on a person's community reputation and credibility. The officer must be sure to protect the rights of the suspected offender as well as the rights of the potential victim. The officer must also realize that the work completed during the initial phases of the investigation may have a tremendous impact on the welfare of the child, as well as the successful prosecution of the offender. Child abuse investigations can be very complicated and labor intensive. All officers involved in child abuse investigations should have adequate training in child abuse investigative techniques, including proper methods for interviewing victims, witnesses, and suspects. Officers should also be sensitive to the dynamics of a child abuse investigation, as well as with possible repercussions.

These voluntary guidelines provide a basis for law enforcement agencies to evaluate their policies and procedures. This document presents the information needed to conduct a child abuse investigation in such a way that the law enforcement professional can follow a step-by-step process. The guidelines are general and designed to provide order and continuity to law enforcement investigations. The document is divided into chapters, the sequence of which follows the normal progression of events from the receipt of the initial report to the completion of the case summary for the prosecuting attorney.

More detailed investigative information is available in a POST-certified Sexual Assault Investigation. Course.

## **CHAPTER ONE - GENERAL CHILD ABUSE INVESTIGATIVE PROCEDURES**

### **PRIORITIES AND OBJECTIVES**

#### **Guideline #1 - Objective**

The primary objective of the investigation is the protection of the child.

#### **Guideline #2 - Responsibility**

Law enforcement personnel have the responsibility to conduct an objective and unbiased investigation.

#### **Guideline #3 - Legal Rights**

Law enforcement investigators should protect the legal rights of ALL involved parties, to include:

- A. Victim(s)
- B. Suspect(s)
- C. All witnesses

#### **Guideline #4 - Legal Jurisdiction**

Law enforcement investigators should be aware that multiple jurisdictions may be involved in the investigation of a child abuse case. These jurisdictions may include:

- A. Criminal court
  - 1. Law enforcement
  - 2. District Attorney
- B. Juvenile court
  - 1. Child Protective Services (CPS) (dependency)
  - 2. County Counsel
- C. Family court
  - 1. Family members
  - 2. Divorce/custody issues
- D. Administrative actions
  - 1. Community Care Licensing (California Dept. of Social Services)
  - 2. State licensing agencies (Medical Board, teacher credentialing, etc.)
- E. Federal agencies
  - 1. Federal law enforcement (FBI, Postal Inspectors, Customs, Secret Service, INS)
  - 2. US Attorney's Office
  - 3. Federal court

### **Guideline #5 - Community Resources**

Law enforcement agencies should maintain a list of community organizations that provide referrals/assistance to victims of child abuse and their families.

## **II. INITIAL RECEIPT AND EVALUATION OF INFORMATION**

### **Guideline #6 - Initial Report to Law Enforcement**

It is the responsibility of law enforcement personnel receiving the initial report to:

- Gather the pertinent facts (who, what, where, when, how, why )
- B. Conduct a preliminary assessment of the risk to the child involved
- C. Cross-report and coordinate response with other involved agencies as appropriate

### **Guideline #7 - Responding Officer**

The first officer on the scene should assess the risk to each child involved and determine what action should be taken. Assessment may include observing and photographing the scene and child (as appropriate), collecting and preserving evidence, and interviewing the following:

- A. Reporting party
- B. All witnesses
- C. Victim(s)
- D. Sibling(s)
- E. Parents/caretakers

## **III. PRELIMINARY INVESTIGATIVE PROCEDURES**

### **Guideline #8 - Evidence**

The officer should gather and preserve evidence from all potential crime scenes relative to the allegation(s) of child abuse including those specific to:

- A. Neglect
- B. Emotional abuse/deprivation
- C. Physical abuse
- D. Sexual assault
- E. Sexual exploitation

### **Guideline #9 - Protective Custody**

The officer should determine the need for protective custody of the victim(s), sibling(s) and others under Welfare and Institutions Codes 300/305 by taking into consideration the following factors:

- A. Need for medical care
- B. Imminent danger of continued abuse/intimidation/retaliation
- C. Whether physical environment poses an immediate threat to the child's health and safety
- D. Parent or guardian is unwilling or unable to protect or care for the child
- E. History of prior offenses or allegations of child abuse

### **Guideline #10 - Identification of Suspect(s)/Protective Custody Considerations**

The officer should seek to identify the suspect(s) and take appropriate action.

### **Guideline #11 - Notification**

Appropriate notifications required by law are to be made.

### **Guideline #12 - Documentation**

The preliminary investigative report should contain the necessary documentation, to include:

- A. All statements
- B. Observations
- C. Physical evidence
- D. Actions taken by the investigating officer and others
- E. The existence of photographic, audio, or video recordings

### **Guideline #13 - Impact of Investigation**

Every law enforcement officer should be aware of the fact that the actions taken during the preliminary investigation, coupled with the quality of the police report, will have a crucial bearing on the protection of the children and the successful prosecution of the case. The investigator should be aware that defense strategies may focus on the following:

- A. The interview of victim
- B. The victim(s) themselves
- C. The officer/investigator
- D. The victim's family

- E. The investigation itself
- F. The medical vs. non-medical case

#### **IV. CHILD ABUSE REPORTING REQUIREMENTS**

##### **Guideline #14 - Mandated Reporters**

The law requires certain professional occupations to report suspected child abuse to the proper authority. They include the following: (Penal Code Sections 11165 and 11166):

- A. Childcare custodians
- B. Health practitioners (medical and non-medical)
- C. Employees of child protective agencies
  - 1. Members of a police department and sheriffs department
  - 2. Child Protective Services
- D. Commercial film and photographic print processors
- E. Peace officers
- F. Firefighters, animal control officers, or humane society officers
- G. Clergy (excluding confession or its equivalent)

These mandated reporters are provided immunity from civil and criminal liability as a result of making a required or authorized report of known or suspected child abuse (Penal Code Section 11172 (a)). Failure of a mandated reporter to report suspected abuse is a misdemeanor.

##### **Guideline #15 - Reporting Requirements**

In all known or suspected child abuse cases, the California Penal Code mandates specific reporting requirements by law enforcement, listed below:

- A. When child abuse is known or suspected, telephone (immediately or as soon as practically possible) and cross-report in writing within 36 hours to the county district attorney and to the agency which investigates dependency (the county welfare (CPS) and/or probation departments) (Penal Code Section 11166(g)).
- B. Notify the Department of Justice (Child Abuse Investigation Report-SS Form 8583) (Penal Code Section 11169).
- C. Upon starting an investigation, notify the county welfare department of a child abuse investigation within 36 hours of starting the investigation (Penal Code Section 11166.3).
- D. In addition to the above, cross-report immediately or as soon as practically possible to the appropriate licensing agency if the case involves a child daycare or a community child care facility (Penal Code Section 11166.2).

### **Guideline #16 - Confidentiality of Reporter**

Penal Code Sections 11167 and 11167.5 specify that reports required under the child abuse reporting statutes are confidential and disclosed only as provided by law. Any violation of statutory confidentiality is a misdemeanor.

### **Guideline #17 - Additional Reporting Requirements**

The California Penal Code requires law enforcement agencies to make the following notifications to mandated reporters of suspected child abuse offenses:

- A. Upon completion of the investigation, or after there has been a final disposition in the matter, law enforcement agencies are required to inform the person required to report the suspected child abuse of the results of the investigation and of any action the agency is taking in regard to the child or the family (Penal Code Section 11170(b)(2)).
- B. Agencies must make information in the Department of Justice Child Abuse Central Index available to the following persons (Penal Code Section 1170(b)(1)):
  - 1. Reporting medical practitioner
  - 2. Child custodian
  - 3. Guardian
  - 4. Attorney for the child appointed by the juvenile court under W&I Section 317/318.
  - 5. District Attorney

### **Guideline #18 - Laws to Assist in the Investigation**

The following California Penal Code sections may assist law enforcement officers in conducting investigations into suspected child abuse cases by:

- A. Permitting information relevant to the incident of child abuse to be given to an investigator following up on an initial report (Penal Code Section 11167 (b)).
- B. Permitting a police officer to apply to a magistrate for an order directing that the victim of child abuse be X-rayed without parental consent (Penal Code Section 11171.5(a)).
- C. Protecting mandated reporters from civil or criminal liability for providing access to a suspected child abuse victim when requested by a law enforcement officer (Penal Code Section 11172(b)).

### **Guideline #19 - Victim-Witness Assistance**

Investigating officers should provide victims and their families with information pertaining to the benefits afforded crime victims by the State of California. The victims should be referred to the Victim-Witness Assistance Center in their counties.

## **V. FOLLOW-UP INVESTIGATIVE PROCEDURES**

### **Guideline #20 - Follow-up Review**

The investigator should review the completeness of the preliminary investigation to determine the scope and direction of the follow-up investigation. This review should include:

- A. Verifying compliance with confidentiality requirements
- B. Verifying compliance with cross-reporting per Penal Code Section 11166
- C. Confirming elements of the crime
- D. Determining a need for further interviews and photographs
- E. Reviewing and evaluating all evidence
- F. Determining investigative priorities
- G. Reviewing dependency procedures including custody status of the victim(s) and/or sibling(s)
- H. Determining custody status of the offender(s)
- I. Coordinating with appropriate agencies

### **Guideline #21 - Record/Background Checks**

A thorough check of the involved parties may include:

- A. Public and private databases (local, county, state, national, international)
- B. Criminal history data (state and national)
- C. Department of Justice Child Abuse Central Index
- D. Department of Justice Registration and Compliance files and Sexual Habitual Offender Program (SHOP) files (290 PC)
- E. California Department of Motor Vehicles (DMV)
- F. Previous residences (prior offenses in other jurisdictions)
- G. Previous/current relationships (spouse, ex-spouse, live-in, relatives)
- H. Contacts with other agencies and/or jurisdictions

### **Guideline #22 - Investigative Resources and Techniques**

Investigative leads should be explored and developed through the use of the following:

- A. Resources
  - 1. Crime broadcast telecommunications
  - 2. Modus operandi files (M.O.)
  - 3. Field interview (F.I.) files
  - 4. California DOJ, FBI criminal investigation analysis (profiling)
  - 5. Multi-disciplinary interview teams
  - 6. Sexual Assault Response Teams (SART)
  - 7. County child death review team

- a. Sudden Infant Death Syndrome (SIDS) protocol
  - b. Pediatric autopsy protocols
- 8. Multi-victim/multi-offender protocols
- 9. Missing/abducted children protocols
- 10. California State Department of Justice (DOJ) Sexual Predator Apprehension Team
- 11. California DOJ Sexual Habitual Offender Program (SHOP)
- 12. Probation, parole, schools, and Child Protective Services
- 13. National and international law enforcement resources
- 14. Technical resources, e.g., computers on-line utilities
- 15. Subject matter experts
- 16. Media
- B. Techniques**
  - 1. Composite/artist renditions
  - 2. Photographic lineups (persons, places, vehicles, etc.)
  - 3. Physical lineups
  - 4. Surveillance
  - 5. Pretext conversations
  - 6. Video/audio
  - 7. Lie detection
    - a. Computer voice stress analyzer (CVSA)
    - b. Polygraph
  - Inter/intra agency coordinated investigation
  - 9. Searches
  - 10. Proactive approach
  - 11. Canvassing

### **Guideline #23 - Corroboration**

Corroborating information should be developed through the use of the following:

- A. Medical examination and/or medical history of child and suspect
  - B. Statements of witnesses, other suspects, other victims
  - C. Physical evidence
  - D. Incriminating statements made by the suspect
  - E. Whether access to the victim by the suspect was possible and if he or she had the opportunity to commit the offense
  - F. M.O. factors
  - G. Use of searches
    - 1. Warrant
    - 2. Consent
    - 3. Probation
    - 4. Parole
    - 5. Exigency/emergency
- Applying resources and techniques listed in Guideline #21, above

### **Guideline #24 - Evaluation of Evidence**

All evidence gathered throughout the investigation should be collected, analyzed, evaluated and preserved, and may include:

- A. Biological (e.g., body fluids, hair, etc.)
- B. Medical
- C. Pretext recorded conversations
- D. Photographic
- E. Lineup
- F. Computer (e.g., hardware, data, e-mail, storage media)
- G. Corroborative
- H. Trace (e.g., fibers)

The proper collection and preservation of biological evidence are critical to the corroboration of facts or allegations, and to the successful prosecution of a case. All biological evidence (except whole blood) collected from the scene, victim(s) or suspect(s) must be:

- A. Carefully preserved by air drying
- B.** Stored by freezing
- C. Whole blood (blood drawn and put in tubes) must be refrigerated, not frozen

### **Guideline #25 - Suspect Interview/Interrogation**

The suspect(s) should be interviewed/interrogated using the following criteria as a guide:

- A. Advise the suspect of Miranda rights only when appropriate (in custody or its functional equivalent) (See Appendix C).
- B. Consider providing the suspect with Beheler admonition (non-custodial interrogation) when appropriate
- C. Corroborate information already obtained through the investigation
- D. Obtain incriminating statements including admissions and confessions
- E. Consider audio/video recording of interview/interrogation

### **Guideline #26 - Interviews of Expert Witnesses**

Establishing the qualifications of expert witnesses should be as thorough as possible so that it may be used as a hearsay declaration at the preliminary examination (Prop. 115). Consider:

- A. Taping the interview(s)
- B. Establishing the expert(s) qualifications
- C. Establishing the expert(s) connection with the case
- D. The expert(s) opinions

- 1. Include both diagnosis and prognosis if appropriate
- E. Identifying the basis of the expert(s) opinion
- F. Identifying inconsistencies between the suspect's explanation and the victim's injury/condition
- G. Requiring experts to explain technical terms

**Guideline #27 - Warrantless Arrest of Suspect**

The following factors should be considered when determining whether or not to arrest the suspect(s) without a warrant:

- A. Imminent danger to the victim, suspect, or community
- B. Likelihood the suspect(s) will flee
- C. Destruction of evidence
- D. Potential ramifications of the arrest on all parties involved
- E. Impact on the case development
- F. Verification of identification of suspect(s)

**Guideline #28 - Final Report Preparation**

A final review and the preparation of all information and reports should include:

- A. Reporting the current status of the victim(s)
- B. Identification and collection of evidence
- C. Collection of all statements
- D. Determination of suspect's status
- E. Coordination and consultation with other involved agencies
- F. The assessment of confidentiality of case information
- G. Notification of victim and/or appropriate party of case status
- H. Completion of all mandated report requirement forms

**Guideline #29 - Case Summary**

In complicated cases or where there are multiple victims, incidents, or offenders, a case summary may help to emphasize the important points the investigator wishes to make. The summary may include:

- A. Synopsis of the pertinent points of the investigation
- B. Index of reports, photographs, diagrams, and other evidence
- C. Charts showing the relationships of the parties involved in the offenses
- D. Charts depicting the type and number of offenses involved and how they relate to the prosecution of the offenders
- E. Diagrams of the crime scene for courtroom presentation
- F. Time lines

## **CHAPTER TWO - CHILD NEGLECT AND EMOTIONAL ABUSE/DEPRIVATION**

### **I. DETECTION/NEGLECT**

#### **Guideline #30 - Child Neglect Indicators**

Neglect includes both acts and omissions on the part of a parent or caretaker. It means both the failure to provide, to protect or supervise, as well as to willfully cause or permit children to be in circumstances which endanger their health or well-being. A number of physical and/or behavioral indicators may assist the officer in assessing the need for intervention. However, some of these conditions may exist in home environments which are not considered neglectful (dirtiness and untidiness do not necessarily mean that a home is unfit). Rather, it is the extreme or persistent presence, or the combined number of these factors that usually indicate child neglect. The officer should be alert to the following signs of possible chronic neglect:

- A. Physical indicators of neglect may include:
  - 1. Poor growth pattern/Failure to Thrive (FTT)
  - 2. Hunger/malnutrition
  - 3. Poor hygiene
  - 4. Lack of appropriate/necessary clothing
  - 5. Unattended physical/medical problems
  - 6. Chronic fatigue/listlessness
  - 7. Unsafe/unsanitary living conditions
  - 8. Absence of adequate/appropriate food
- B. Behavioral indicators of neglected children may include:
  - 1. Child's verbal account of neglectful behavior by caretakers
  - 2. Delayed development, including: speech, body size, coordination
  - 3. Ingestion of harmful substances or repeated accidents
  - 4. Inappropriate dress for weather or temperature
  - 5. Extremes in behavior, e.g., social withdrawal (listless, withdrawn, apathetic) or noticeably antisocial or destructive behavior
  - 6. Beggars, hoards, steals food or other items
  - 7. Chronic absence/tardiness at school
  - 8. Children caring for children; inappropriate maturity or parental role reversal
- C. Parent or caretaker behavior/characteristics may include:
  - 1. Apathetic/passive
  - 2. Unresponsive attitude
  - 3. Depressed
  - 4. Unconcerned for child
  - 5. Socially/physically isolated
  - 6. Substance abuser
  - 7. Displays irrational/bizarre behavior
  - 8. Lack of supervision/unattended child

## II. INVESTIGATIVE PROCEDURES - NEGLECT

### Guideline #31 - Response to Neglect

The officer should determine the level of neglect (general or severe)) and the appropriate response, taking the following factors into consideration:

- A. Imminent danger
- B. Age and general condition of the child
- C. Immediate need for medical attention
- D. Ability of the child to care for himself/herself
- E. Inadequate allocation of basic necessities between children and adults
- F. Prior contacts with child protective agencies

These factors also assist in determining if a warrantless entry into the living environment is legally justified based on exigent circumstances.

All neglect cases are referred to Child Protective Services for appropriate action. Cases of severe neglect shall be investigated by law enforcement; cases of general neglect may also require investigation by law enforcement.

(See Glossary [Appendix F] for definitions of general and severe neglect)

### Guideline #32 - Protective Custody (Risk Assessment) Considerations

The officer should weigh all the facts when considering taking the victim(s) into protective custody pursuant to W&I 300/30. Consideration should also be give to history and prior offenses or allegations of child abuse.

### Guideline #33 - Coordination

It is important for law enforcement personnel conducting investigations of child neglect to notify and coordinate their activities with Child Protective Services.

### Guideline #34 - Collection and Preservation of Evidence

Evidence that will support allegations of child neglect should be gathered, preserved and stored. This evidence may consist of:

- A. Physical evidence
  - 1. Photographs/video of victim and/or living environment
  - 2. Clothing/bedding
  - 3. Food conditions (samples)
  - 4. Observed health/safety hazards

- B.** Medical information
  - 1. Medical reports
  - 2. Medical history
  - 3. Substance abuse/addiction
  - 4. Interview medical personnel
- C.** Statements of:
  - 1. Reporting party
  - 2. Victim(s)
  - 3. Neighbors/relatives
  - 4. Caretakers
  - 5. Other professionals
- D.** Documented observations of investigating officer
  - 1. Visual
  - 2. Odors
  - 3. Sounds (e.g., crying infant, inappropriate screaming at child, etc.)
- E.** Background/records checks
  - 1. Child Protective Services
  - 2. Department of Justice Child Abuse Central Index
  - 3. Schools
  - 4. Law enforcement

**Guideline #35 - Special Considerations**

Law enforcement personnel should be aware of some special circumstances that may resemble or mitigate child neglect. These may include:

- A. Cultural, socio-economic and religious differences
- B. Poverty
- C. Ignorance; lack of parenting skills
- D. Medical conditions not caused by neglect
- E. Developmental disabilities (caretaker or child)

**III. DETECTION - EMOTIONAL ABUSE/DEPRIVATION**

**Guideline #36 - Emotional Abuse Indicators**

Emotional or psychological abuse, while difficult to substantiate, is a serious form of child maltreatment. The following conditions have been identified as components of emotional maltreatment:

- A. Parent/caretaker behaviors
  - 1. Degrading/humiliating: verbal assault, excessive shaming, public ridicule
  - 2. Terrorizing/intimidating: threats of harm, forcing child to witness violent acts

3. Isolating: locking away in closets or rooms alone, denying access to relationships
  4. Corrupting: encouraging antisocial acts or beliefs, exposure to harmful influences
  5. Exploiting: using for self-gain or self-gratification at the child's expense
  6. Lack of nurturance: ignoring or rejecting the emotional need for affection, denying contact
- B. Child's behavior
1. Sleeping/eating/speech disorders
  2. Developmental/learning/concentration problems
  3. Habit disorders (e.g., head banging, tics, biting, self-mutilation)
  4. Extremes in behavior or affect (e.g., aggressive, withdrawn, destructive, etc.)
  5. Inappropriately infantile/pseudo-maturity/exaggerated fearfulness
  6. Indiscriminate attachments, attention/affection seeking behavior
  7. Excessively depressed, suicidal

**Note:** Most cases of emotional maltreatment result from disclosure or direct observation of emotionally abusive conditions. Behavioral signs are less reliable since they overlap substantially with non-abuse related problems. The above indicators may suggest the need for further investigation or assist the officer in determining the need for intervention.

#### IV. **INVESTIGATIVE PROCEDURES - EMOTIONAL ABUSE/DEPRIVATION**

##### **Guideline #37 - Protective Custody (Risk Assessment) Considerations**

The officer should weigh all the facts when considering taking the victim(s) into protective custody pursuant to W&I 300/30. Consideration should also be given to history and prior offenses or allegations of child abuse.

##### **Guideline #38 - Evidentiary Sources**

Some sources of emotional abuse evidence may be:

- A. Public/private school records
- B. Psycho-social evaluations
- C. Statements of involved parties
- D. Observations
- E. Background records
- F. Photographs/videos of victim(s) and/or living conditions
- G. Any other physical evidence

## **CHAPTER THREE- PHYSICAL CHILD ABUSE**

### **I. LEGAL REQUIREMENTS**

#### **Guideline #39 - Law Enforcement Responsibility**

In situations where a child suffers a non-accidental injury, law enforcement agencies have the responsibility to protect the health and welfare of the child, and determine if a crime has been committed.

### **II. DETECTION**

#### **Guideline #40 - Indicators of Physical Abuse**

There are a number of physical and behavioral indicators that may signal an abused child. Careful observation and listening can assist the officer in distinguishing accidental injuries from possible physical abuse. Facts and information to consider about the child and the injury include:

- The child has indicated that the injury was caused by another person
- B. The parent, caretaker, or child is unable or unwilling to provide an explanation
- C. The explanation is incompatible with the nature of the injury
- D. There are discrepancies or inconsistencies in the explanation among the parties

Physical abuse is the form of maltreatment most likely to involve obvious physical signs specific to abuse. Nonetheless, injuries are not always apparent, so verbal disclosures also play an important role. Soft-tissue damage (such as a bruise) is the most common physical sign; burns and scalds occur less frequently. The primary target zone for injury infliction is the back surface of the body between the neck and the knees.

- A. Indicators of physical abuse may include:
  1. Bruises and/or welts which may have a definitive shape or pattern
  2. Burns
  3. Fractures or sprains
  4. Lacerations or abrasions
  5. Other injuries that may be caused by biting, cutting, poking, punching, twisting of limbs, or whipping
  6. Head injuries
  7. Rope burns (scars) on wrists and/or ankles
  8. Internal injuries
  9. Multiple injuries or injuries on multiple planes of the body
  10. Injuries in various stages of healing
  11. Shaken Baby Syndrome

- B. Behavioral indicators of abuse may include:
  1. Exaggerated fearfulness: frightened of parents or other adults; wary of physical contact; afraid to go home; attempts to hide injury; hyper vigilant; apprehensive
  2. Excessively aggressive: destructive toward self/others; acting-out behavior
  3. Excessively passive: withdrawn; overly compliant; apathetic; anxious; depressed
  4. Over-protective of parents or caretakers; inappropriate maturity
  5. Drastic behavior changes in and out of presence of parents
- C. Parental behavior characteristics may include:
  1. Concealment of child's injuries
  2. Verbal or non-verbal threats or attempts to control child's communication
  3. Delay in seeking medical care or minimizing the severity of an injury
  4. Irrational thought processes; unrealistic expectations of child

### III. **INVESTIGATIVE PROCEDURES**

#### **Guideline #41 - Levels of Response**

The level of response by law enforcement agencies to reported physical abuse cases depends upon the:

- A. Nature of the call (in-progress vs. delayed report)
- B. Age of the child
- C. Imminent danger to the child
- D. Immediate need for medical attention
- E. History of prior reports
- F. Exigent circumstances

#### **Guideline #42 - Protective Custody (Risk Assessment) Evaluation**

The officer should weigh all the facts when considering taking the victim(s) into protective custody pursuant to W&I 300/30. Consideration should also be given to history and prior offenses or allegations of child abuse.

#### **Guideline #43 - Evidentiary Sources**

All pertinent evidence should be collected to substantiate the physical abuse allegation. Such evidence may include:

- A. Time-sequenced photographs, with the use of a size and color scale, of the victim and/or the crime scene
- B. Audio/video tape recordings
- C. Medical information
- D. Instruments/weapons that caused the injury

- E. Statements
- F. Documentation of observations
- G. Injuries to other children in the home
- H. Other possible evidence to substantiate the allegation

#### **Guideline #44 - Coordination**

When responding to suspected physical abuse, it is important for law enforcement personnel to notify and coordinate their activities with appropriate agencies. This will:

- A. Assist in limiting the number of times the child victim will be interviewed
- B. Allow for input in the decision-making process  
Improve the communications between the various agencies involved in the investigation

#### **Guideline #45 - Special Considerations**

Parents have the right to discipline their children. However, if the discipline is excessive, authorities have the responsibility to intervene. Considerations include:

- A. Discipline resulting in physical injury
- B. Age of the child being disciplined
- C. Instrument(s) used, if any
- D. Location of the injury on the child

## **CHAPTER FOUR - SEXUAL ABUSE AND EXPLOITATION OF CHILDREN**

### **I. DETECTION**

#### **Guideline #46 - Special Considerations in Sexual Assault/Abuse Investigations**

Child sexual abuse encompasses a broad range of behaviors that may involve many acts over time or a single incident. Because child sexual abuse usually occurs in secrecy, it may be experienced as shameful and often involves threats not to tell. Children are reluctant to disclose details voluntarily.

Despite the belief that physical findings are important in proving sexual abuse, the majority of cases do not involve serious bodily injury and do not result in physical indicators. Additionally, long delays between the abuse and disclosure are common and further reduce the likelihood of finding specific physical signs of sexual abuse. The absence of physical findings is common in sexually abused children.

There are two types of medical examinations for sexual abuse victims. The type of examination required is usually determined by the physical condition of the child and/or the length of time since the alleged abuse. Unless a child requires immediate medical attention, or the last incident occurred within 72 hours, a suspected victim of sexual abuse should only be physically examined by medical specialists with forensic expertise in child sexual abuse.

- A. Acute Child Sexual Abuse Examination (Evidentiary Examination); within 72 hours
  - 1. Complete medical examination (total body)
  - 2. Genital/perianal examination (with colposcope where available)
  - 3. Collection of all appropriate forensic (biological) specimens
  - 4. Evaluation/treatment of sexually transmitted diseases and/or pregnancy
  - 5. Completion of Office of Criminal Justice Planning (OCJP) sexual abuse report form (OCJP 923 or 925)
- B. Non-acute Child Sexual Abuse Examination (occurring after 72 hours)
  - 1. Complete medical examination (total body)
  - 2. Genital/perianal examination (with colposcope, where available, to document old or healing injuries)
  - 3. Evaluation/treatment of Sexually Transmitted Diseases **(STD)** and/or pregnancy
  - 4. Completion of OCJP sexual abuse report form (OCJP 923 or 925)

**Guideline #47 - Sexual Assault/Abuse Indicators**

Physical indicators of sexual abuse, if they exist, are usually only detectable by medical personnel. Officers should be aware of them and may be able to identify some through questioning. Following are some of the physical indicators that may be exhibited by sexually abused children:

- A. Pain or itching of genitalia
- B. Difficulty in walking or standing
- C. Bruised or bleeding genitalia
- D. Painful erections
- E. Inappropriate wetting or soiling
- F. Bite marks around genitalia
- G. Sexually Transmitted Diseases (STD)
- H. Foreign objects in anus or genitalia
- I. Pregnancy
- J. Scarred or mutilated genitalia

As with other forms of abuse, behavioral and psychological symptoms of sexual abuse are difficult to interpret because of their overlap with symptoms of other forms of distress. Statements by children describing sexual acts with adults remain the single best indicator of child sexual abuse. However, because only about one-third of cases result from verbal accounts from children, and because physical signs are even less common, suspicions often arise as a result of children's behaviors and emotional reactions. Following are some of the behavioral indicators that may be exhibited by sexually abused children:

Behavioral/emotional indicators:

1. Sexualized acting-out behavior
    - a. Excessive/compulsive masturbation
    - b. Inappropriate or aggressive sexual behavior with children, adults, toys, pets
    - c. Age-inappropriate understanding or preoccupation with sexual matters
    - d. Exposes self, refuses to dress or to undress
  2. Drastic behavior changes
    - a. Sudden onset of acting-out behavior, school problems, phobias
    - b. Extreme fearfulness, especially in response to particular circumstances or individuals
    - c. Unusual accumulation of money or gifts
  3. Notable changes in demeanor or personality
    - a. Acute or chronic depression, anxiety, suicidal indicators
    - b. Eating/sleeping/concentration problems
- B. The following are some of the parent/caretaker characteristics that may be consistent with child sexual abuse:
1. Extreme over-protectiveness and/or parental dominance
  2. Social isolation
  3. Conflict or alienation between parents
  4. Substance abuse
  5. Lack of supervision, controls, communication

**Note:** Three things should be kept in mind: 1) behavioral signs, in any combination, have not been shown to be reliable indicators of sexual abuse; 2) an absence of behavioral or physical indicators cannot be used to rule out sexual abuse; and 3) parental indicators are no more reliable than child indicators.

#### **Guideline #48 - Sexual Exploitation Indicators**

In addition to the indicators listed in Guideline #47, sexual exploitation should be suspected if:

- A. There are multiple victims and/or multiple suspects

- B. Child victim describes instances where he/she has been photographed, videotaped, or appears on electronic media
- C. Evidence of prostitution
- D. Evidence of nude modeling or live nude performance by the child
- E. Suspects displays an unusual interest in children
- F. Suspects possesses child erotica (see Glossary)
- G. Evidence is found of the suspect's membership in known pedophile organizations
- H. Suspect spends an abnormal amount of time at locations where juveniles congregate
- I. Suspect exhibits seduction methods with children
- J. Evidence of unusual adult/youth associations
- K. Evidence of pornography
- L. Suspect occupies a position of authority or trust with children
- M. Suspects use of electronic media to communicate with children

**Guideline #49 - Protective Custody (Risk Assessment) Considerations**

The officer should weigh all the facts when considering taking the victim(s) into protective custody pursuant to W&I 300/30. Consideration should also be given to history and prior offenses or allegations of child abuse.

**II. INITIAL RECEIPT AND EVALUATION OF INFORMATION**

**Guideline #50 - Law Enforcement Response**

Upon the initial receipt and evaluation of a reported offense, the urgency of the response should be prioritized based on the type of sexual abuse and the nature of the case. Such considerations include:

- A. Danger to the victim
- B. Need for medical attention
- C. Whether suspect has access to the victim and/or other children
- D. Potential to obtain or lose evidence
- E. Acquaintance vs. stranger assault
- F. Need for a search warrant or warrantless search
- G. Obtaining information as quickly as possible if the child is actively disclosing
- H. The ability to interview the child in a neutral setting, away from the suspect or other distractions

### III. INVESTIGATIVE PROCEDURES

#### Guideline #51 - Preliminary Investigation

In the preliminary investigation, the following information should be gathered to evaluate the allegation of sexual abuse:

- A. Type and extent of sexual contact
- B. Identification of all persons with possible knowledge of the incident
- C. A detailed description of crime scene
- D. The likely motivation of the reporting party

#### Guideline #52 - Suspect Interview/Interrogation

In sexual abuse or exploitation cases, the investigating officer should determine:

- A. Suspect's awareness of the investigation
- B. When suspect should be made aware of the investigation
- C. When suspect should be interviewed/interrogated
- D. Who should do the interview/interrogation of the suspect
- E. Where interview/interrogation should take place
- F. The legal issues regarding the custodial/non-custodial aspects of the interview/interrogation
- G. Suspect's access to children

#### Guideline #53 - Evidence

All evidence relating to allegations of sexual abuse and sexual exploitation should be collected, stored, and preserved. Such evidence may include:

- A. Audio/video tapes and photographs of the victim
- B. Video tapes and/or photographs of the crime scene
- C. Findings in a sexual abuse medical examination
- D. Articles of clothing from victim and/or suspect
- E. Biological/trace evidence (victim/suspect)
- F. Sexually oriented material that focuses on children
- G. Diaries (victim/suspect/witness)
- H. Correspondence relating to allegations and/or other offenses  
Personal telephone/address books
- J. Sexual aids (any device that is used to enhance or stimulate a sexual act)
- K. Computer equipment/files (suspect/victim)
- L. Other evidence that tends to corroborate the allegations

### **Guideline #54 - Investigative Leads**

Investigative leads for sexual abuse and sexual exploitation cases should include:

- A. Suspect's associations with youth and/or youth organizations
- B. File checks showing suspect's contacts with youths
- C. Intelligence information such as:
  - 1. Pornography mailing lists
  - 2. Pedophile networks
  - 3. Underground newsletters and publications
  - 4. Child Abuse Central Index
  - 5. Criminal history files
  - 6. Sexual offender files, e.g., Sexual Habitual Offender Program (SHOP)
  - 7. Federal law enforcement agencies' seizure lists and data bases
- D. Suspect's prior and current relationships and/or marriages
- E. Prior consistent behavior of suspect

### **Guideline #55 - Corroborating Information**

Corroborating information sources that will assist the investigating officer include:

- A. Description of crime scene, residence, and/or vehicle
- B. Description of marks, scars, and tattoos (especially on those body parts normally covered by suspect's clothing)
- C. Visual, audio, and electronic media depictions of the victim and other children who may be victims or witnesses
- D. Pornography and erotica that may have been exhibited to the victim
- E. Items left behind by the victim/suspect at the crime scene
- F. Person the victim may have told prior to the official report to authorities (best friend, neighbor, etc.)
- G. Prior medical visits for related symptoms
- H. Gifts and/or rewards received from the suspect

## **CHAPTER FIVE - DOMESTIC VIOLENCE CASES**

When investigating domestic violence cases, officers should be aware that child abuse also may be present.

### **Guideline #56 - Responsibility**

In situations when officers respond to calls of domestic violence, it is the responsibility of law enforcement to determine whether there are children present in the home and to take appropriate action to protect them.

### **Guideline #57 - Response**

When domestic violence is present and children are in the home, the officer should:

- A. Check for signs of physical abuse, neglect and emotional trauma
- B. Assess imminent danger
- C. Interview children in order to:
  - 1. Determine if they are victims of current or prior domestic violence incidents
  - 2. Determine if they are witnesses to current or prior incidents
  - 3. Obtain a family history, including:
    - (a) Patterns of discipline
    - (b) Family rules
    - (c) Family responsibilities of the children

### **Guideline #58 - Protective Custody (Risk Assessment) Considerations**

The officer should weigh all the facts when considering taking the victim(s) into protective custody pursuant to W&I 300/30. Consideration should also be given to history and prior offenses or allegations of child abuse.

### **Guideline #59 - Investigative Considerations**

- A. Statements of involved parties
- B. Witness interviews (neighbors, teachers, relatives)
- C. DOJ Child Abuse Central Index
- D. Medical records
- E. School records
- F. Prior incidents/reports
- G. Evidence collection  
Officer observation

### **Guideline #60 - Legal Considerations**

- .\_\_\_\_\_Emergency Protective Orders
- B. Referrals for support and assistance (PC 13701)
- C. Safety plans and local agency protocols
- D. Restraining and other court orders (Penal Code Sections 166.4, and 273.6)
- E. Arrest mandates
- F. Probation/parole status
- G. Welfare & Institutions Code 300/305

## **CHAPTER SIX - INTERVIEW AND INTERROGATION TECHNIQUES**

### **I. GENERAL CONSIDERATIONS**

#### **Guideline #61 - Objective**

The objectives of the interview are to:

- A. Determine if a crime has been committed
- B. Determine who, what, when, where, why, and how
- C. Identify and locate evidence
- D. Minimize trauma to the child

#### **Guideline #62 - Law Enforcement Responsibility**

The primary responsibility for conducting criminal investigative interviews and interrogations rests with the law enforcement agency and may involve the use of a forensic child interviewer.

#### **Guideline #63 - Interview and Interrogation Considerations**

When conducting interviews and interrogations, the investigating officer should consider the following procedures:

- A. Determine purpose of interview/interrogation
- B. Plan and prepare carefully for the interview/interrogation
- C. Consider the use of audio/video technology
- D. Determine the developmental and functional level of the victim, witnesses, and suspect
- E. Determine the various relationships of all parties involved in the alleged offense
- F. Determine if there are additional victims, witnesses, or suspects
- G. Establish the existence of evidence
- H. Protect confidentiality of all parties involved in the alleged offense (Penal Code Section 293(a))
- I. Conduct all interviews/interrogations separately
- J. To prevent contamination, avoid disclosure of case information to all parties involved in the alleged offense
- K. Instruct all parties involved in the alleged offense to maintain confidentiality
- L. The legal ramifications of custodial/non-custodial interrogation

## II. VICTIM INTERVIEWS

### Guideline #64 - Minimizing the Number of Victim Interviews

Every effort should be made to minimize the number of interviews with the child victim. Some techniques to consider include:

- A. Consultation with a specialized law enforcement child abuse investigative unit (if available) prior to the interview
- B. Seeking other sources of information prior to the interview with the victim
- C. Coordination of the investigation with Child Protective Services
- D. Consultation with the prosecuting attorney
- E. Use of audio and/or video recordings  
Conducting thorough and well documented interviews in a child-friendly environment  
The use of a multi-disciplinary interview center (MDIC)

### Guideline #65 - Sensitivity

Care should be taken to be sensitive to the needs of the child. Techniques to consider include:

- A. Establishing age-appropriate rapport with the child
- B. Carefully selecting interview setting
- C. Providing the child with emotional support
- D. Having support persons available, if needed
- E. Making appropriate use of interview aids (dolls, drawings, etc.)
- F. Establishing the child's developmental level
- G. Being aware of self-blaming behavior by the child
- H. Recognizing when to discontinue the interview  
Being aware of cultural differences
- J. Telling the child what to expect during the investigation
- K. Being prepared to respond to the victim's questions
- L. Concluding the interview in such a fashion that the victim feels free to recontact the investigator
- M. Avoiding "Why" questions and blaming behavior by the interviewer  
Avoiding the creation of false expectations

### Guideline #66 - Special Considerations

When conducting child victim interviews, the interviewer should consider the following:

- A. To whom and when the victim initially disclosed the incident
- B. Avoiding paraphrasing by allowing the child to describe the incident in his/her own words

- C. Establishing and using the child's terminology and language for body parts and document where possible
- D. Avoiding influencing the child's account of the alleged offense
- E. Establishing time frame and jurisdiction for all alleged offenses
- F. Avoiding being judgmental when discussing the alleged suspect
- G. Avoiding inappropriate technical terminology
- H. Avoiding making promises or false reassurances/expectations
- I. Keeping emotional responses by the interviewer appropriate
- J. Avoiding accolades, remaining neutral
- K. Accepting the child's emotional state, without trying to change it

**Guideline #67 - Special Populations**

When conducting interviews with the child victim, be aware of special needs and characteristics for the following populations:

- A. Developmentally impaired
- B. Physically/mentally impaired
- C. Cultural/religious diversities

**III. WITNESS INTERVIEWS**

**Guideline #68 - Interview Considerations**

When conducting interviews with witnesses of an alleged child abuse offense, the investigating officer should consider the following:

- A. Determining sequence for witness interviews
- B. Determining source of witness knowledge of the alleged offense
- C. Determining if the witness could be an additional victim
- D. Determining witness relationship to the victim
- E. The developmental level of the witness
- F. Determining the relationship of the witness to the suspect
- G. The motivation of the witness
- H. Avoid influencing the witness's account of the alleged offense
- I. The possibility of the witness recanting the account of the incident
- J. The use of audio/video recording technology

**IV. SUSPECT INTERVIEW/INTERROGATION**

**Guideline #69 - Special Considerations for Juvenile Offenders**

When investigating an abuse allegation that focuses on a juvenile as the suspect, the investigating officer should make the following special considerations:

- A. Special emphasis should be made to maintain rapport throughout the interview
- B. Document the suspects' understanding of the wrongfulness of the act
- C. Determine and document the level of the suspect's criminal sophistication
- D. Gather historic social and criminal information about the suspect prior to the interview

Many juvenile sex offenders have a history (not necessarily prior reports) of sexual victimization.

- A. Approaching juvenile sex offenders with an attitude that they are victims is usually more productive than an adversarial approach
- B. If the juvenile sex offender was/is a victim, that case should also be investigated with equal vigor

**Guideline #70 - Interview/Interrogation Considerations**

When conducting an interview/interrogation with an alleged suspect, the following factors should be taken into consideration by the investigating officer:

- A. Careful selection of the setting and timing for the interview
- B. Establish rapport with the suspect
- C. Determine relationship between the suspect, witness, and victim
- D. Determine if and when the suspect had access to victim
- E. Note the demeanor of suspect at the time of the interview
- F. Encourage suspect to relate the incident in his/her own words
- G. Note statements that are consistent or inconsistent with other findings and evidence
- H. Custodial vs. non-custodial legal issues

**Guideline #71 - Suspect Interview/Interrogation Special Considerations**

When interviewing/interrogating the suspect, the investigating officer should be aware of the following:

- A. Suspect's typology (See Appendix I)
- B. Suspect's fears
- C. Suspect's understanding of possible stigma associated with accusation
- D. Currently used techniques and strategies for suspect interviews

**Guideline #72 - Corroboration of Suspect's Statement**

Every attempt should be made to corroborate statements made by the suspect. The following information may help the investigating officer accomplish this task:

- A. Statements of victim and witness
- B. Physical evidence
- C. Prior criminal history data
- D. Prior complaints (about the suspect)
- E. Prior consistent behavior

**CHAPTER SEVEN - COMMUNITY CHILD CARE FACILITIES**

**I. RESPONSIBILITY**

**Guideline #73 - Law Enforcement Responsibility**

Law enforcement agencies have the authority and responsibility to investigate allegations of child abuse occurring in the following types of licensed and unlicensed community child care facilities:

- A. Family day care homes
- B. Child day care centers
- C. Foster family homes
- D. Group homes
- E. Small family homes

**II. INITIAL RECEIPT AND EVALUATION OF INFORMATION**

**Guideline #74 - Level of Response**

The urgency of response by law enforcement personnel to allegations of child abuse in a community child care facility should be governed by the:

- A. Nature and seriousness of the allegation
- B. Present risk to children
- C. Credibility of allegation
- D. Need for coordination with other appropriate regulatory agencies
- E. Need for discretion to protect the rights and credibility of the child care provider
- F. Potential for loss and/or contamination of evidence
- G. Impact of the action taken on further case development

**Guideline #75 - Coordination**

Coordination of the initial response to an allegation of child abuse in a community child care facility with one or more of the following agencies should be considered by the investigating officer:

California Department of Social Services (Community Care Licensing Division)

- B. Local child protective service
- C. Child placement agencies
- D. Other regulatory agencies (fire department, public health department, etc.)

**Guideline #76 - Reporting Requirements (Group Homes or Institutions)**

If suspected child abuse occurs in a group home or institution, the investigation of that abuse must be done in accordance with the regulatory "Guidelines for Investigation of Child Abuse in Group Homes or Institutions" (Penal Code Section 11174). These are found in Title II California Administrative Code, Article 3, Sections 930-930.8.

**Guideline #77 - Cross-Reporting Requirements (Group Home or Institution)**

If suspected child abuse occurs in a group home or institution, the local law enforcement agency is required to notify the following agencies:

- A. Child Protective Services
- B. Licensing agency
- C. District Attorney's Office

**Guideline #78 - Follow-Up Reporting Requirements (Group Home or Institution)**

If suspected child abuse occurs in a group home or institution, the investigating law enforcement agency is required to make written notification of the results of the final disposition of the matter to the appropriate agencies/person. These agencies shall include:

- A. Department of Justice-Division of Law Enforcement
- B. District Attorney's Office
- C. Child placement agency involved
- D. Child Protective Services
- E. Licensing agency with jurisdiction over the facility
- F. Administrator of the group home or institution, as long as disclosure does not violate confidential information
- G. Parent or guardian of the child if the child is not a dependent or ward of the court
- H. Mandated reporter
- I. State funded resource and referral agency for that jurisdiction, as long as disclosure does not violate confidential information

**Guideline #79 - Department of Social Services Reporting Requirement**

When a law enforcement agency receives a report of abuse alleged to have occurred in facilities licensed to care for children by the State Department of Social Services, it is

required, within 24 hours, to notify the licensing office with jurisdiction over the facility (Penal Code Section 11166.1).

### III. **INVESTIGATIVE PROCEDURES**

#### **Guideline #80 - Preliminary Investigation Procedures**

The initial responding officer should consider, but not be limited to, the following procedures:

- A. Ensuring the safety of the child
- B. Taking immediate count of all the children present in the facility
- C. Conducting an immediate visual inspection of the condition of the facility and personnel
- D. Identifying licensee, all employees and persons residing in the facility
- E. Noting the degree of cooperation by persons contacted

Establish a local policy for the handling of multi-victim and multi-suspect cases

#### **Guideline #81 - Legal Action**

A child abuse investigation in a community child care facility may lead simultaneously to three types of action:

- A. Criminal
- B. Civil
- C. Administrative

Rules of evidence and burdens of proof differ in each of the above proceedings. Evidence which is not admissible in a criminal trial may well be admissible in administrative proceedings. An administrative action could lead to the closure of the facility and serve to document the incident in criminal history records.

#### **Guideline #82 - Follow-up Investigation Procedures**

The investigator should review the actions taken by the officer handling the preliminary investigation. It is crucial that:

- A. All statements are complete and accurately documented
- B. All physical evidence has been identified and documented
- C. A search has been considered (if appropriate)
- D. All mandatory notifications have been made

**Appendix A:**

**Laws Pertaining to Child Sexual Abuse**

## Commission on Peace Officer Standards and Training

## Sex Crime Investigation

P.C. 13516

- (a) The commission shall prepare guidelines establishing standard procedures which may be followed by police agencies in the investigation of sexual assault including cases, and cases involving the sexual exploitation and sexual abuse of children including police response to, and treatment of, victims of these crimes.
- (b) The course of training leading to the basic certificate issued by the commission shall, on and after July 1, 1977, include adequate instruction in the procedures described in subdivision (a). No reimbursement shall be made to local agencies based on attendance on or after that date at any such course which does not comply with the requirements of this subdivision.
- (c) The commission shall prepare and implement a course of training of specialists in the investigation of sexual assault cases, child sexual exploitation cases, and child sexual abuse cases. Officers assigned to investigation duties, which include the handling of cases involving the sexual exploitation or sexual abuse of children, shall successfully complete that training within six months of the date the assignment was made.
- (d) It is the intent of the Legislature in the enactment of this section to encourage the establishment of sex crime investigation units in police agencies throughout the state, which units shall include, but not be limited to, investigating crimes involving the sexual exploitation and sexual abuse of children.

Commission on Peace Officer Standards and Training

Child Abuse & Neglect Training

P.C. 13517

- (a) The commission shall prepare guidelines establishing standard procedures which may be followed by police agencies in the detection, investigation, and response to cases in which a minor is a victim of an act of abuse or neglect prohibited by this code. The guidelines shall include procedures for determining whether or not a child should be taken into protective custody. The guidelines shall also include procedures for minimizing the number of times a child is interviewed by law enforcement personnel.
- (b) The course of training leading to the basic certificate issued by the commission shall, not later than July 1, 1979, include adequate instruction in the procedures described in subdivision (a).
- (c) The commission shall prepare and implement an optional course of training of specialists in the investigation of cases in which a minor is a victim of an act of abuse or neglect prohibited by this code.
- (d) The commission shall consult with the State Office of Child Abuse Prevention in developing the guidelines and optional course of training.

# STATUTES FOR PEACE OFFICERS

## CHILD VICTIMS

Homicide / Torture  
Physical Abuse / Neglect  
Sexual Abuse  
Reporting  
Juvenile Court

## **HOMICIDE / TORTURE**

Child Homicide Penal Code Section 273ab

Torture Penal Code Section 206

## **PHYSICAL ABUSE / NEGLECT**

Abandonment Penal Code Section 270

Child Stealing (Non-custodial Parent) Penal Code Section 278

Contributing to the Delinquency of a Minor Penal Code Section 272

Corporal Punishment Penal Code Section 273d

Failure to Support Penal Code Section 271

Physical Abuse and Neglect Penal Code Section 273a

Statement of Child to Officer Admissible in Court Evidence Code Section 1360

## **SEXUAL ABUSE**

AIDS testing Penal Code Section 1202.1

Aggravated Sexual Assault of Child under 14 Penal Code Section 269

Annoying or Molesting a Minor Penal Code Section 647.6

Child Pornography  
--- Possession Penal Code Section 311.11

--- Possession for Distribution Penal Code Section 311.1

DNA testing Penal Code Section 290.2

Exhibiting Lewd Material to a Minor Penal Code Section 288.2

Incest Penal Code Section 285

Lewd Act on a Child under 14	Penal Code Section 288(a)
Lewd Act on a Child under 14, Forcible	Penal Code Section 288(b)
Lewd Act on a Child under 14, Residential Child Molester	Penal Code Section 288.5
Lewd Act on a Child 14 or 15, Defendant 10 years or more older than victim	Penal Code Section 288(c)
Minor Posing or Modeling Involving Sexual Conduct	Penal Code Section 311.4
Possession, Production, or Sale of Matter Depicting Sexual Conduct by a Minor	Penal Code Section 311.2
Providing Child for Purpose of Molest	Penal Code Section 266j
Punishment 15 to life or 25 to life under specified circumstances	Penal Code Section 667.61, 667.71
Registration of Offender, Failure to Register	Penal Code Section 290
Sexual Exploitation of Child	Penal Code Section 311.3
Statement of Child to Officer Admissible in Court	Evidence Code Section 1360
Unlawful Sexual Intercourse (Statutory Rape)	Penal Code Section 261.5

## **REPORTING**

Confidentiality of Informants	Penal Code Section 11167
Confidentiality of Reports	Penal Code Section 11167.5
Failure to Report, Penalty	Penal Code Section 11172
Mandatory Reporters	Penal Code Section 11166
Neglect, Defined	Penal Code Section 11165.2
Reporting Requirements, Deadlines	Penal Code Section 11166.2

Sexual Abuse, Defined

Penal Code Section 11165.1

Willful Cruelty, Defined

Penal Code Section 11165.3

## **JUVENILE COURT**

Dependents, Defined

Welf. & Inst. Section 300

Dependents, Taking Custody Without Warrant  
--- Notice to Parents

Welf. & Inst. Section 305, 307  
Welf. & Inst. Section 307.4

Wards, Defined

--- Criminal Behavior  
--- Habitual Truant/Refusal to Obey Parents

Welf. & Inst. Section 602  
Welf. & Inst. Section 601

Wards, Taking Custody Without Warrant  
--- Notice to Parents

Welf. & Inst. Section 625  
Welf. & Inst. Section 627

# CASE LAW FOR PEACE OFFICERS

## CHILD VICTIMS

Warrantless Entry  
Child Homicide  
Physical Abuse / Neglect  
Sexual Abuse

## **WARRANTLESS ENTRY**

In re Dawn O. (1976) 58 Cal.App.3d 160

Reasonable suspicion of young child left alone in residence justifies warrantless entry.

Reasonable suspicion in this case based on officer's return of lost five year-old to residence at 10:30 p.m. and no answer when officer knocked on the door. Officer acted properly in entering to determine whether another child was alone inside.

## **CHILD HOMICIDE**

People v. Mincey (1992) 2 Cal.4th 408

First degree torture murder requires 1) the acts causing the death involve a high degree of probability of death and 2) the defendant committed the acts with the intent to cause cruel pain and suffering for the purpose of revenge, extortion, persuasion or for any other sadistic purpose. Intent to kill is not an element. Intent to inflict torture can be proved by the number and severity of the injuries, the length of time over which the injuries were inflicted, and the variety of objects used to inflict them.

People v. Salinas (1982) 131 Cal.App.3d 925

Implied malice can be based on the application of violent force to the body of a child, such as beating a four year-old to death.

People v. Moten (1991) 229 Cal.App.3d 1318

Implied malice can be based on omission as well as an act, such as the failure of the caretaker to provide food and water for the child.

People v. Burden (1977) 72 Cal.App.3d 603

Implied malice can be based on act or omission of the secondary care giver (the father) as well as the primary care giver (the mother).

## **PHYSICAL ABUSE / NEGLECT**

Estelle v. McGuire (1991) 116 L.Ed.2d 385

A medical expert can state his or her opinion that the child was a victim of battered child syndrome. This opinion can be based on prior injuries as well as the current injuries. The identity of the perpetrator of the prior injuries need not be proved.

People v. Odom (1991) 226 Cal.App.3d 1028

Felony child endangerment requires a gross, reckless or culpable departure from ordinary due care resulting in a reasonable risk of great bodily injury, not actual injury. The risk

of great bodily injury to a child was based on loaded weapons, faulty wiring and toxic chemicals in the defendant's meth lab/residence.

People v. Harris (1966) 239 Cal.App.2d 393

Risk of great bodily injury to a child found where residence was extremely filthy (unwashed clothes, old dried food, human and animal feces, flies and cockroaches).

## SEXUAL ABUSE

People v. McAlpin (1991) 53 Cal.3d 1289

Officer allowed to testify as expert witness on common reactions of children to sexual abuse (Child Abuse Accommodation Syndrome).

People v. Ewoldt (1994) 7 Cal.4th 380

Prior sex offenses of defendant admissible under Evidence Code Section 1101 (b) to show common plan or scheme, motive, and/or intent in charged offenses.

People v. Jones (1990) 51 Cal.3d 294

Child victim must be able to describe, 1) the types of conduct (e.g. sexual intercourse, oral copulation), 2) the number of acts (e.g., "every time we went camping", "at least once a week"), and 3) the general time period within the statute of limitations (e.g., "every weekend after he came to live with us", "the summer before I was in fifth grade").

People v. La Fontaine (1978) 79 Cal.App.3d 176

Annoying or molesting a minor (Penal Code Section 647.6) can be verbal. Touching is not required.

**Appendix B: Common Forms**

**Child Abuse Investigation Report  
Suspected Child Abuse Report  
Office of Criminal Justice Planning (OCJP) Form # 925**

# CHILD ABUSE INVESTIGATION REPORT

**To be Completed by Investigating Child Protective Agency  
Pursuant to Penal Code Section 11169  
(SHADED AREAS MUST BE COMPLETED)**

FOR DOJ USE ONLY -  
R  
C  
N  
  
A  
G  
Y

<b>INVESTIGATION</b>	1: INVESTIGATING AGENCY (Enter complete name and check type): <input type="checkbox"/> POLICE <input type="checkbox"/> WELFARE <input type="checkbox"/> SHERIFF <input type="checkbox"/> PROBATION		2: AGENCY REPORT NO./CASE NAME:	
	3: AGENCY ADDRESS: Street City		4: AGENCY TELEPHONE: EXT: ( )	
	5: NAME OF INVESTIGATING PARTY: TITLE		6: DATE REPORT COMPLETED: MO DA YR	
	7: AGENCY CROSS-REPORTED TO:	8: PERSON CROSS-REPORTED TO:	9: DATE CROSS-REPORTED: MO DA YR	
	10: ACTION TAKEN (check only one box): <input type="checkbox"/> (1) SUBSTANTIATED (Credible evidence of abuse) <input type="checkbox"/> (2) UNSUBSTANTIATED (Insufficient evidence of abuse, not unfounded)		(3) SUPPLEMENTAL INFORMATION (Attach copy of original report) <input type="checkbox"/> (a) UNSUBSTANTIATED <input type="checkbox"/> (c) ADDITIONAL INFORMATION <input type="checkbox"/> (b) UNFOUNDED (false report, accidental, improbable)	
11: COMMENTS:				

<b>INCIDENT</b>	1: DATE OF INCIDENT: MO DA YR		2: TIME OF INCIDENT:	3: LOCATION OF INCIDENT:	
	4: NAME OF PARTY REPORTING INCIDENT: TITLE:		5: EMPLOYER:	6: TELEPHONE: ( )	
	7: TYPE OF ABUSE (check one or more): <input type="checkbox"/> (1) PHYSICAL <input type="checkbox"/> (2) MENTAL <input type="checkbox"/> (3) INCEST (285 P.C.) <input type="checkbox"/> (4) OTHER SEXUAL ASSAULT <input type="checkbox"/> (5) SEXUAL EXPLOITATION <input type="checkbox"/> (6) SEVERE NEGLECT <input type="checkbox"/> (7) GENERAL NEGLECT o. (8) OTHER				
	8: IF ABUSE OCCURRED IN OUT-OF-HOME CARE, CHECK TYPE <input type="checkbox"/> (1) FAMILY DAY CARE <input type="checkbox"/> (2) CHILD CARE CENTER <input type="checkbox"/> (3) FOSTER FAMILY HOME <input type="checkbox"/> (4) SMALL FAMILY HOME <input type="checkbox"/> (5) GROUP HOME OR INSTITUTION-Enter name and address:				

<b>VICTIM</b>	1: NAME: Last First Middle		AKA	D MO DA YR	APPROX: AGE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE *	
	ADDRESS: Street City State		DID VICTIM INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		NATURE OF INJURIES:			
	PRESENT LOCATION OF VICTIM:		TELEPHONE NUMBER:	IS VICTIM DEVELOPMENTALLY DISABLED [4512(a) WM? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	2: NAME: Last First Middle		AKA	D MO DA YR	APPROX: AGE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE *	
	ADDRESS: Street City State		DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		NATURE OF INJURIES:			
	PRESENT LOCATION OF VICTIM:		TELEPHONE NUMBER:	IS VICTIM DEVELOPMENTALLY DISABLED [4512(a) W&I? <input type="checkbox"/> YES <input type="checkbox"/> NO				

<b>WITNESSES</b>	1: NAME: Last First Middle		AKA	D MO DA YR	APPROX: AGE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE *
	ADDRESS: Street City State		HGT	WGT	EYES	HAIR	SOCIAL SECURITY NUMBER:
	RELATIONSHIP TO VICTIM: <input type="checkbox"/> (1) PARENT/STEPARENT <input type="checkbox"/> (2) SIBLING <input type="checkbox"/> (3) OTHER RELATIVE <input type="checkbox"/> (4) FRIEND/ACQUAINTANCE <input type="checkbox"/> (5) STRANGER <input type="checkbox"/> (6) OTHER					DRIVER'S LICENSE NUMBER:	
	2: NAME: Last First Middle		AKA	D MO DA YR	APPROX: AGE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE *
ADDRESS: Street City State		HGT	WGT	EYES	HAIR	SOCIAL SECURITY NUMBER:	
RELATIONSHIP TO VICTIM: <input type="checkbox"/> (1) PARENT/STEPARENT <input type="checkbox"/> (2) SIBLING <input type="checkbox"/> (3) OTHER RELATIVE <input type="checkbox"/> (4) FRIEND/ACQUAINTANCE <input type="checkbox"/> (5) STRANGER <input type="checkbox"/> (6) OTHER					DRIVER'S LICENSE NUMBER:		

<b>OTHER</b>	1: NAME: Last First Middle		<input type="checkbox"/> (1) PARENT/STEPARENT <input type="checkbox"/> (2) SIBLING	D MO DA YR	APPROX: AGE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE *
	2: NAME: Last First Middle		<input type="checkbox"/> (1) PARENT/STEPARENT <input type="checkbox"/> (2) SIBLING	D MO DA YR	APPROX: AGE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE *

RACE CODES: W-White, B-Black, H-Hispanic, I-American Indian, F-Filipino, P-Pacific Islander, C-Chinese, J-Japanese, A-Other Asian, Z-Asian Indian, II-Cambodian, G-Guamanian, U-Hawaiian, K-Korean, L-Laotian, S-Samoan, V-Vietnamese, O-Other, X-Unknown  
 **CHECK HERE IF ADDITIONAL SHEET(S) IS ATTACHED.**  
 SS 8583 (Rev. 1/96) PINK COPY-DOJ; WHITE COPY-Police or Sheriff; BLUE COPY-County Welfare or Probation; GREEN COPY- District Attorney's Office

**CHILD ABUSE INVESTIGATION REPORT  
DEPARTMENT OF JUSTICE (DOJ) FORM SS 8583  
Guidelines for Use and Completion of Form SS 8583**

(For Specific Requirements Refer to the Child Abuse Reporting Law, California Penal Code Section 11165 through 11174.5)

**For immediate information on potential suspects/victims, please contact the Child Abuse Unit at (916) 227-3285.**

**Who Must Report**

**Interagency Reporting**

A child protective agency (CPA - i.e., police and sheriff's department, county welfare and probation department) must report every suspected incident of child abuse it receives to:

- : another CPA in the county
- : the agency responsible for investigations under Welfare and Institutions Code 300
- : the district attorneys office

**DOJ Reporting**

: A CPA must report every incident of suspected child abuse for which it conducts an active investigation to DOJ on the Form SS 8583.

*NOTE: Reports are not accepted from agencies other than California CPAs:*

**What Incidents Must Be Reported**

: Abuse of a minor child, i.e., a person under the age of 18 years, involving any one of the below abuse types:

**Interagency Reporting**

- . sexual abuse : mental/emotional abuse
- . physical abuse : severe neglect
- . general neglect

*(Refer to Section 11165.1 through 11165:6 PC for PC citations and definitions)*

**DOJ Reporting**

- : All of the above, excluding general neglect:
- . Deaths of minors resulting from abuse or neglect:

**What Incidents Must Not Be Reported**

**Interagency Reporting**

: Incidents specifically exempted under cooperative arrangements with CPAs in your jurisdiction:

**DOJ Reporting**

Unfounded reports - Reports which are determined to be false, to be inherently improbable, to involve an accidental injury, or not to constitute child abuse or neglect, as defined under Section 11165.12 PC:

Acts of consensual sexual behavior between minors under the age of 14 years who are of similar age:

- Acts of negligence by a pregnant woman or other person(s) which adversely effect the well-being of a fetus:
- Reports of adults who report themselves as the victims of prior child abuse:
- Child stealing as defined in Sections 277 PC and 278 PC; unless involving sexual abuse, physical abuse, mental/emotional abuse, and/or severe neglect:
- : Reasonable and necessary force by school employees to quell a disturbance threatening physical injury to person or damage to property (Section 11165.4 PC):
- Statutory rape, as defined in Section 261.5 PC:
- Mutual fights between minors (Section 11165:6 PC):

**When Must the Report be Submitted**

**Interagency Reporting**

- : Telephone notification - immediately or as soon as practical.
- : Written notification - within 36 hours of receiving information concerning the incident.

**DOJ Reporting**

: A Form SS 8583 must be submitted after an active investigation has been completed and the incident has been determined not to be unfounded:

*NOTE: No other form will be accepted in lieu of the Form SS 8583:*

**What Information is Required**

**General Instructions**

. All information blocks contained on the Form SS 8583 should be completed by the investigating CPA: If information is not available, indicate "UNK" in the applicable information block:

**Specific Instructions**

: INFORMATION BLOCKS ON THE FORM SS 8583 WHICH ARE SHADED GRAY MUST BE COMPLETED (An exception are the VICTIMS and SUSPECTS information blocks: Either a victim or suspect must be entered on the form. If a date of birth for either is not known, enter an approximate age, otherwise "UNK" may be entered:)

IF ANY ONE OF THESE BLOCKS IS NOT COMPLETED, THE FORM WILL BE RETURNED TO THE CONTRIBUTOR:

Section A: "INVESTIGATING AGENCY", information block 10: "ACTION TAKEN" must be completed in accordance with the following definitions: (Check one of the boxes):

10: ACTION TAKEN (check only one box):

(1) SUBSTANTIATED (Credible evidence of abuse)

(2) UNSUBSTANTIATED (Insufficient evidence of abuse, not unfounded)

(3) SUPPLEMENTAL INFORMATION (Attach copy of original report)

(a) UNSUBSTANTIATED

(c) ADDITIONAL INFORMATION

(b) UNFOUNDED (false report, accidental, improbable)

**0**

**3** SUBSTANTIATED - Acts determined, based upon some credible evidence, to constitute child abuse or neglect, as defined in Section 11165:6 PC:

**a** UNSUBSTANTIATED - Acts determined not to be unfounded, but there is insufficient evidence to determine whether child abuse or neglect, as defined in Section 11165:6 PC, has occurred:

**©** SUPPLEMENTAL INFORMATION - Attached information is being provided to supplement a previously submitted Form SS 8583:

C) UNSUBSTANTIATED - A previously submitted Form SS 8583 indicated as "SUBSTANTIATED" is being reclassified to "UNSUBSTANTIATED":

(6) UNFOUNDED - A previously submitted Form SS 8583 indicated as "SUBSTANTIATED" or "UNSUBSTANTIATED" is being reclassified to "UNFOUNDED":

**@** ADDITIONAL INFORMATION - Supplementary information is being provided for a previously submitted Form SS 8583:

**Where To Send The Report, Form SS 8583**

**(For DOJ reporting only)**

Department of Justice  
Bureau of Criminal Information and Analysis  
P.: 0: Box 903387  
Sacramento, CA 94203-3870  
**ATTENTION: Child Abuse Central Index**

SS 8583 (1/96)

**REMEMBER**

Submit completed Forms SS 8583s to DOJ as soon as possible because the case information may contribute to the success of another investigation. It is essential that the reports be complete, accurate and timely to provide the maximum benefit in protecting children and identifying and prosecuting suspects. If you have questions about DOJ REPORTING or need a victim or suspect name check, call the DOJ Child Abuse Unit at (916) 227-3285 or CALNET 498-3285:



# DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM SS 8572

## I. REPORTING RESPONSIBILITIES

- No child care custodian or health practitioner or commercial film and photographic print processor reporting a suspected instance of child abuse shall be civilly or criminally liable for any report required or authorized by this article (California Penal Code Article 2.5). Any other person reporting a suspected instance of child abuse shall not incur civil or criminal liability as a result of any report authorized by this section unless it can be proved that a false report was made and the person knew or should have known that the report was false.
- Any child care custodian, health practitioner, commercial film and photographic print processor, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she reasonably suspects has been the victim of child abuse shall report such suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof *within 36 hours* of receiving the information concerning the incident.
- Any child care custodian, health practitioner, commercial film and photographic print processor, or employee of a child protective agency who has knowledge of or who reasonably suspects that mental suffering has been inflicted on a child or its emotional well-being is endangered in any other way, may report such suspected instance of child abuse to a child protective agency. Infliction of willful and unjustifiable mental suffering must be reported.

## II. DEFINITIONS

- "Child care custodian" means a teacher; an instructional aide, a teacher's aide, or a teacher's assistant employed by any public or private school, who has been trained in the duties imposed by this article, if the school district has so warranted to the State Department of Education; a classified employee of any public school who has been trained in the duties imposed by this article, if the school has so warranted to the State Department of Education; an administrative officer, supervisor of child welfare and attendance, or certificated pupil personnel employee of any public or private school; an administrator of a public or private day camp; an administrator or employee of a public or private youth center, youth recreation program, or youth organization; an administrator or employee of a public or private organization whose duties require direct contact and supervision of children; a licensee, an administrator, or an employee of a licensed community care or child day care facility; a headstart teacher; a licensing worker or licensing evaluator; a public assistance worker; an employee of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; a social worker, probation officer, or parole officer, an employee of a school district police or security department; any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school; a district attorney investigator, inspector, or family support officer unless the investigator, inspector, or officer is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor; or a peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of this code, who is not otherwise described in this section.
- "Health practitioner" means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code; a marriage, family and child counselor; any emergency

medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code; a marriage, family and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code; an unlicensed marriage, family and child counselor intern registered under Section 4980.44 of the Business and Professions Code; a state or county public health employee who treats a minor for venereal disease or any other condition; a coroner; a medical examiner, or any other person who performs autopsies; or a religious practitioner who diagnoses, examines, or treats children.

- "Commercial film and photographic print processor" means any person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, for compensation. The term includes any employee of such a person; it does not include a person who develops film or makes prints for a public agency.
- "Child protective agency" means a police or sheriff's department, a county probation department, or a county welfare department. It does not include a school district police or security department.

## III. INSTRUCTIONS

**(Section A to be completed by investigating child protective agency)**

SECTION A - "CASE IDENTIFICATION": Enter the victim name, report number or case name, and date of report.

**(Sections B through E are to be completed by reporting party)**

SECTION B - "REPORTING PARTY": Enter your name/title, address, phone number, date of report, and signature.

SECTION C - "REPORT SENT TO": (1) Check the appropriate box to indicate which child protective agency (CPA) this report is being sent; (2) Enter the name and address of the CPA to which this report is being sent; and (3) Enter the name of the official contacted at the CPA, phone number, and the date/time contacted.

SECTION D - "INVOLVED PARTIES":

- VICTIM: Enter the name, address, physical data, present location, and phone number where victim is located (attach additional sheets if multiple victims).
- SIBLINGS: Enter the name and physical data of siblings living in the same household as the victim.
- PARENTS: Enter the names, physical data, addresses, and phone numbers of father/stepfather and mother/stepmother.

SECTION E - "INCIDENT INFORMATION": (1) Enter the date/time and place the incident occurred or was observed, and check the appropriate boxes; (2) Check the type of abuse; (3) Describe injury or sexual assault (where appropriate, attach Medical Report - Suspected Child Abuse Form DOJ 900 or any other form desired); (4) Summarize what the child or person accompanying the child said happened; and (5) Explain any known prior incidents involving the victim.

## IV. DISTRIBUTION

- Reporting Party: Complete Suspected Child Abuse Report Form SS 8572. Retain yellow copy for your records and submit top three copies to a child protective agency.
- Investigating Child Protective Agency: Upon receipt of Form SS 8572, *within 36 hours* send white copy to police or sheriff, blue copy to county welfare or probation, and green copy to district attorney.

MEDICAL REPORT—SUSPECTED CHILD SEXUAL ABUSE

Record examination findings: Penal Code § 13823.5 requires every physician who conducts a medical examination for evidence of child sexual abuse to use this form to record findings. Complete each part of the form and if an item is inapplicable, write N/A.

Child abuse reporting law: Penal Code § 11166 requires all professional medical personnel to report suspected child abuse, defined by Penal Code § 11165, immediately by telephone and submit a written report (DOJ SS 8572) within 36 hours to the local law enforcement agency, county department of social services or probation department. Professional medical personnel means any physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

Minors: Civil Code § 34.9 permits minors, 12 years of age or older, to consent to medical examination, treatment, and evidence collection related to a sexual assault without parental consent. Physicians are required, however, to attempt to contact the parent or legal guardian and note in the treatment record the date and time the attempted contact was made including whether the attempt was successful or unsuccessful. This provision is not applicable if the physician reasonably believes the parent or guardian committed the sexual assault on the minor. If applicable, check here ( ) and note date and time attempt to contact parents was made in the treatment record.

Liability and release of information: No civil or criminal liability attaches to filling out this form. Confidentiality is not breached by releasing this form or other relevant information contained in the medical records to law enforcement or child protective agencies (Penal Code § 11167).

A. AUTHORIZATION FOR EXAM REQUESTED BY PATIENT/PARENT/GUARDIAN (Note: Parental consent for an evidential examination is not required in cases of known or suspected child abuse. Contact a law enforcement or child protective service agency.)

I hereby request a medical examination for evidence of sexual abuse and treatment for injuries. I understand that collection of evidence may include photographing injuries and these photographs may include the genital area. I further understand that hospitals and physicians are required to notify child protective authorities of known or suspected child abuse and if child abuse is found or suspected, this form and any evidence obtained will be released to a child protective agency.

Patient/Parent/Guardian (circle)

I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Board of Control for out-of-pocket medical expenses, loss of wages, and job retraining and rehabilitation. I further understand that counseling is also a reimbursable expense.

Patient/Parent/Guardian (circle)

B. AUTHORIZATION FOR EVIDENTIAL EXAM REQUESTED BY CHILD PROTECTIVE AGENCY

I request a medical examination and collection of evidence for suspected sexual abuse of the patient at public expense.

Law enforcement officer or child protective services Agency ID number Date

C. GENERAL INFORMATION (print or type) Name of Hospital:

1. Name of patient Patient ID number

2. Address City County State Phone

3. Age DOB Sex Race Date/time of arrival Date/time of exam Date/time of discharge

4. Name of: ( ) Mother ( ) Stepmother ( ) Guardian Address City County State Phone H)

5. Name of: ( ) Father ( ) Stepfather ( ) Guardian Address City County State Phone

6. Siblings: Name DOB Name DOB Name DOB

7. Phone report made to: ( ) Law enforcement agency Name Agency ID number Phone

( ) Child protective services Name Agency ID number Phone

8. Responding officer Agency ID number Phone

DISTRIBUTION OF OCJP 925 HOSPITAL IDENTIFICATION INFORMATION

ORIGINAL TO CHILD PROTECTIVE AGENCY REQUESTING EXAM; PINK COPY TO CRIME LAB (SUBMIT WITH EVIDENCE); YELLOW COPY TO HOSPITAL RECORDS

D. OBTAIN PATIENT HISTORY. RECORDER SHOULD ALLOW PATIENT OR OTHER PERSON PROVIDING HISTORY TO DESCRIBE **INCIDENT(S) TO THE EXTENT** POSSIBLE AND RECORD THE ACTS AND SYMPTOMS DESCRIBED BELOW. DETERMINE AND USE TERMS FAMILIAR TO THE PATIENT. FOLLOW-UP QUESTIONS **MAY BE** NECESSARY TO ENSURE THAT ALL ITEMS ARE COVERED.

1. Name of person providing history	Relationship to child	Address	City	County	State	Phone
-------------------------------------	-----------------------	---------	------	--------	-------	-------

2. Chief complaint(s) of person providing history

3. Chief complaint(s) in child's own words

4.  Less than 72 hours since incident(s) took place  
Date/time/location

Over 72 hours since incident(s) took place  
Date(s) or time frame/location

5. Identity of alleged perpetrator(s), if known	Age	Sex	Race	Relationship to child
---	-----	-----	------	-----------------------

6. Acts described by patient and/or other historian

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
Vaginal contact						
Penis						
Finger						
Foreign object						
Describe the object						
Anal contact						
Penis						
Finger						
Foreign object						
Describe the object						
Oral copulation of genitals of victim by assailant of assailant by victim						
Oral copulation of anus of victim by assailant of assailant by victim						
Masturbation of victim by assailant of assailant by victim other						
Did ejaculation occur outside a body orifice?						
If yes, describe the location on the body:						
Foam, jelly, or condom used (circle)						
Lubricant used						
Fondling, licking or kissing (circle)						
If yes, describe the location on the body:						
Other acts:						

7. Post-assault hygiene/activity ( ) Not applicable if over 72 hours

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
Urinated						
Defecated						
Genital wipe/wash						
Bath/shower						
Douche						
Removed/inserted tampon						
Brushed teeth						
Oral gargle/swish						
Changed clothing						

8. Symptoms described by patient and/or other historian

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
Physical symptoms						
Abdominal/pelvic pain						
Vulvar discomfort or pain						
Dysuria						
Urinary tract infections						
Enuresis (daytime or nighttime)						
Vaginal itching						
Vaginal discharge						
Describe color, odor and amount below.						
Vaginal bleeding						
Rectal pain						
Rectal bleeding						
Rectal discharge						
Constipation						
Incontinent of stool (daytime or nighttime)						
Lapse of consciousness						
Vomiting						
Physical injuries, pain, or tenderness. Describe below.						
Behavioral/emotional symptoms						
Sleep disturbances						
Eating disorders						
School						
Sexual acting out						
Fear						
Anger						
Depression						
Other symptoms						

Additional information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>HOSPITAL IDENTIFICATION INFORMATION</b>

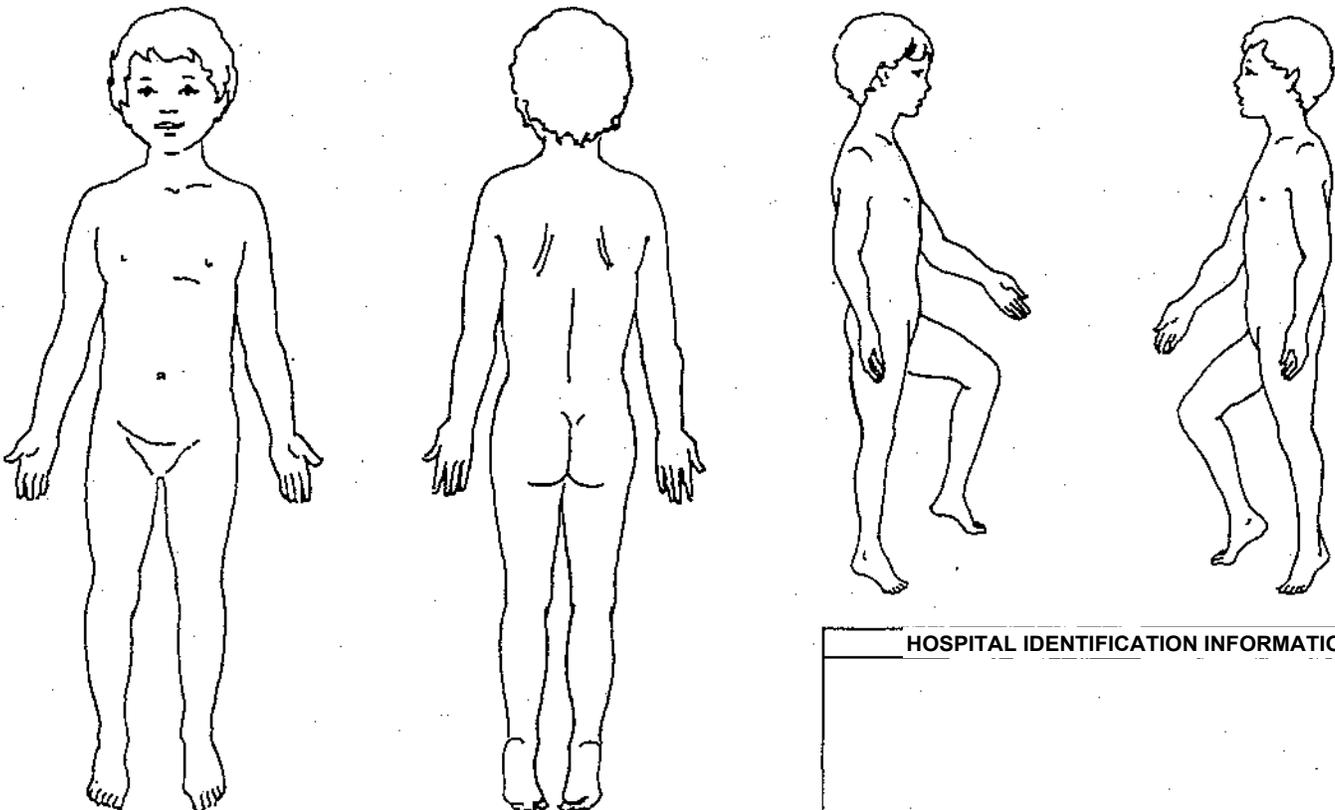
**E. OBTAIN PERTINENT PAST MEDICAL HISTORY**

- |                            |  |  |  |
|----------------------------|--|--|--|
| 1. Menarche age<br>( ) N/A | Date of last menstrual period<br>( ) N/A | Use of tampons<br>( ) Yes ( ) No ( ) N/A | History of Vaginitis<br>( ) Yes ( ) No ( ) N/A |
|----------------------------|--|--|--|
2. Note pre-existing physical injuries ( ) N/A
- 
3. Pertinent medical history of anal-genital injuries, surgeries, diagnostic procedures, or medical treatment? ( ) Yes ( ) No If yes, describe
- 
4. Previous history of child abuse? ( ) Yes ( ) No ( ) Unknown. If known, describe

**F. CONDUCT A GENERAL PHYSICAL EXAM AND RECORD FINDINGS. COLLECT AND PRESERVE EVIDENCE FOR EVIDENTIAL EXAM**

- |                   |       |             |             |   |
|-------------------|-------|-------------|-------------|---|
| 1. Blood pressure | Pulse | Temperature | Respiration | Include percentiles for children under six<br><u>Height</u> _____ <u>Weight</u> _____ |
|-------------------|-------|-------------|-------------|---|
2. Record general physical condition noting any abnormally ( ) Within normal limit

- Record injuries and findings on diagrams: erythema, abrasions, bruises (detail shape), contusions, induration, lacerations, fractures, bites, and burns.
  - Record size and appearance of injuries. Note swelling and areas of tenderness.
  - Examine for evidence of physical neglect.
  - Take a GC culture from the oropharynx as a base line. Take other STD cultures as indicated. Provide prophylaxis.
- IF EXAMINED WITHIN 72 HOURS OF ALLEGED INCIDENT(S):
- Note condition of clothing upon arrival (rips, tears, or foreign materials) if applicable. Use space below to record observations.
  - Colled outer and underclothing if worn during or immediately after the incident.
  - If applicable, collect fingernail scrapings.
  - Collect dried and moist secretions, stains, and foreign materials from the body including the head, hair, and scalp. Identify location on diagrams.
  - Scan the entire body with a Wood's Lamp. Swab each suspicious substance or fluorescent area with a separate swab. Label Wood's Lamp findings "W.L."
  - Examine the oral cavity for injury and the area around the mouth for seminal fluid. Note frenulum trauma. If indicated by history: Swab the area around the mouth. Collect 2 swabs from the oral cavity up to 6 hours post-assault for seminal fluid. Prepare two dry mount slides.
  - Collect saliva and head hair reference samples at the time of the exam if required by crime lab and if there is a need to compare them to a suspect.
  - Record specimens collected on Section 7.



**HOSPITAL IDENTIFICATION INFORMATION**

Optional: Take photographs of genitals before and after exam.

Record injuries and findings on anal-genital diagrams: abrasions, erythema, bruises, tears/transections, scars, distortions or adhesions, etc. Use anal-genital chart on next page to record additional descriptive information.

3. External genitalia

- Examine the external genitalia and perianal area including inner thighs for injury.
- For boys, take a GC culture from the urethra. Take other STD cultures as indicated. Provide prophylaxis.  
IF EXAMINED WITHIN 72 HOURS OF INCIDENT:
- Collect dried and moist secretions and foreign materials. Identify location on diagrams.
- Pubertal children: Cut matted pubic hair. Comb pubic hair to collect foreign materials. Collect pubic hair reference samples at time of exam if required by crime lab and if there is a need to compare them to a suspect.
- Scan area with Wood's Lamp. Swab each suspicious substance or fluorescent area. Label Wood's Lamp findings "W.L."
- For boys, collect 2 penile swabs if indicated. Collect one swab from the urethral meatus and one swab from the glans and shaft. Take a GC culture from the urethra. Take other STD cultures as indicated. Provide prophylaxis.
- Record specimens collected on Section 7.

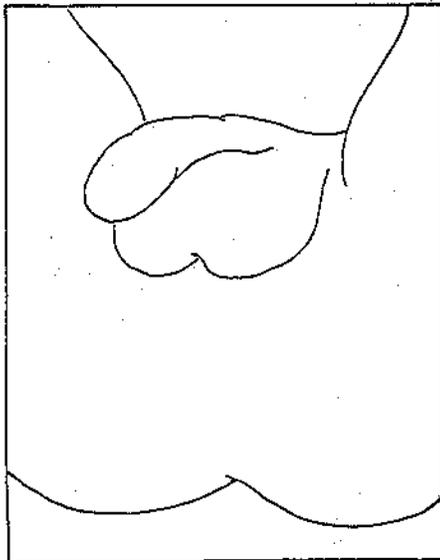
4. Vagina

- Examine for injury and foreign materials.
- Pre-pubertal girls with intact hymen/normal vaginal orifice: No speculum exam necessary.
- Pre-pubertal girls with non-intact hymen and/or enlarged vaginal orifice: Only conduct a speculum exam if major trauma is suspected and use pediatric speculum.
- Take a GC culture from the vaginal introitus in pre-pubertal girls with intact hyman/normal vaginal orifice; from the vagina in pre-pubertal girls with non-intact hymen and/or enlarged vaginal orifice; and, the endocervix in adolescents. Take other STD cultures as indicated. Provide prophylaxis.
- Obtain pregnancy test (blood or urine) from pubertal girls.  
IF EXAMINED WITHIN 72 HOURS OF INCIDENT:
- Pre-pubertal girls with intact hymen/normal vaginal orifice: Collect 2 swabs from the vulva.
- Adolescents or pre-pubertal girls with non-intact :hymen and/or enlarged vaginal orifice: Collect 3 swabs from vaginal pool. Prepare 1 wet mount and 2 dry mount slides. Examine wet mount for sperm and trichomonas.
- Record specimens collected on Section 7.

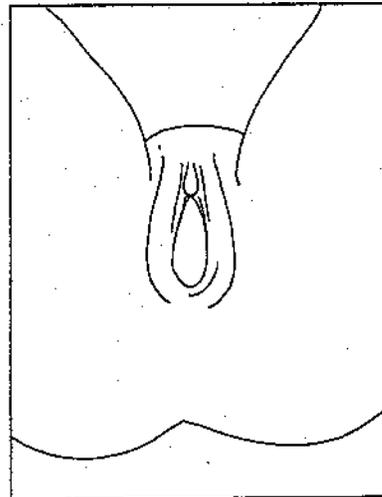
5. Anus and rectum

- Examine the buttocks, perianal skin, and anal folds for injury.
- Conduct an anoscopic or proctoscopic exam if rectal injury is suspected.
- Take a GC culture from the rectum. Take other STD cultures as indicated. Provide prophylaxis.
- Take blood for syphilis serology. Provide prophylaxis.  
IF EXAMINED WITHIN 72 HOURS OF ALLEGED INCIDENT:
- Collect dried and moist secretions and foreign materials. Foreign materials may include lubricants and fecal matter.
- If indicated by history and/or findings: Collect 2 rectal swabs and prepare 2 dry mount slides. Avoid contaminating rectal swabs by cleaning the perianal area and relaxing the anus using the lateral or knee-chest position prior to insertion of swabs.
- Record specimens collected on Section 7.

DRAW SHAPE OF ANUS AND ANY LESIONS ON GENITALIA, PERINEUM, AND BUTTOCKS



DRAW SHAPE OF HYMEN AND ANUS AND ANY LESIONS ON GENITALIA, PERINEUM, OR BUTTOCKS



HOSPITAL IDENTIFICATION INFORMATION



7. Record evidential and specimens collected.

**FOR EVIDENTIAL EXAMS CONDUCTED WITHIN 72 HOURS OF ALLEGED INCIDENT**

ALL SWABS AND SLIDES MUST BE AIR DRIED PRIOR TO PACKAGING (PENAL CODE § 13823.11). AIR DRY UNDER A STREAM OF COOL AIR FOR 60 MINUTES. Swabs and slides must be individually labeled, coded to show which slides were prepared from which swabs, and time taken. All containers (tubes, bindles, envelopes) for individual items must be labeled with the name of the patient, contents, location of body where taken, and name of hospital. Package small containers in a larger envelope and record chain of custody. See the State of California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims published by the state Office of Criminal Justice Planning, 1130 K Street, Sacramento, California 95814 (916) 324-9100 for additional information.

**SPECIMENS FOR PRESENCE OF SEMEN, SPERM MOTILITY, AND TYPING TO CRIME LAB**

	Swabs	Dry Mount Slides	Yes	No	N/A	Token by	Time
Oral							
Vaginal							
Rectal							
Vulvar							
Penile							

Vaginal wet mount slide examined for spermatozoa and trichomonas, dried, and submitted to crime lab \_\_\_\_\_  
 Motile sperm observed \_\_\_\_\_  
 Non-motile sperm observed \_\_\_\_\_

**OTHER EVIDENCE TO CRIME LAB**

	Yes	No	N/A	Taken by
Clothing				
Fingernail scrapings				
Foreign materials on body				
Blood				
Dried secretions				
Fiber/loose hair				
Vegetation				
Dirt/gravel/glass				
Matted pubic hair cuttings				
Pubic hair combings				
Comb				
Swabs of bite marks				
Control swabs				
Photographs				
Area of body _____				
Type of camera _____				
Other _____				

**REFERENCE SAMPLES AND TOXICOLOGY SCREENS TO CRIME LAB**

Reference samples can be collected at the time of the exam or at a later date according to crime lab policies if there is a need to compare them to a suspect. Toxicology screens should be collected at the time of the exam upon the recommendation of the physical examiner, law enforcement officer, or child protective services.

Reference samples	Yes	No	N/A	Taken by
Blood typing (yellow top tube)				
Saliva				
Head hair				
Pubic hair				
Toxicology screens				
Blood/alcohol toxicology (grey top tube)				
Urine toxicology				

**CLINICAL EVIDENCE TO HOSPITAL LAB**

	Yes	No	N/A	Taken by
Syphilis serology (red top tube)				
STD culture				
Oral				
Vaginal				
Rectal				
Penile				
Pregnancy test				
Blood (red top tube) or urine				

**PERSONNEL INVOLVED (print)**

**PHONE**

History taken by:		
Physical examination performed by:		
Specimens labeled and sealed by:		
Assisting nurse:		
Family assessment taken by: ( ) N/A ( ) Report attached		
Additional narrative prepared by physician: ( ) N/A ( ) Report attached		

**FINDINGS AND FOLLOW-UP**

Report of child sexual abuse, exam reveals:  
 PHYSICAL FINDINGS       NO PHYSICAL FINDINGS  
 Exam consistent with history       Exam consistent with history  
 Exam inconsistent with history       Exam inconsistent with history

**SUMMARY OF PHYSICAL FINDINGS:**

- Oral trauma       Genital trauma
- Perineal trauma       Anal trauma
- Hymenal trauma
- Other findings consistent/inconsistent (circle one) with history as follows:

Follow-up arranged: ( ) Yes ( ) No

Child released to: \_\_\_\_\_

**PHYSICAL EXAMINER**

Print name of examiner \_\_\_\_\_

Signature of examiner \_\_\_\_\_

License number of examiner \_\_\_\_\_

**LAW ENFORCEMENT/CHILD PROTECTIVE SERVICES**

I have received the indicated items of evidence and the original of this report.

Law enforcement officer or child protective services \_\_\_\_\_

Agency \_\_\_\_\_ ID number \_\_\_\_\_ Date \_\_\_\_\_

**HOSPITAL IDENTIFICATION INFORMATION**

**Appendix C:**

**California Peace Officers Legal Sourcebook**

## California Peace Officers Legal Sourcebook

### MIRANDA (FIFTH AMENDMENT) RULES

1. Rule No. 1: No Miranda warnings (advisements) are necessary unless both "custody" and "interrogation" exist. (Morris, Mickey.)

"Interrogation" means either engaging in direct questioning designed to elicit an incriminatory response, or engaging in conduct which is the "functional equivalent" of interrogation because you should reasonably know that it is likely to elicit an incriminating response from the suspect. (Innis, Clair.)

"Custody" means either that the suspect has been formally arrested, or that his freedom has been restrained to the degree associated with a formal arrest, and that he is aware of it. (Stansbury, Mathiason, Berkemer, Beheler.) Whether "custody" exists will be decided "objectively." (Stansbury)

"Custody" can never exist if you are talking to a suspect on the telephone, or on the street voluntarily in a non-arrest, non-detention situation, because the suspect is obviously free to leave, that is, his freedom has not been significantly "impinged" or restricted. In such situations, therefore, you do not have to give Miranda warnings. It makes no difference that the person is the prime suspect or the only suspect. Even if the person already has a lawyer representing him, it is legal to question him (assuming that he has not yet been indicted or arraigned) in such situations because there simply is no "custody."

Even during a "detention," although a suspect is not free to leave, "custody" does not exist for Miranda purposes. In other words, you may engage in some preliminary or investigatory questioning without having to first give Miranda warnings. "General on-the-scene questioning as to facts surrounding a crime ... is not affected by our holding." (Miranda, Clair.) "Generally, 'custody' (for Miranda purposes) does not include a temporary detention for investigation." (Berkemer, Clair.) You are permitted to ask "a moderate number of questions to determine identity and to try to obtain information confirming or dispelling the officer's suspicions." (Berkemer, Clair.) "Focus" is entirely irrelevant unless communicated to the suspect by word or deed (Stansbury).

Rule No. 2: Every time you advise a suspect of his Miranda rights and he waives them, this waiver has to be "knowing, voluntary, and intelligent." (Burbine, Clark.) It is possible, for instance, for a suspect to be in such bad shape (injured, drugged, etc.) that he cannot make a knowing waiver of his rights.

## STATEMENTS

3. Rule No. 3: Every time a suspect gives a statement, whether it follows a valid Miranda waiver or not, this statement itself must also be voluntary. "Voluntariness" will be determined on the basis of all the circumstances. Unlike a waiver, a statement will be considered involuntary ("coerced") only if it resulted from improper police conduct, such as threats or promises or undue force. (Morris, Renson, Clark.)

Note: Courts will generally give you more leeway in trying to procure a statement from a suspect who has already voluntarily waived his rights than they will in trying to procure the waiver in the first place.

4. Rule No. 4: If you advise a suspect of his Miranda rights (because "custody" exists and "interrogation" is what you are about to do), you must cease all questioning immediately if the suspect asserts (invokes) his rights. The same is true if he invokes his rights later, during the questioning, after having just waived. (Edwards.)

Actually, there are two different Miranda rights which a suspect may invoke: (1) the right to silence (by saying he doesn't want to talk (anymore), or refusing to waive rights generally), and (2) the right to counsel (by clearly expressing his desire for an attorney). If a suspect in custody invokes either of these right in any manner at any time during the custodial questioning, his request must be "scrupulously honored" (Mosley, Fuller), and all further questioning must cease immediately (assuming, of course, that you want whatever the suspect may say at a later time to be admissible in the prosecutor's case-in-chief). (Edwards, Minnick, McNeil, Sims, DeLeon.)

If it not clear whether the suspect is invoking his Miranda rights, you are entitled to ask some further questions for the limited purpose of clarifying the suspect's response. (Davis, Clark, Johnson, Carey, Russo.) However, you cannot continue to ask questions to "clarify" the suspect's assertion of rights where the assertion was clear and unambiguous. Courts will not admit into evidence answers a suspect gives following a clear assertion of his rights to demonstrate that there was an ambiguity, because no subsequent questions should have been asked.

A suspect may invoke his Miranda right to silence (in addition to whatever words he might use) by conduct. This happens when the suspect's conduct appears reasonably inconsistent with a willingness to discuss the case freely and completely with the police. (Burton, Fuller.)

For a suspect to invoke his Miranda right to counsel, on the other hand, he must be specific. (Davis, Crittenden.) That is, although no particular words are required, the suspect must give a clear expression of his desire for the assistance of an attorney in

dealing with custodial interrogation by the police (McNeil), an expression of his wish for the particular sort of "lawyerly assistance" that is the subject of Miranda. (Davis, Lisper, and cases cited therein.)

- 5 . Rule No. 5: If the person you want to question has already previously invoked or asserted his Miranda rights (i.e., refused to waive), it makes a huge difference whether he invoked his right to silence or his right to counsel.

If the suspect has previously invoked his right to silence, it is legally permissible (assuming his Sixth Amendment right to counsel has not yet attached and been asserted, i.e., that the suspect has not yet been indicted or arraigned and obtained a lawyer) for the same or different officers to come back and try again, that is, engage in further questioning later, after a reasonable period of time has elapsed, about a different crime ... and maybe even the same crime. (Mosley, LiVier, DeLeon.) However, you must give a full re-advisement of rights at any such subsequent questioning. (Sims.)

Note: If the suspect has previously waived his rights, you obviously can come back for a further, follow-up interview. While a full re-advisement of rights never hurts, you do not have any legal obligation to give one, or you may get by with a "truncated" (shortened) version or reference ("Do you remember the previous advisement?"), depending on the circumstances, such as how much time has gone by since the last questioning, whether it is being conducted by the same officers, whether it relates to the same crime, how "experienced" the inmate is, etc. (Mickle, Morris.)

However, if the suspect has previously invoked his Miranda right to counsel, all further police-initiated questioning (by someone known to the suspect to be a police agent) is prohibited for as long as the suspect remains in custody. (Edwards.) No officer or police agent (known to the suspect to be same), from any jurisdiction, may institute questioning of a suspect about any crime and expect to obtain an admissible statement--unless the suspect's counsel is actually present--so long as the suspect remains in custody. (Davis, Roberson, Edwards, Minnick, McNeil, DeLeon.)

This bar is absolute. It makes no difference whether you want to talk about the same crime the suspect already invoked on (Edwards), or about a completely different crime. (Roberson.) Stated another way, and unlike the Sixth Amendment, a suspect's assertion of his Miranda right to counsel applies across the board and is not "offense-specific." (Roberson, Edwards, DeLeon.)

Note: Assertion of the suspect's Sixth Amendment right to counsel (typically, by having a lawyer appointed at arraignment) does not amount to an invocation of the suspect's Miranda (Fifth Amendment) right to counsel. (McNeil.) This means, for example, that having a lawyer appointed on previously-charged crime X does not preclude police-initiated custodial interrogation on unrelated crime Y, as long as

(1) a valid waiver of Miranda rights is obtained and (2) the suspect has not been indicated or arraigned on crime Y and obtained a lawyer to represent him on that charge.

6. Exception No. 1 - "Volunteered" Statements are Admissible: Miranda only prohibits police-initiated interrogation. "Volunteered" or "spontaneous" statements, not made in response to direct interrogation or its functional equivalent, are always admissible. (Edwards.)
7. Exception No. 2 § Suspect-Initiated Contacts are OK: Miranda applies only to police-initiated interrogation. Thus, even in situations where you are not entitled to go back and "try again"--such as where the suspect has previously invoked his Miranda right to counsel--it is lawful for further interrogation to occur if the suspect initiates the contact. However, the contact must be for the purpose of opening up a generalized discussion about the crime. (Bradshaw, Sims.) Also, you must always re-advise the suspect of his Miranda rights and obtain an express waiver.
8. Exception No. 3 § Use of Undercover Operators is OK: Miranda applies only if the suspect knows he is talking to a peace officer or a police agent. If he does not know this, then no Miranda advisements are necessary, ever, because no "custody" exists within the meaning of Miranda. This is true even though the suspect is in jail, and even though the suspect has previously invoked one or both of his Miranda rights, i.e., silence and/or counsel. (Perkins, Guilmette, Webb, Plyler, Williams.)

For example, an undercover police agent or operator could "actively" interrogate the suspect about any uncharged crime without giving Miranda advisements. (No questions should be asked about the crime on which the defendant has been indicated or arraigned because his Sixth Amendment right to counsel would have attached as to that offense.) For Miranda purposes, it simply makes no difference whether the agent is "wired," "active," "passive," or anything else, for *as* long as the suspect does not know he is dealing with a peace officer or agent, there is no "custody." This is true because the type of coercive police atmosphere which Miranda was designed to protect against simply doesn't exist when the suspect doesn't realize he is talking to a cop. (Perkins, Williams, Guilmette, Webb, Clair.)

9. Impeachment: If you do not comply with Miranda in some way and succeed in obtaining an incriminating statement afterwards, the prosecutor will not be able to use it in his case. However, the statement should be usable for other purposes, such as locating evidence, clearing cases, providing probable cause for a search warrant, and even impeachment at trial during rebuttal. (Harris, Baker.) Be advised, however, that if you intentionally "violate" Miranda, some courts may view your conduct as illegal and "coercive" and preclude use of the statement for any purpose. (Bey, Gilbert E.)

10. As a final note, remember, again, that all these "Miranda rules" are court-created, not constitutionally mandated, and you need to follow them only if you want a statement from the suspect to be admitted into evidence during a criminal trial. In other words, what you do or don't do when questioning a suspect in the field or at the station or jail can never violate his Fifth Amendment rights. Rather, a Fifth Amendment violation occurs only when the non-Mirandized statement is admitted into evidence against the defendant at trial. (Miranda, Perkins, Elstad) Indeed, because of the "separation of powers" doctrine, courts do not even have the power or the right to tell law enforcement personnel how they should conduct an investigation or interrogate a suspect. Courts do have the power, on the other hand, to determine how evidence must be gathered if it is to be admissible at a criminal trial.

**Appendix D:**

**Developmental Characteristics of Children**

## Developmental Characteristics of Children

Age	Social and Emotional Abilities	Physical Abilities
0 to 12 months	<ol style="list-style-type: none"> <li>1. Cries to protest or make needs known</li> <li>2. Conscious and fearful of strange persons and/or settings</li> <li>3. Knows familiar persons</li> <li>4. Reacts to voice tones, understands some words</li> <li>5. Imitates actions with hands and/or face</li> <li>6. Cannot play with others</li> </ol>	<ol style="list-style-type: none"> <li>1. Progresses from lifting head to kicking and reaching to sitting</li> <li>2. Explores toys and surrounding objects</li> <li>3. Stands and then crawls</li> <li>4. May begin walking</li> <li>5. Begins single word speech</li> <li>6. Birth weight               <ul style="list-style-type: none"> <li>- Doubles in first 6 months</li> <li>- Triples in first 12 months</li> </ul> </li> </ol>
12 to 24 months	<ol style="list-style-type: none"> <li>1. Responds to simple questions by pointing and jabbering</li> <li>2. Seeks approval/Affection/attention</li> <li>3. Gives some affection</li> <li>4. Plays independently</li> <li>5. May resist parents' wishes</li> <li>6. Cannot follow household rules</li> <li>7. Loves rough-house play and chasing games</li> <li>8. Trusts parents-invests in them magical abilities</li> </ol>	<ol style="list-style-type: none"> <li>1. Listens to others speaking; understands more than can speak</li> <li>2. Sings</li> <li>3. Rapid growth</li> <li>4. Progresses through walking, running, jumping</li> <li>5. Develops bowel control (toilet training)</li> <li>6. Identifies body parts and functions</li> <li>7. Finger dexterity improves-zippers</li> <li>8. Throws objects</li> </ol>
2 to 3 years	<ol style="list-style-type: none"> <li>1. Follows simple commands</li> <li>2. Increasing interest in TV and radio-uses everyday words</li> <li>3. Enjoys rhymes and counting</li> <li>4. Starting to share and play with others</li> <li>5. Separates from parents easily</li> <li>6. Uses imagination and dramatic role play</li> <li>7. Begins to adhere, to safety and health rules</li> </ol>	<ol style="list-style-type: none"> <li>1. Drops baby talk</li> <li>2. Can string beads, do buttons</li> <li>3. Can pedal a tricycle</li> <li>4. Tumbles, dances, balances</li> <li>5. Feeds self</li> <li>6. Draws some shapes and objects</li> </ol>

Age	Social and Emotional Abilities	Physical Abilities
3 to 4 years	<ol style="list-style-type: none"> <li>1. Begins using complete sentences to indicate needs (verbal skills may imply better comprehension than actually exists)</li> <li>2. Plays with others, more able to share</li> <li>3. Can control emotions</li> <li>4. Shows affection and concern for adults, younger children, and animals</li> </ol>	<ol style="list-style-type: none"> <li>1. Draws simple persons-more identifiable</li> <li>2. Climbs, tumbles, balances</li> <li>3. Takes apart and reassembles toys</li> <li>4. Dresses self</li> </ol>
4 to 5 years	<ol style="list-style-type: none"> <li>1. Participates in group play</li> <li>2. Accepts some chores and supervision</li> <li>3. Knows right and wrong</li> <li>4. Takes some responsibility for self</li> <li>5. Enjoys being silly and leasing</li> <li>6. Understands concept of sizes</li> <li>7. Begins to be curious of the outside world</li> <li>8. Relates to seasonal changes, weather, and time in a personal manner</li> <li>9. Accepts connections between events, but does not understand causality</li> </ol>	<ol style="list-style-type: none"> <li>1. Plays sports, accurate with a bat</li> <li>2. Improved eye-hand coordination</li> <li>3. Identifies words, pictures and letters</li> <li>4. Copies letters and numbers, wirted down name</li> <li>5. Develops interests in stories, and TV drama</li> <li>6. Dresses and bathes self</li> <li>7. Knows left and right</li> <li>8. Draws accurately</li> <li>9. Counts to 20 or more</li> </ol>
5 to 6 years	<ol style="list-style-type: none"> <li>1. Identifies with parent's ideas, goals, and behavior</li> <li>2. Begins to compete</li> <li>3. Relates stories and events well</li> <li>4. States feelings about self and others</li> </ol>	<ol style="list-style-type: none"> <li>1. Clear speech, can carry on conversations</li> <li>2. Very active physically</li> <li>3. Begins reading</li> </ol>
6 to 8 years	<ol style="list-style-type: none"> <li>1. Dawdles, easily distracted</li> <li>2. Uses phone well</li> <li>3. Boys and girls play together</li> </ol>	<ol style="list-style-type: none"> <li>1. Gets permanent teeth</li> <li>2. Usually running, jumping, chasing</li> <li>3. Adds 3 to 5 pounds a year</li> <li>4. Curious about differences in sex and where babies come from</li> <li>5. Teachers' opinions are very important</li> <li>6. A lot of name calling and vulgar language</li> <li>7. Likes dramatic play-role playing</li> <li>8. Able to tell time, day of the week, and month</li> </ol>

<b>Age</b>	<b>Social and Emotional Abilities</b>	<b>Physical Abilities</b>
8 to 9 years	<ol style="list-style-type: none"> <li>1. Develops modesty due to social pressure</li> <li>2. Enjoys being in a group, but doesn't engage in real teamwork</li> <li>3. Recognizes property rights</li> <li>4. Sense of humor obvious</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to write progresses</li> <li>2. Has approximately 10 permanent teeth</li> <li>3. Likes games of coordination (hitting, catching balls)</li> <li>4. Can swim, bicycle, and rollerskate</li> <li>5. Reads funnies and comics</li> <li>6. Likes different people/places (American Indians, jungles, :etc.)</li> </ol>
9 to 10 years	<ol style="list-style-type: none"> <li>1. Few fears</li> <li>2. Sex differences in play obvious</li> <li>3. Has interests in club/gang activities</li> <li>4. Spends time away from home-at camp, school, friends</li> </ol>	<ol style="list-style-type: none"> <li>1. Slower, sporadic growth</li> <li>2. Requires more sleep and rest</li> <li>3. Reading comprehension increases</li> <li>4. Interest in how things are made, science, nature and mechanics</li> </ol>
10 to 12 years	<ol style="list-style-type: none"> <li>1. Teamwork begins in organized games, teams, clubs, and groups</li> <li>2. Privacy is more important</li> <li>3. Shyness may develop</li> <li>4. More complicated thinking-interesied in facts primarily</li> <li>5. Plans ahead</li> <li>6. Criticizes own efforts</li> <li>7. Understands human reproduction</li> <li>8. Willing to work to earn money</li> </ol>	<ol style="list-style-type: none"> <li>1. Girls increase in weight</li> <li>2. Boys increase in physical strength</li> <li>3. Diligently perfects physical skills</li> <li>4. Likes hazardous activities</li> </ol>

Appendix E:

"Medical Terminology for Non-Medical Professionals"

"MEDICAL TERMINOLOGY FOR NON-MEDICAL PROFESSIONALS"

Abrasion	Superficial skin injury, would be expected to heal without scarring.
Acetic acid	Vinegar solution.
Adnexa	Accessory structures of the uterus tubes, ligaments and ovaries.
Adhesion (labial agglutination)	Fusion of labial lips (vulva), usually caused by irritation from any source. If extensive, prevents visualization of hymen and fossa navicularis. Present in up 25% girls <5 years of age.
Anal Laxity/Spasm	Refers to tone of anal sphincter. May be in spasm if area traumatized recently. Similarly, may be lax area is repeatedly traumatized. Lack of tone, dilation generally up to 20 and if stool is present in rectum at time of exam all dilation may be normal.
Anal tag	Redundance of tissue in the anal verge this may be normal in females in the 6 o'clock and 12 o'clock position. This also may be abnormal in boys and girls out of these positions and is due to absence or destruction of elastic tissue beneath the tag.
Anal verge	The opening of the anus on the surface of the body.
Anemia	A reduction below normal number of erythrocytes, quantity of hemoglobin or volume of packed red cells (hematocrit) in children >10 gm/dl.
Annular	Completely circumscribes the vaginal opening.
Anus	Opening to rectum.
Beastiality	Sex with an animal.
Burns	The depth of a burn is a retrospective diagnosis. If it heals it was partial thickness; if it doesn't then it was full thickness. Burn depth is classified as:

Superficial - (old 1st degree) e.g. sunburn; temporary redness and discomfort.

Partial Thickness - Superficial (2nd degree) - most scald burns often forms blister in few minutes. Heals in 7-14 days with minimal scar.

Partial Thickness - Deep (2nd degree) - these heal after 14-21 days, often with considerable scarring if not excised and skin grafted.

Full Thickness - (3rd degree) whole skin loss. May look dark red or white opaque without blisters. Skin sensation is absent. Usually requires skin grafts or will heal very slowly (>21 days) with much scar formation.

Cervix	Portion below uterus (womb) that protrudes into upper vagina.
Chlazydia trachomatis	Generally sexually transmitted bacteria not part of normal flora of vagina of children. May be transmitted to infants during passage through birth canal and theoretically carried in infants for about 1 year. Presence of chlairydia in children should be considered as possible sexual abuse.
Clitoris	Erectile tissue structurally analogous to male penis located above the urethra.
Colposcope	Magnifying binoculars with a fix focal length used to visualize genitals and cervix; most have camera attached.
Condyloma Accuminata (Human papilloma virus)	Sexually transmitted disease caused by papilloma virus. As with chlamydia, may be transmitted to infants during vaginal delivery if mother is infected. Also should be reported regarding possible sexual assault. Incubation period about 6 weeks to 6 months. May be present up to 2 years from birth.
Contusion	Injury to a part without a break in the skin; a bruise.
Cribriiform (fenestrated)	Multiple small openings.
Crescentic	Crescent shaped hymen usually not covering the most anterior portion of the vaginal opening.

CSF	Cerebral Spinal Fluid - Fluid surrounds brain and spinal cord and protects brain by acting as a fluid cushion.
CT	Computed Tomography - An imaging technique that uses ionizing radiation. An X-ray beam is passed through the patient from multiple points and is detected by a series of sensors arranged in a circle around the patient. A computer analyzes the information and constructs an image of great clarity. Water density can be distinguished from fresh blood and these can be distinguished from organs. Especially useful in cases of trauma, head or abdomen, to demonstrate areas of hemorrhage, e.g., subdural blood, subarachnoid bleeds.
Cunnilingus	Oral stimulation of the female genitals. Oral sex; mouth to vulva.
Dysuria	Painful urination.
Ecchymosis	Small hemorrhagic spot, larger than a petechia.
Encoprosis	Incontinence of feces not due to organic defect or illness.
Enuresis	Uncontrolled urination. If occurs during sleep, (nocturnal); may also occur during the day (diurnal).
Failure to Thrive	Failure to grow above the 5th percentile in height and weight or weight ->20% less than ideal weight on the growth curve, may be due to neglect organic disease or both.
Follatic	Oral sex: mouth to penis.
Fimbriated	Fringed with many folds.
Fossa Navicularis	Concave area immediately below hymen and extends out to posterior fourchette.
Fracture	Break in bone. May be spiral caused by twisting motion: transverse-generally caused by a blow; metaphyseal - (corner fracture) lifting off of small portions of end or large bones, caused by twisting on limb and almost pathognomonic for abuse.
Gardnerella <u>vaginalis</u>	Bacteria commonly found in sexually active females and found in some nonsexually active post pubertal females and occasionally

found in young children. Colonization, not a specific marker for sexual abuse, but vaginitis may be.

Gonorrhea ( <i>Neisseria gonorrhoea</i> )	Sexually transmitted disease- reportable disease. In young children, is due to sexual molestation.
Hematoma	A collection of blood in or around an organ, outside blood vessel, due to rupture of local blood vessels: usually closed by trauma. In child abuse there may be subdural hematomas, duodenal hematomas, or subgaleal hematomas (under scalp due to hair pulling).
Hematuria	Blood in urine (may indicate injuries to kidney or bladder).
Hepatitis B	Viral disease. In adults may cause jaundice: may be transmitted sexually.
Herpes	Painful viral condition. Herpes I usually causes fever blisters. Herpes II - sexually transmitted disease, reportable as suspicion for sexual activity.
Hymen	Fine membrane that separates external genitalia from vagina. All females are born with a hymen. Has many anatomic variations in size and shape. Major types are annular, oval, velamentous, crescentic, redundant, and fimbriated.
Imperforate	Congenital absence of an opening; no hymenal opening.
Impetigo	Common superficial skin infection caused by bacteria, often circular in shape, and may be confused with inflicted cigarette burns.
Inguinal Adenopathy	Refers to lymph nodes found in the groin. May be enlarged if child has genital infection.
Labia Majora	Outer lips of the vulva.
Labia Minora	Inner lips of vulva. On young children, very short and found at either side just below clitoris. Grows down to join the posterior fourchette by puberty.
Laceration	Tear of skin, hymen, or other organ.

Malnutrition	Any disorder of nutrition.
Marasmus	Form of protein - caloric, malnutrition occurring chiefly in the 1st year of life with growth retardation and wasting of subcutaneous fat and muscle.
Midline Raphe	Normal palpable line, indicator of developmental fusion, extends from Posterior fourchette to anus in the female. In the male, this extends along base of penis from glans, divides the scrotum, to the anus.
Moniliasis	Yeast infection. <i>Candida albicans</i> .
MRI	Magnetic Resonance Imaging - imaging technique which produces images of even greater clarity than CT scanning. A strong magnetic field is used to align hydrogen atoms. In cases of child abuse can be helpful in dating onset of intracranial hemorrhages.
Osteogenesis Imperfecta	A congenital disease of varying severity characterized by easy fracturing of bones. Easy bruisability is frequent also.. Generally, can be easily distinguished from child abuse by presence of blue sclera (white part of eye), characteristic X-ray changes, and often family history
Pelvic Inflammatory Disease	P.I.D. - infection of fallopian tubes or ovaries and may cause pelvic abscess, caused by gonorrhea, chlamydia, or other mixed infecting organism.
Petachiae	Small blood spots under the skin, pinhead sized. May be caused by trauma, some infections, idiopathic thrombocytopenia.
Perineus	Area that extends from pubic bone anteriorly to the coccyx. Posteriorly bounded by the thighs on either side. Includes the vulva and anus.
Posterior Fornix	Vaginal cavity located beneath cervix in the female and the penis scrotum and anus of the male.
Posterior Fourchette	Area below clitoris at point of fusion of labial minora in the adult female and the analogous area in the female child.
Retinal Hemorrhages	The retina is the delicate innermost layer of the eye. Retinal hemorrhages (or bleeding into the retina) are the most frequent eye

manifestations of physical child abuse. In infants, retinal hemorrhages are most often caused by trauma and are seen in about 80% of the cases of the shaken infant syndrome.

Scrotum	Sac which contains the testes.
Septate	Divided by a band of hymen.
Shaken Infant Syndrome	A term to describe infants who present with the following: (1) Altered neurological status (varies in severity from deep coma to seizures to irritability); (2) Intracranial bleeding - subdural and/or subarachnoid hemorrhage; (3) Usually retinal hemorrhages (4) No history or inadequate history to explain infant's condition; (5) Sometimes other physical evidence of abuse such as rib fractures or metaphyseal fractures.
Sodomy	Anal sex; penis to anus.
Subarachnoid Hemorrhage	The arachnoid is a fine membrane that covers and is attached to the brain. Hemorrhages under this membrane are also frequently found in the Shaken Infant Syndrome.
Subdural Hemorrhages	The dura is a thick tough membrane that lines the skull. A subdural hemorrhage is a collection of blood between the dura and the surface of the brain. It is the typical finding of the Shaken Infant Syndrome.
Synechia	Small binding bands of scar tissue caused by irritation or trauma, e.g., resulting in membranous connection between two areas, hymen to the perihymenal wall.
Tanner Stages	A grading system for communicating level of sexual development. Tanner Stage I is the sexually immature child. Tanner Stage V, is fully sexually mature adult. Breast development in female is also given a Tanner Stage from I in the completely undeveloped child to V in the mature female.
Transection	Cut or tear through a tissue - a transected hymen has been penetrated.
Trichomonas Vaginalis	A sexually transmitted disease caused by a single celled organism (a protozoan).

Toluidine Blue	A blue vital dye that stains the nuclei of cells. If skin or area remain blue after it is washed away after there has been abrasion, or tearing enough to damage cell to expose the nuclei of deeper cells to staining. Indicative of microabrasion and fissuring after sexual intercourse.
Urethra	Tube leading from the bladder to exterior.
Urethral Meatus	Opening of urethra to the exterior in female, found inside labia, above vagina opening. In male, opens at tip of penis.
Vagina	Passage extending from hymen to the cervix.
Velamentous	Thin translucent, veil-like hymenal membrane. Vaginal opening not covered.
Vulva	The female genitalia.

**Appendix F:**

**Glossary of Child Abuse Terms**

## GLOSSARY OF CHILD ABUSE TERMS

- CHICKEN:** A young boy who is the object of a chickenhawk's sexual desires.
- CHICKENHAWK:** Refers to a child molester who targets young boys for homosexual relationships. This person usually has a specific age preference spanning two or three years.
- CHILD ABUSE:** Refers to a physical injury which is inflicted on a child by other than accidental means by another person; the sexual abuse of a child; the neglect of a child; and/or infliction of willful cruelty or unjustified punishment on a child (Penal Code Section 11165(g)).
- CHILD EROTICA:** (Federal Bureau of Investigation definition) Refers to any material relating to children which serves a sexual purpose of a given individual.
- CHILD NEGLECT:** Refers to the negligent treatment of maltreatment of a child by a parent or caretaker under circumstances indicating harm or *threatened* harm to the child's health and welfare. This includes both acts and omissions on the part of the responsible person. There are two categories of neglect: general and severe. Neglect is the most common form of child abuse.
- General Neglect:** Refers to the negligent failure of a parent or caretaker to provide adequate food, clothing, shelter, medical care, or supervision where *no* physical injury has occurred to the child. These cases are referred to Child Welfare Services for investigation.
- Severe Neglect:** Refers to the negligent failure of a parent or caretaker to protect a child from severe malnutrition or medically diagnosed non-organic failure to thrive (see definition of failure to thrive). It also includes situations where the parent or caretaker *willfully* causes or permits a child's health and welfare to be endangered. Law enforcement agencies investigate cases of severe neglect.

**CHILD PORNOGRAPHY:** Refers to any visual or print medium that depicts children under 18 years of age involved in sexually explicit activities. In most instances child pornography includes photographs, films, or video tapes of children being sexually abused. The children represented in child pornography have not reached the age of consent (18 years of age). It may be commercial or non-commercial.

**CHILD WELFARE (PROTECTIVE) SERVICES (CWS or, more commonly, CPS)** Refers to the agency that is charged with the responsibility for investigating child abuse for purposes of services and/or court dependency actions. Normally this includes all Section 300 (a through j) Welfare and Institutions Code dependencies and occasionally Section 601 and 602 Welfare and Institutions Code wards of the court. The four mandated program components of CWS are: Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement. CWS agencies may provide other services such as prevention and education activities.

**EMOTIONAL ABUSE/MENTAL SUFFERING:** Refers to harm caused by a parent or caretaker to a child's mental health or well being. Emotional abuse/mental suffering may take many forms: belittling, threatening, screaming, blaming, ignoring, inconsistent parenting, constant family discord, and others. The scars caused by this type of abuse may serve to cripple and/or handicap a child emotionally.

**EMOTIONAL DEPRIVATION:** Describes the suffering by children when the parent or caretaker does not provide the normal experiences producing feelings of being loved, wanted, secure, and worthy. A graphic example of emotional deprivation may be a situation where the parents keep a child locked in a room or closet thus not allowing the child to be exposed to normal outside stimulation.

**FAILURE TO THRIVE(FTT):** Refers to a child who is much smaller than would be expected at a particular age. Non-organic FTT occurs when a child has been deprived of adequate nutrition and/or emotional nurturing. It is difficult for non-organic FTT to be diagnosed by physicians and very often requires hospitalization to obtain a diagnosis. Although FTT is a serious problem, an officer must be aware that there are many other conditions that may cause a child to appear smaller than is age appropriate. A doctor must diagnose FTT.

<b>GROUP HOME:</b>	Is a facility licensed by the State that normally houses six or more children. The home has staff members who have received specialized training. Most often children placed in group homes have special needs or require special therapeutic treatment. They are unable to be placed in foster care or remain in their own homes.
<b>INCEST:</b>	Defined and interpreted by the courts as marriage or acts of intercourse between the following persons: Parents and children; ancestors and descendants; brothers and sisters or half or whole blood, and uncles and nieces, or aunts and nephews. (Civil Code Section 4400).
<b>INTERROGATION:</b>	(Black's Law Dictionary, 5 <sup>th</sup> Edition, 1979) In criminal law, interrogation is the process of questions put forth by police to a person arrested or suspected of a criminal offense to seek a solution to the crime.
<b>INTERVIEW:</b>	Refers to the method of obtaining information by conversation. An informal method of obtaining answers to questions. The interviewer must use special skills in the process to assure that he/she and the child victim are "speaking the same language."
<b>INTRA-FAMILIAL SEXUAL ABUSE:</b>	Refers to sexual abuse between the child victim and another that takes place within the family.
<b>MULTI-DISCIPLINARY/MULTI-AGENCY INVESTIGATION TEAMS:</b>	Refers to a group of professionals possessing special knowledge and skills in the various areas of child abuse who are teamed up to coordinate investigations. The team personnel represent the various disciplines involved in child abuse investigations (law enforcement, child welfare services, probation department, district attorney, etc.). The primary goal of the team is to efficiently and effectively conduct all phases of the investigation.
<b>PEDOPHILE:</b>	Refers to an individual who <i>prefers</i> sexual contact with children and whose sexual fantasies and erotic imagery focuses on children.
<b>PHYSICAL ABUSE:</b>	Refers to <i>any</i> act which results in a non-accidental physical injury regardless of who inflicts the harm. Physical abuse includes: burning, beating, clubbing, kicking, biting, etc.

**PROTECTIVE  
CUSTODY:**

A child can, with or without a warrant, be taken into temporary custody where the child's condition or surrounding reasonably appear to be such as to jeopardize his/her welfare. After taking a child into protective custody, the officer turns the child over to a child protection social worker who arranges for emergency care and files for dependency action, if indicated.

**PUMMEL:**

The continuous and vigorous beating with the fists.

**RETINAL  
HEMORRHAGE:**

The bleeding of the inside lining of the eye (retina). An injury to the head can cause bleeding or detachment of the retina.

**SEXUAL AIDS:**

Refers to any device that is used to enhance or stimulate a sexual act.

**SEXUAL ABUSE:**

Sexual abuse is described as contact with a child (child molestation) where the child is being used for sexual stimulation of the other person. Sexual abuse can be committed by a person of any age. The abuser is often older than the victim and/or in a position of authority over the child.

**SEXUAL  
EXPLOITATION OF  
CHILDREN:**

Refers to the sexual abuse of a child who is not developmentally capable of understanding or resisting the contact or who is emotionally and/or physically dependent upon the offender. Sexual exploitation generally involved premeditation on the part of the offender. The more graphic forms of sexual exploitation are child pornography, child prostitution, and child sex rings.

**TRAUMA:**

Refers to an internal or external injury or wound brought about by an outside force. Usually trauma means injury by violence, but it may also apply to the wound caused by any surgical procedure. Trauma may be caused accidentally or, as in a case of physical abuse, non-accidentally. Trauma is also a term applied to psychological discomfort or symptoms resulting from an emotional shock or painful experience.

**WHIPLASH SHAKEN  
INFANT SYNDROME:**

Injury to an infant or child can result from having been shaken. The most common symptoms are intra-cranial bleeding and/or retinal hemorrhaging. These injuries may cause developmental and physical disabilities. In many instances these injuries may not exhibit any visible signs of trauma.

**Appendix G:**

**Computer Technology and the Sexual Exploitation of Children**

## **COMPUTER TECHNOLOGY AND THE SEXUAL EXPLOITATION OF CHILDREN**

During the past several years, home computers have become accessible to most Americans. While these devices offer a myriad of benefits to their users, computers and data information systems such as the Internet have become a tool to conduct criminal activity, including the sexual exploitation of children. This is accomplished by transmitting child pornography, soliciting minors for sex acts, and by gathering intelligence information to aid other Pedophiles in committing sexual crimes against children.

The technology of computing and the Internet is advancing at rates that makes it difficult to keep up with emerging advances that may be used by law enforcement personnel to prevent the use of computers and related technology to exploit or molest children. The following are basic descriptions of various aspects of computer technology and the Internet that should assist in forming a basic understanding of the Internet and computers, and how offenders utilize computers, and the Internet to exploit children.

### **WHAT IS THE INTERNET?**

The Internet is the worlds largest computer network, used to exchange information. These networks include corporate networks, as well as small networks maintained by private citizens using their own computers. As of August 1993, over 14,000 networks were on the Internet, with 1000 new networks being added each month. The Internet was initially developed by the US military, and was later adopted by major universities as an effective method of transmitting and receiving information. Anyone with even the most basic home computer may access the Internet with the proper computer program (software), and by subscribing to an Internet service provider (ISP). Unfortunately, the Internet also offers offenders access to subjects relating to the exploitation of children.

### **WHAT IS A COMPUTER NETWORK?**

A computer network is a group of computers linked together. Computer networks are invariably two way. Some computer networks consist of a central computer and multiple work stations. Others including the Internet, permit any computer on the network to communicate with any other computer that is also on the Internet.

## **BASIC FACILITIES PROVIDED ON THE INTERNET**

### **ELECTRONIC MAIL (E-MAIL)**

Electronic mail is basically the same as conventional mail. Electronic mailing lists enable users to exchange information with each other. An e-mail message may be sent to any computer address anywhere in the world. Computer files, photographs, and

computer programs may be attached to e-mail messages, and can be sent to multiple addresses simultaneously.

### **ON-LINE CONVERSATION (INTERNET RELAY CHAT)**

Internet Relay Chat (IRC) allows users to converse in real time to other users, (including children) anywhere on the Internet. When two or more computers are communicating via IRC, text/files typed or sent from one computer is immediately seen by all other users who are connected to the chat room or system. Pedophiles often access chat rooms or groups that were designed for children or teens, and use the relative anonymity of the Internet to safely correspond with, and often seduce children. Private conversations between offenders and children can also be conducted on the Internet, and offenders who are experienced users can disguise their e-mail address, or other information that might tend to identify them to law enforcement personnel.

### **INFORMATION RETRIEVAL**

Many computers and networks on the Internet have files that are posted and are free for the taking. These files range from university files to government documents, and special interest files that promote specific ideas and/or ideologies. The Internet also offers services and data that may be accessed for a fee, ranging from consumable goods, to sexually explicit material. While the vast majority of these files have a legitimate place on the Internet, others files offered by person(s) or organizations that advocate the exploitation of children are also accessible. Internet files or postings that advocate sex with children, photos, movies, and stories that deal with child exploitation are also available. These groups include topics relating, but not limited to organizations such as the North American Man Boy Love Association (NAMBLA), and the Pedophile Resources Directory.

### **NEWSGROUPS (BULLETIN BOARDS)**

USENET is an enormous on line Newsgroup with over 16000 topic groups flowing daily. USENET groups deal with virtually every subject imaginable. These newsgroups also deal with sexual subjects, that relate specifically to children. Examples of these newsgroups are "alt.sex.pedophilia," and "alt.binnaries.eroticia.children." As the name suggests, bulletin board messages may be posted on these types of systems, in much the same way someone would leave a note on a conventional bulletin board. These messages may be requests for information, photos offered to anyone who accesses the newsgroup, or messages to the groups or a specific individual. A Newsgroup can be maintained by a large organization, or a private citizen utilizing a home computer.

### **COMPUTER BULLETIN BOARD SYSTEMS (BBS)**

Private citizens, and large corporations maintain computer bulletin board systems. A BBS is basically a small Internet, that allows subscribers access to data, computer programs, chat groups, or any other information that the BBS provider wishes to offer. Prior to the phenomenal growth of the Internet, many computer bulletin board systems

were accessed by calling a telephone number through a telephone modem. Based upon the capacity of the system, multiple users might access the BBS simultaneously. Many computer bulletin board systems have subscribed to the Internet via an Internet service provider (ISP), making their BBS and data available to anyone (including children) who have access to the Internet.

### **WHAT TO DO IF A COMPUTER IS LOCATED DURING AN INVESTIGATION INVOLVING CRIMES AGAINST CHILDREN**

Should you suspect that an alleged suspect possesses a personal computer, or if a computer is found as the result of a search warrant or investigation, chances are good that the device has been used either to collect child pornography from the Internet, or has been used by the perpetrator to either contact or attempt to contact children. Photos can be stored in the memory of a personal computer under various formats and computer programs. These files can usually be identified by a file extension or suffix such as ".GIF" or ".JPG." Other programs that are actually short movies, and voice files relating to the exploitation of children can also be identified and retrieved as evidence.

Investigators should attempt to connect a suspect's computer to the crime under investigation. Information from the child, spontaneous declarations by the suspect, or information from witnesses can all be used to establish the use of a computer as an instrumentality of the crime.

Once sufficient evidence is collected to warrant the seizure or examination of a computer, the device should be seized. Prior to seizure, it is recommended that all data lines such as telephone lines, be removed from the computer, since it is possible to access and delete data from a specific computer by using a different computer or even from a touch tone telephone.

Information may be stored within the computer itself on a "Hard drive," or on individual data storage diskettes. Information may also be stored on cassette tapes commonly called tape drives, or on diskettes that resemble audio CD's. These disks known as CD ROM's are capable of storing large amounts of data. Recently federal law enforcement personnel have seized computer CD ROM's that were disguised to resemble audio disks, and were found to contain movies scenes depicting various sexual acts involving children. New digital and optical storage devices or drives are also available, which allows the user to store, access, and distribute vast amounts of data.

Once a computer has been legally seized as possible evidence, arrangements should be made to seize the computer for further examination by qualified personnel. Data examination can result in the gathering of large amounts of child pornography, communications between victim(s) and suspect(s), and other information relating directly to your case. Often data or information that has been deleted, or hidden within a computer or on some other storage media can be recovered and used to help establish the facts relating to your investigation.

**Appendix H:**

**General Guidelines for  
Supportive Interviewing of the  
Child Sexual Abuse Victim  
(National Institute of Justice)**

**GENERAL GUIDELINES FOR  
SUPPORTIVE INTERVIEWING OF THE  
CHILD SEXUAL ABUSE VICTIM**

(National Institute of Justice)

**I. PURPOSE OF THE INTERVIEW**

- A. Assess the need for Court protection of the child
- B. Provide a safe atmosphere which allows the child to tell his/her story and not have it dragged out of him/her or suggested to him
- C. Meet the needs of the system; juvenile and criminal court, police agency, and medical personnel
- D. Allow the child to begin the healing process

**II. THE INTERVIEWER SHOULD**

- A. Be "nice" to kids; establish rapport
- B. Communicate with children about sexuality with a nonjudgmental attitude
- C. Adjust to the different child developmental stages
- D. Control the pace of the interview according to the child's abilities

**III. THE SETTING**

- A. Safe, neutral location, free from distractions
- B. Sit eye level to the child, no barriers between child and interviewer such as a desk
- C. As few adults as possible in the room
- D. Have all materials present, i.e., anatomical pictures, crayons, markers, anatomical dolls, juice or water
- E. Take care of all bathroom needs before an interview begins
- F. Gather basic background information before an interview

**IV. GENERAL TECHNIQUES FOR INTERVIEWING**

- A. Use language the child understands
- B. Use short sentences and simple words
- C. Use sentences which contain only one question or thought
- D. Use names rather than pronouns; clarify persons, i.e., Daddy-Wayne or Step-Dad John
- E. Young children are very literal, be specific
- F. Ask children to clarify words/terms you don't understand
- G. Allow children to whisper answers or cover their eyes

- H. Avoid the use of if/then statements with young children  
Maintain an objective stance and appearance regardless of what the child says.  
Communicate that you are listening and interested in them
- J. Some "Don'ts"
  1. Don't teach anatomy during the interview; use the child's words
  2. Don't teach human relations or sexual techniques during the interview
  3. Don't praise a child for providing particular information; don't offer rewards if the child tells you something
  4. Don't do therapy during the interview; stay focused on the facts. Discuss the child's feelings after the interview
  5. Don't coerce an answer; even if you know the child is lying or withholding information. However, if you have information which indicates the child has told someone else something different, it's all right to ask the child to clarify "your confusion"
  6. Don't provide extraneous information to the child during the interview
  7. Don't "lead" the child by suggesting information regarding the abuse; it's O.K. to use information that the child has provided in the interview to ask a subsequent question
  8. Don't ask the child what they would "like to see happen" to the perpetrator
  9. Don't communicate your judgments to the child during the course of the interview
  10. Don't get frustrated that you're not getting the information you want; stop, take a break, and confer with other professionals
  11. Be careful of asking questions that start with "why," they usually indicate blame
  12. Don't press for answers the child is unwilling to give
  13. Don't make promises you can't keep, i.e., "nothing bad is ever going to happen to you again"
  14. Don't talk about "jail," "prison" or what's going to happen to the perpetrator
  15. Don't ask if they "love" the perpetrator or if he "loves" the child
  16. Don't correct "wrong" answers; ask for clarification
  17. Don't conduct a marathon interview; take breaks as appropriate for the child's age and emotional condition

## **V. STAGES OF THE INTERVIEW**

### **A. BEGINNING/BUILDING RAPPORT WITH A PURPOSE**

1. Explain who you are and what you do, i.e., "My job is to talk to kids about things that may be bothering them; even if those things are embarrassing or hard to talk about, my job is to help kids"
2. In order to assess developmental level and check suggestibility
  - a. Ask the child the color-of crayons, esp., yellow, white and red

- b. Ask the child's understanding of terms underneath/on top of and inside/outside
- c. Ask about the child's sense of time
- d. Ask about all family members, their names, ages and where they live
- 3. Establish if the child knows the difference between the truth and a lie/pretend and real. Depending on the child's developmental level, offer concrete examples of each, i.e., if I said, "It was raining in this room," would I be telling the truth or a lie? Or, "Is this stuffed animal pretend or real?"
- 4. Check for suggestibility, i.e., If child is 4 ask him if he is 5
- 5. Set ground rules for an interview - Most effective with ages 5-17
  - a. "Tell the truth. We only talk about what really happened, not pretend."
  - b. "If you don't remember, it's O.K. to say you don't remember."
  - c. "If you do remember, it's not O.K. to say you don't remember."
  - d. "If you don't want to talk about something, it's O.K. to say you don't want to talk about it."
  - e. "Don't guess."

## B. INFORMATION GATHERING/EMOTIONAL SUPPORT

- 1. Possible approaches
  - a. Ask children if they know why they came, or why they're here. Ask what parents told them.
  - b. Go through anatomical pictures with the child (using crayons). Explore child's knowledge/experience with pornography.
    - (1) Point out all body parts and ask for their names
    - (2) Ask the child what the parts of the body do
    - (3) Ask the child to point out the private parts
    - (4) If they don't know private parts, explain to them that private parts are the part of the body that is covered up by their bathing suit, draw a suit on the anatomical pictures
    - (5) Ask the child if anyone has ever touched "those" parts or made them feel uncomfortable by the way they talked to them about their bodies/private parts
    - (6) Always use the child's words for body parts
  - e. When appropriate, have the child draw a picture of how and where the sexual abuse happened. Take a picture of drawing or keep original as evidence
  - f. When appropriate, have the child point to areas of his/her body that were touched

2. Obtaining factual information/leading vs. focused questions. A leading question is one that suggests an answer.
  - a. Allow the child to report spontaneously, ask questions only if needed, do not interrupt the child. Questions should be open-ended whenever possible. Start more open, become more focused as disclosure evolves. (See examples)
  - b. Questions can be mixed with play and conversation about subjects the child is likely to find nonthreatening. Especially if the child becomes tense or anxious about the subject matter, it is important that the child not feel pressured or they will close down.
  - c. Allow the child to get off the subject if he is feeling upset or anxious. Gently refocus with a new line of questioning or new method of information gathering such as drawing a picture of where the family lives.
  - d. If necessary, repeat the same question two different ways in order to check reliability of information. Don't ask the exact same question twice, kids may feel they're not being believed.
  - e. An interviewer can guide the topics but disclosure must come from the child. Don't suggest a perpetrator until after the child identifies the person.
  - f. Once disclosure is given by the child, the interviewer may use that information when asking subsequent questions.
  - g. Use child's words for body parts and people in follow up questions.  
EXAMPLES:  
Leading: Did Daddy touch you on your pee-pee?  
Focused: Has anyone ever touched your private parts? Has anyone ever made you feel uncomfortable by the way they touched you or talked to you?  
Leading: Were you at Daddy's house?  
Focused: Whose house were you visiting/staying/living?
3. Interview Content
  - a. Identity of perpetrator-relationship to the child.
  - b. What type of acts took place, specific as possible (was there an erection, ejaculation, penetration, penile, digital, foreign objects)
  - c. Date of incident(s) - How many times.
  - d. Location of incident (town, house, room).
  - e. Was touch over or under child's clothes? What was perpetrator wearing?
  - f. Was anyone else present?:
  - g. What was said?
  - h. Were movies or pictures taken?
  - i. Were you shown pictures, movies, or books of people with no clothes on?

- j. Do you have any other secrets?
- k. Was anyone wearing anything funny?
- l. Did you tell anyone else?
- m. Get as much information as possible about the circumstances in order to delineate appropriate genital touch of sexual intent, i.e., was medicine used, what color was it? Where were you when you were touched, what was said?
- n. Did your non-offending parent know?
- o. Has this ever happened to anyone else that you know?
- p. Ask if there were more than one perpetrator?

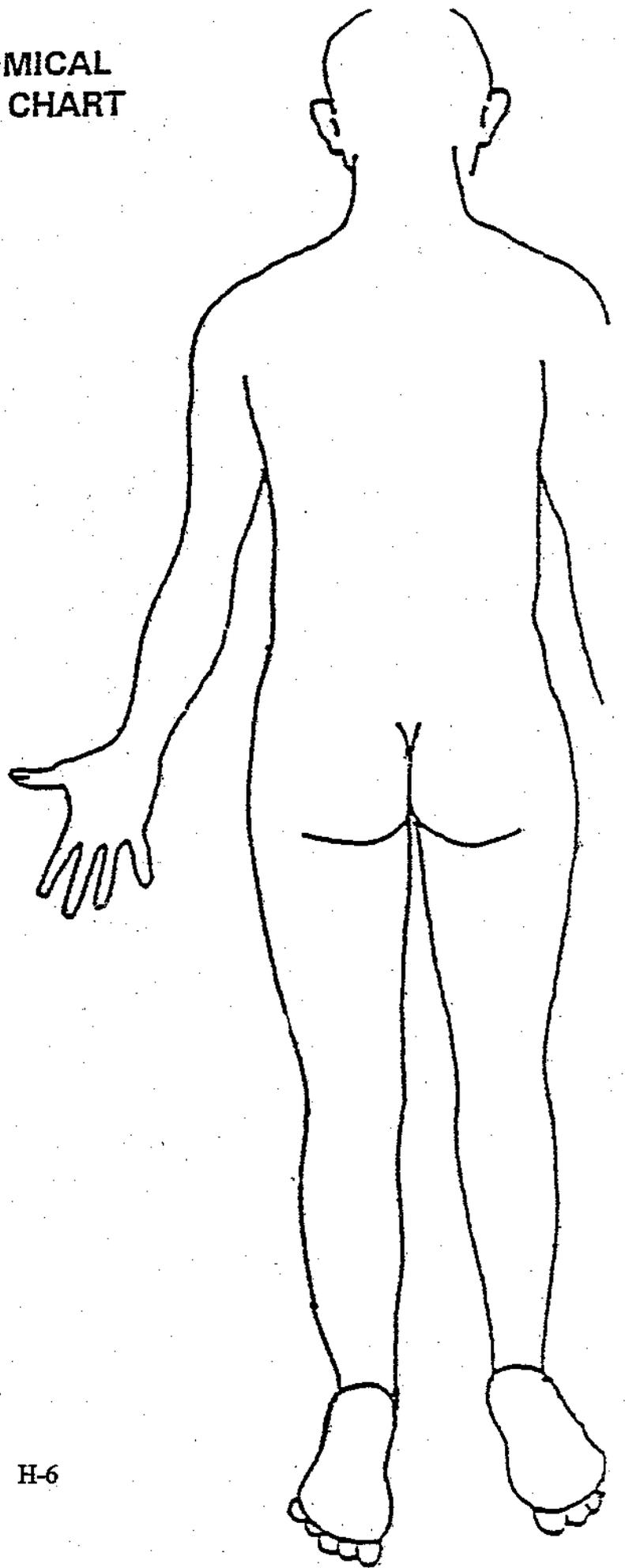
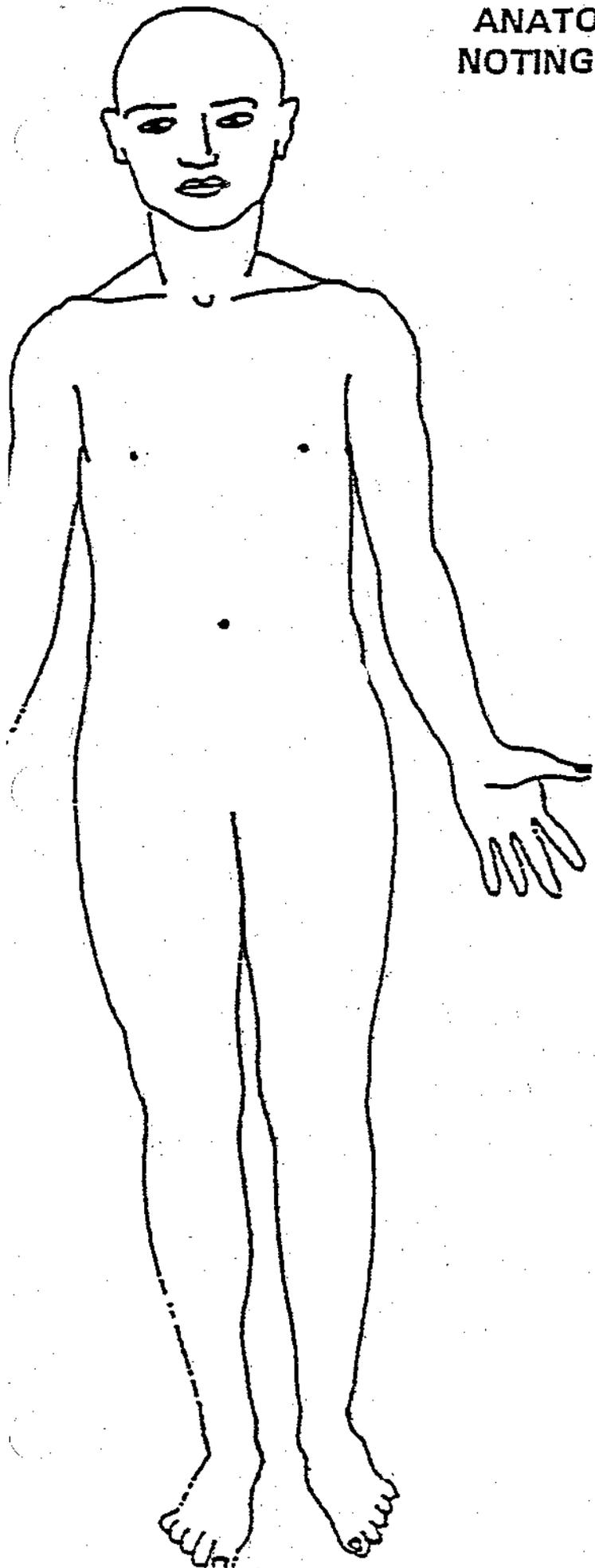
## **VI. TERMINATION OF INTERVIEW/GETTING CLOSURE**

- A. An interviewer may repeat information given by child requesting the child provide corrections or clarification.
- B. Explain that sometimes it's hard to remember everything; that sometimes we forget; and sometimes, we're too embarrassed or afraid to talk about everything that has happened; you will be available in the future to see if they've either remembered, or want to talk about anything else

## **VII. AFTER THE INTERVIEW**

- A. Explain to the child exactly what will happen next and why
- B. Explain medical procedures or protective custody decision
- C. Ask for child's opinions, questions
- D. Give card with phone number for future contact
- E. Follow up with counseling referrals
- F. Remember, this is the time to comfort the child and help them confront their fears; not during the "fact finding" process

ANATOMICAL  
NOTING CHART



H-6

# COGNITIVE INTERVIEWING WITH CHILDREN

## I. GUIDELINES FOR INTERVIEWERS

Rapport Development. All interviews began with the development of rapport with the child. Guidelines include the following:

1. Do not begin by asking the child for his or her name. Greet the child by saying, "You must be Mary? My name is Bob."
2. Follow the greeting by asking simple questions about the child's world and provide some personal information about yourself.

Do not ask questions that could be regarded *as* coercive, such *as* "Do you want to be my friend?" Use positive, open-ended questions, which are likely to promote expanded conversation, "What is your favorite TV show?"

4. Do not be overly patronizing, such as by making the child feel pressured to "be your friend."
5. Empathize with a nervous child's feelings, indicate the naturalness of such feelings, "I wonder whether it feels scary to talk to a stranger about stuff that is so hard to talk about."

## II INTERVIEW PREPARATION INSTRUCTIONS

Interviewers should schedule to conduct a practice interview following rapport development. Preparation of the child for the upcoming questions should be done by instructing the child as follows:

1. "There may be some questions that you do not know the answers to, that's okay. Nobody can remember everything. If you don't know the answer to a question, then tell me, 'I don't know,' but do not guess or make anything up. It is very important to tell me only what you really remember. Only what really happened."
2. "If you do not want to answer some of the questions, you don't have to. That's okay. Tell me 'I don't want to answer that question'."
3. "If you do not know what something I ask you means, tell me 'I don't know what you mean.' Tell me to say it in new words."
4. "I may ask you some questions more than one time. Sometimes I forget that I

already asked you that question. You don't have to change your answer. Just tell me what you remember the best you can."

### **III. NARRATIVE REPORT**

#### Cognitive Interview Technique

- A. Before asking specific incident questions ask the child to reconstruct the circumstances surrounding the event witnessed and to be complete.
1. Reconstruct the circumstances. Interviewers asking that the child's reconstruction of the circumstances surrounding the incident should include not only external factors but also his or her feelings at the time. That should be done aloud to ensure that the child will expend the necessary mental effort and will understand what is expected. To keep the child grounded in reality and minimize fantasy, the guidelines state that the interviewer must avoid using such terms as "pretend" and "imagine."

Guidelines recommended that the child be told, "Picture that time when (insert the appropriate lead in information), as if you were there right now. Think about what it was like there. Tell me out loud. Were there any smells there? Was it dark or light? Picture any other people who were there, who else was there? What things were there? How were you feeling when you were there?"

2. Be complete/report everything. After the child reconstructs the circumstances, interviewers are to instruct the child as follows, "Now I want you to start at the beginning and tell me what happened, from the beginning to the middle, to the end. Tell me everything you remember, even little parts that you don't think are very important. Sometimes people leave out little things because they think little things are not important. Tell me everything that happened."

The guidelines include several caveats and suggestions. Do not interrupt while the child is talking. To do so risks foreshortening the child's narrative report and exposing it to legal complications based on "leading" the witness. If needed, prompting a neutral way is all right, "And then what happened?" Take notes sparingly; ask for clarification when the child is finished. Use a tape recorder. Speak slowly so the child will do so also.

- B. Specific questions phase. Encourage the children to expand upon or clarify what was reported in the narrative account. Guidelines for all such interviewers include such advice as the following:

1. Ask open-ended questions whenever possible, "Can you tell me about the clothes that the man was wearing?"

Permit the child to answer one question before posing another.

3. Speak in a relaxed tone and keep language simple. Use positive phrasing, "Do you remember the color of the car?" not, "You don't remember the color of the car, do you?"
4. Pay attention to the child's answers to your questions and do not jump to conclusions about the reliability of the child as a witness.
5. Praise the child's effort, not the content of the responses.

#### **IV. SPECIFIC QUESTIONS PHASE**

Cognitive Interview Only (Special memory jogging techniques)

1. Backward-order recall. Interviewers should ask the child to recall the events in backward order, starting at the end, then the middle, and then the beginning. Prepare the child for that technique before asking backward-order questions. After each response, prompt the child: "What happened right before that?"
2. Alphabet searches. If a child believes that a name may have been mentioned during the incident witnessed, ask the child to go through the alphabet as an aid to recalling the first letter of the name.
3. Speech characteristics. Probe for speech traits. Did a voice remind the child of another's? If so, why and what was unusual about the voice?
4. Conversation. How did the child feel about what was said? Unusual words or phrases?

New perspective. Ask each child to recall the incident from the perspective of someone else present at the event: "Put yourself in the body of \_\_\_\_\_, and tell me what you would have seen or heard if you had been that person?"

A further recommendation: Use this technique (#5) after the child appears to have exhausted his or her memory of the event.

#### **V. OTHER RECOMMENDATIONS:**

Practice interviews. The impact of a practice cognitive interview about an innocuous

event on a child's recall performance during a later, official interview is indeed beneficial. Practice interviews can serve one or more of these purposes:

1. Give the child experience with the usually unfamiliar task of being interviewed by a stranger about details of an event.
2. Clarify the methods used in a subsequent interview.
3. Encourage the child to use recall techniques spontaneously so that more of them will be employed.

## **VI. RESULTS OF THE STUDY**

The NIJ study indicated that the accuracy rates on the children's recall was remarkably high on practice interviews with the cognitive questioning system (89%).

Reprinted from "New Approach to Interviewing Children: A test of its effectiveness," *U.S. Department of Justice/National Institute of Justice @ Research in Brief*, May 1992

## **Important Information To Obtain During The Child's Interview**

1. Detailed description of the offender, vehicles, and his or her house (if applicable).
2. Determination of the number of specific acts committed by the offender.
3. Determine how the offender induced the child to perform or submit to such acts.
4. Determine if pornography or erotica was used and/or present. If so, what kind and where is it kept.
5. Determine if drugs were used and if so, what kind and where they were kept.
6. Determine if the child was photographed and if so, what kind of camera was used and where is it kept.
7. **Ask** if the child saw photos of other children and if so, obtain their descriptions.
8. Determine if other children were involved in or present during any of the acts and if so, attempt to identify them.
9. Determine if the child knows the offender or any other adults who may have participated in the acts.
10. Determine if the child has been victimized by more than one person and if so, attempt to identify them.
11. Ask the child if he or she divulged his or her name, address, or phone number and if so, how it was recorded by the offender.
12. Determine if the child saw other children give such information and if so, how it was recorded.
13. Ask if the offender has a diary or computer.
14. Ask if the child played with any toys or books at the offender's home and if so, obtain detailed descriptions of the items.
15. Determine if the child left any personal belongings in the offender's possession.
16. Ask if the offender gave the child any gifts.

**Appendix I:**

**Typologies of Child Molesters**

### TYPOLOGIES OF CHILD MOLESTERS

Element	SITUATIONAL				PREFERENTIAL		
	REGRESSED	MORALLY INDISCRIMINATE	SEXUALLY INDISCRIMINATE	INADEQUATE	SEDUCTIVE	INTROVERTED	SADISTIC
Personality Characteristics	Appears on the surface to be psychologically healthy, low self esteem, poor coping skills, easily dominated by age mates	Anti-social personality disorder, narcissistic, no conscience	Non-specific	Social incompetence, withdrawn, lacks communication skills, may have been a victim, may be physically impaired, misfit	Outgoing self-centered, socially skilled, smooth communicator manipulator	Seriously lacking in social skills, child like, inadequate, persistent interest and high level of sexual arousal to children, sexually naive	See "Morally indiscriminate" and "Seductive"
Social Behavior	Appears to be in successful marriage or sexual relationships	Relationships are self-serving	Promiscuity, numerous short-term relationships	Single (lives with family or other who he is dependent on), a loner, volunteers for activities that deal with children	Lives alone, token marriage	Single or in a marriage of convenience, may live at home with parents, has no close friends, wife is inferior, possibly physically or mentally disabled	Loner, does not socialize with children
Intellectual Level	Not a factor related to offending	Average, above average I.Q.	Moderate, high I.Q.	Below average I.Q., retardation brain damage	Above average to high I.Q.	Low to average I.Q.	Average to high I.Q.
Drug/Alcohol	Yes, especially alcohol	A Poly drug user, extensive alcohol	Social use	Minimal	Social drinker and drug user, use to lower inhibitions of victims	Litter - none	Social use, not to lose control

Element	SITUATIONAL				PREFERENTIAL		
	REGRESSED	MORALLY. INDISCRIMINATE	SEXUALLY INDISCRIMINATE	INADEQUATE	SEDUCTIVE	INTROVERTED	SADISTIC
Criminality	Little or no history	Extensive, varied	Limited to sexual offenses	History of being in the wrong place at the wrong time, he is the victim of crime	Little to no history	Little to no history, except for sex crimes involving children	Either extensive or none
M.O.	Grooming, coercion (our secret), blackmail (not from you, your sister), unobtrusive touch, leading to overt sexual assault, manipulation-gifts, special attention	Lure, force or manipulate, surprise or short-term con approach	Entice child (show pornography), bribe, drugs/alcohol, "You may enjoy it"	Grooming approach, playful, lures with toys, games, exploits with size.	Master seducer, identifies with <b>children</b> , knows how to listen, courting (attention), affection, gifts, gradually lowers inhibitions, victims <b>trade sex</b> for attention, affection, and gifts	Interacts with child at child level of emotional <b>development</b> , <b>children</b> initiate non-sexual contact with him, masturbation done <b>to victim, oral copulation</b> , anal/or vaginal penetration is rare	Lure, fore or manipulate, surprise or short-term <b>con approach, brutal torturous sexual victimization</b>
Reaction to Victim's Resistance	Rejection, cutback of privileges, increased coercion	Escalated force and control	Manipulation, mild coercion, abandonment	Panic, flight, fear of detection (may kill child to avoid)	Increased seduction, blackmail, when child becomes too old molester attempts to terminate relationship, victim discloses, molester threatens, uses physical force, homicide may occur	Will cease molest, apologize, try another perpetrator	None, lie is going to do <b>what</b> he is going to do

## TYPOLOGIES OF FEMALE SEX OFFENDERS

ELEMENT	EXPLORER/EXPLOITER	PREDISPOSED SERVE ABUSE HISTORY	TEACHER/LOVER DEVELOP-MENTALLY ARRESTED OR REGRESSED	MALE COERCED	PSYCHOLOGICALLY DISTURBED
Personality Characteristics	16 years old or younger, extremely sensitive, socially detached, self-depreciating	Adolescent or adult, poor concentration, verbal and physical aggression, daydreaming (fantasy), depression/self-destructive, dependent	Socially isolated, not self-sufficient, adult female	Passive-aggressive, dependent, low self esteem, non-assertive	17-45 years old, organic, personality disorder, suicide ideation, depression, paranoia
Social Behavior	Loner or with few friends, nail biter	Runaways, socially isolated, sexual and physical abuse history (severe)	Married, divorced, single, few friends/failed unfulfilled peer relationship, history of abuse	Extreme isolation, sexual and physical abuse history, peer insecurity	Social isolation, physical and sexual abuse history
Criminality	No history	Stealing, abuse of drugs and alcohol	Little or no history	Drug and alcohol abuse, property crimes alone or male accompanies, criminal background, male initiated or coerced	Theft, assault, prostitution, drug addiction
Motivation	Experimentation	Fantasy driven, tied to own abuse, unclear why behavior is wrong, reenactment of own victimization or, anxiety ridden protection illusion	Emotionally equal to victim, love affair, deviant fantasy driven	Feels no choice but to participate, threats and force used, and she experiences few options	Male accompanied - attracting the male, psychologically unstable

<b>ELEMENT</b>	<b>EXPLORER/EXPLOITER</b>	<b>PREDISPOSED SERVE ABUSE HISTORY</b>	<b>TEACHER/LOVER DEVELOP-MENTALLY ARRESTED OR REGRESSED</b>	<b>MALE COERCED</b>	<b>PSYCHOLOGICALLY DISTURBED</b>
Victim Criteria	Young child, 6 and under, usually male, situationally determined	Own child, relative, foster sibling, or neighbor, 0-10 year old females victims	Teenage males (11-16), own child, step son, child's friends, neighbor	Generally children, relatives friends or neighbors of the female, male chooses sex of victim	Adult female acquaintance (within few years of perpetrator's age), the children of the female
M. O.	No force or threats, usually one time, detached, folding victim, unaware of or deny own arousal	More than one time with same victim, ritualized, fondle and/or force	Relationship, sex ongoing with one victim	Male begins the sexual abuse prior to the female's involvement	Male or female initiated, tends to be more violent

### ADOLESCENT SEXUAL OFFENDER TYPOLOGY

ELEMENT	NAIVE EXPERIMENTER	UNDER SOCIALIZED CHILD EXPLOITER	PSEUDO- SOCIALIZED CHILD EXPLOITER	SEXUALLY AGGRESSIVE	SEXUALLY COMPULSIVE	DISTURBED IMPULSIVE	GROUP INFLUENCED
Personality Characteristics	11-14 years old	Withdrawn, insecure, inadequate	Parentified child, older adolescent, intellectually gifted, hard worker	Product of disorganized and abusive family, antisocial character disorder	Family is emotionally repressed, little or no intimacy, unable to express negative emotions, straightforward	Thought and impulse control disorder, learning problems	Younger adolescent, follower
Social Behavior	Adequate social skills and peer relationships	Has few friends own age, gravitates towards children	Good social skills, comfortable but not intimate in peer settings	Good peer social skills, charming, gregarious	Appears socially competent on the surface	Unpredictable behaviors	Very peer oriented
Criminality	Little or no history of acting out	Little history of acting out socially	Little or no history of acting out socially	Extensive history of anti-social behaviors and poor impulse control, abuses chemicals	None, except of sex crimes	Substance abuse history, impulsive acts	History of contact with juvenile justice system
Stressors	Confusion with developing sexual feelings	Family structure, over involved mother, distant father, feeling inadequate	May have been a victim of early childhood abuse	Rejection, threat to his manhood	Boredom, high level of anxiety	Sexual abuse, appears impulsive	Not being accepted by peers

ELEMENT	NAIVE EXPERIMENTER	UNDER SOCIALIZED CHILD EXPLOITER	PSEUDO- SOCIALIZED CHILD EXPLOITER	SEXUALLY AGGRESSIVE	SEXUALLY COMPULSIVE	DISTURBED IMPULSIVE	GROUP INFLUENCED
Sex Crime Motivation	To explore and experiment with newly developing sexual feelings	Attempt to achieve intimacy, self- esteem, sense of self importance	Guiltless and narcissistic exploitation of a vulnerable child to gain sexual pleasure	Domination, expression of anger, humiliate victim	Alleviate anxiety or tension	Offense reflects malfunctions of normal inhibitory mechanisms due to thought disorder or a result of chemical abuse	Gain peer attention approval or leadership, peer pressure
Victim Criteria	2 - 6 years old, situationally determined	Male children, young and available, more than one victim at a time	Female child, available within family or extended family, one victim at a time	Peers, adults, children	Know through stalking	Available, usually in wrong place at the wrong time	Whomever others choose, usually known to the offender
M. O.	Situationally determined, curiosity, no force or threats	Chronic pattern of sexual behaviors with children, manipulation, trickery, enticements, rewards	Exploitive abuse behavior, often lasts for several years	Forced threats, violence	Planned solitary exhibitionism, fetish, burglary, voyeurism, obscene phone calls	Many times a single, unpredictable, uncharacteristic act or maybe one among a pattern of bizarre or ritualistic acts against children/adult, acts accompanied by masturbation or orgasm.	Occurs with peer group present

ELEMENT	NAIVE EXPERIMENTER	UNDER SOCIALIZED CHILD EXPLOITER	PSEUDO- SOCIALIZED CHILD EXPLOITER	SEXUALLY AGGRESSIVE	SEXUALLY COMPULSIVE	DISTURBED IMPULSIVE	GROUP INFLUENCED
Reaction to Victims Resistance	Cease behavior	Increased coercion, manipulation, force	Increased seduction, coercion, gifts	Increased threats, violence, use of weapons	Leave, become more compulsive with other victims	Varies	Goes along with what he expects others want him to do
Cognitive Distortions	I'll only do it this one time. She/he won't realize what's happening. She/he is too young.	I need love, affection, too. He like me. He likes it. We are very close friends.	Abuse events are mutual, intimate, and now coercive.	She says "no" but really means "yes." I deserve to feel good.	I can't control this behavior. I'll do it a bunch of times and get it out of my system.	Very complex.	Blames victim or other participants.

**Appendix J:**

**Out-of-Home Care Facilities Investigation Checklist**

**OUT-OF-HOME CARE FACILITIES INVESTIGATION CHECKLIST**

*This checklist is designed to assist law enforcement officers in conducting criminal investigation in Out-of-Home Care Facilities. **THE FIRST ACT MUST BE TO SECURE THE SAFETY OF THE CHILDREN.***

**Preliminary Investigation**

DATE TIME

I. Receipt of Initial Report - It is the responsibility of the individual child protective official receiving the initial report to:

- (1) gather the pertinent facts \_\_\_\_\_
- (2) conduct a preliminary assessment of the risk to the child(ren) involved and determine the priority and level of response \_\_\_\_\_
- (3) coordinate response with other appropriate agencies \_\_\_\_\_
- (4) make appropriate cross-reports as required in Section 930.40 \_\_\_\_\_

II. Procedure - The first investigator at the facility where the abuse was alleged to have occurred shall complete, but not be limited to, the following action:

- (1) insure the safety of the children \_\_\_\_\_
- (2) determine the number of children placed in the facility and the number of children present in the facility \_\_\_\_\_
- (3) make an immediate visual inspection of the condition of the facility and personnel \_\_\_\_\_
- (4) identify licensee, all employees and persons residing in the facility \_\_\_\_\_
- (5) note the degree of cooperation by persons contacted \_\_\_\_\_

DATE TIME

(6) conduct initial interviews with:

(a) reporting party

(b) witnesses

(c) victims

(d) sibling(s)

(e) parents/caretakers

(f) child care staff

(g) director or administrator of the facility

(h) other - specify: \_\_\_\_\_

\_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

III. Evidence and Documentation - The investigator shall gather and preserve all evidence supporting and negating the allegation(s) of child abuse. The preliminary investigative report shall include but not be limited to:

(1) statements for all parties and witnesses

(2) the investigator's own observations

(3) physical evidence noted and secured

(4) identification of suspect/custody considerations

_____	_____
_____	_____
_____	_____
_____	_____

IV. Medical Evidence - A medical examination shall be conducted on the child abuse victim(s).

_____	_____
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IV. Evidence - All evidence to the alleged abuse discovered in the course of the medical examination should include but not be limited to:

- (1) skeletal and dental x-rays \_\_\_\_\_
- (2) specimens, and \_\_\_\_\_
- (3) blood samples \_\_\_\_\_

**Follow-Up Investigation**

I. Review - The investigator shall review the completeness of the preliminary investigation to determine the scope and direction of the follow-up investigations. This review shall include:

- (1) confirmation of the elements of the crime or violation \_\_\_\_\_
- (2) determination of the need for further interviews \_\_\_\_\_
- (3) evaluation of all evidence to ensure that all statements are complete and accurate, and all physical evidence has been identified and documented \_\_\_\_\_
- (4) determination of the need for a search warrant where the investigation is being conducted by a law enforcement investigator \_\_\_\_\_
- (5) determination of the need for confidentiality \_\_\_\_\_
- (6) determination of the custody status of the victim(s), sibling(s), and alleged offender(s) \_\_\_\_\_
- (7) coordination with appropriate agencies; and \_\_\_\_\_
- (8) determination of the necessity of a multi-disciplinary team, it is warranted by the complexity of the investigation \_\_\_\_\_

II. Records Check - An investigation by law enforcement upon allegations of serious abuse, shall include a thorough records check of the suspect, including:

- (1) local files \_\_\_\_\_

DATE TIME

- (2) criminal history data \_\_\_\_\_
- (3) Department of Justice Child Abuse Central Index \_\_\_\_\_
- (4) Department of Justice Registrations and Compliance files (Penal Code Section 290); and \_\_\_\_\_
- (5) California Department of Motor Vehicles \_\_\_\_\_

III. Background Check - A thorough background investigation shall be conducted on the prime suspect(s) including:

- (1) previous residences and employers to determine prior offenses in other jurisdictions \_\_\_\_\_
- (2) previous relationships - spouse, ex-spouse, live-in relatives, and roommates \_\_\_\_\_
- (3) contact with other agencies and/or jurisdictions \_\_\_\_\_

IV. Corroborating - Corroborating information relevant to guilt or innocence of the accused suspect shall be developed and gathered to include, but not be limited to, the following:

- (1) medical examination and/or medical history of the victims \_\_\_\_\_
- (2) witness statements \_\_\_\_\_
- (3) physical evidence \_\_\_\_\_
- (4) incriminating statements made by suspect \_\_\_\_\_
- (5) whether access to the victim by the suspect was possible and if he/she had the opportunity to commit the offense \_\_\_\_\_
- (6) modus operandi (M.O.) factors where relevant to prove serious abuse in a criminal prosecution \_\_\_\_\_

DATE TIME

V. Interview of Victim(s) - Prior to the interview of the below listed persons, the interviewer shall consider contacting and consulting with other agencies, including but not limited to: a specialized law enforcement child abuse investigative unit, child welfare services, the licensing agency; and the prosecuting attorney:

(1) witness interviews

\_\_\_\_\_

(2) parent interviews

\_\_\_\_\_

(3) owner/director/administrator interviews

\_\_\_\_\_

VI. Liaison With the Media - This shall be done through the agency's media spokesperson, not the involved investigators

\_\_\_\_\_

VII. Referral of Therapist - The investigator shall refer victims and their families to qualified therapists under the following circumstances:

(1) if a child has disclosed serious abuse in an out-of-home care facility

\_\_\_\_\_

(2) if a child was named by another victim as also having been victimized, but is not disclosing

\_\_\_\_\_

(3) if a child displays symptoms indicating possible abuse, but appears too timid or frightened to disclose abuse

\_\_\_\_\_

**Appendix K:**

**Guidelines for the Development of a Policy  
to Implement Megan's Law  
(California Department of Justice Megan's Law Task Force)**

**GUIDELINES FOR THE DEVELOPMENT OF A POLICY  
TO IMPLEMENT MEGAN'S LAW  
(California Department of Justice Megan's Law Task Force)**

I. Policy Statement

The purpose of this policy is to establish a procedure for the dissemination of information regarding certain registered sex offenders under California's Megan's Law. (Pen. Code, §§ 290 and 290.4.)

II. Definitions

DOJ has categorized each registered sex offender as either serious, high risk, or other. Disclosure under Megan's Law is allowed only as to serious and high risk offenders. Agencies can identify the category of an offender by accessing the **CD-ROM**, CLETS (Violent Crime Information Network/Supervised Release File), or contacting DOJ directly.

Categories of Registered Sex Offenders

These categories will be reflected in the CD-ROM and through CLETS.

1. Serious Sex Offenders

A serious sex offender is a registrant convicted of a felony sex offense (except those listed in the "other" category), or of misdemeanor child molestation. In 1996 there were approximately 57,000 serious sex offenders in California.

2. High Risk Sex Offenders

High risk offenders are serious sex offenders who have been identified by DOJ as having a higher risk of re-offending and who may pose a greater danger to the public. In 1996 there were approximately 1,500 high risk sex offenders.

Other Registered Sex Offenders

Other registered sex offenders are misdemeanants (except misdemeanor child molest per Penal Code, §§ 647.6 and 288, subd. (c)), and those felons convicted of repeated indecent exposure, pornography and related offenses, and spousal rape. Information on these individuals may not be released to the public.

**B.** Definitions Relating to Disclosure of Serious Sex Offenders (Pen. Code, § 290, subd. (in))

1. "Reasonably suspects" means a suspicion based on information provided by another peace officer or a member of the public that a child or other person may be at risk of becoming the victim of a sex offense by a serious sex offender.
2. "Likely to encounter" means that the entity or individual is in a location close to where the offender lives or is employed, or that the offender visits or is likely to visit on a regular basis, and contact with the offender is reasonably probable.

**III.** Access by The Public to Information on Serious and High **Risk** Offenders

**A. CD-ROM**

Agencies required or choosing to provide public access procedure:

1. The Department of Justice, the sheriffs departments, and the municipal police departments of cities with a population of more than 200,000 shall make, and the other law enforcement agencies may make the **CD-ROM** or other electronic medium available for viewing by the public.
2. The agency may require that a person applying to view the **CD-ROM** or other electronic medium express an articulable purpose in order to have access thereto.
3. The applicant shall provide identification in the form of a California driver's license or California identification card, showing the applicant to be at least 18 years of age. The applicant shall sign a register, which the law enforcement agency is required to maintain, of persons applying to view the CD-ROM or other electronic medium.

The applicant shall also sign a statement, on a form provided by the Department of justice, stating that the applicant is not a registered sex offender, that he or she understands the purpose of the release of information is to allow members of the public to protect themselves and their children from sex offenders, and he or she understands it is unlawful to use information obtained from the **CD-ROM** or other electronic medium to commit a crime against any registrant or to engage in illegal discrimination or harassment of any registrant.

5. The signed statement shall be maintained in a file in the law enforcement agency's office for five years. A copy of the signed statement may be provided to the applicant.
6. The records of persons requesting to view the CD-ROM or other electronic medium are confidential, and are not subject to disclosure pursuant to the Public Records Act. A copy of the applications requesting to view the CD-ROM or other electronic medium may be disclosed to law enforcement agencies for law enforcement purposes.
7. Agencies may not create a "subset" regarding offenders in their jurisdiction for public access.
8. Mechanical and/or photographic reproduction of information on the CD-ROM by the public is not permitted.

B. Policy Considerations

1. Each agency needs to determine the following:
  - a. Location of the computer and ADA considerations (the CD-ROM disks should not be in an area accessible to the public).
  - b. Hours of accessibility (e.g., Monday - Friday, 8 a.m. - 5 p.m. or 24 hours a day).
  - c. Availability of staff support (the statute does not require staff supervision).
  - d. Accessibility by multilingual populations.
  - e. Time limits on individual use (agency may want to limit each use, e. to 15 minutes)  
  
Contingency plan for equipment failure (e.g., a backup computer).
  - g. What, if any, information may be provided by staff to the public (e.g., how to use the computer program).

Telephone Inquiries

Since the applicant must fill out a form to view the CD-ROM, as a general rule, information may not be given over the telephone. The applicant can be referred to the

DOJ "900" number. Agencies which want to provide information over the telephone must follow the guidelines below under Proactive Notification to the Public.

IV. Access By Law Enforcement for Proactive Dissemination to The Public About Serious Sex Offenders

This information should be obtained by Law Enforcement, by utilizing CLETS (Violent Crime Information Network/Supervised Release File).

A. Field Officer

1. A peace officer must have a reasonable suspicion
2. Based on information which has come to his or her attention
3. That a person might become a victim of the serious sex offender, and the offender

Is likely to encounter that person.

When these conditions are met, the field officer (should/shall) obtain approval from a specified person at the local agency before disseminating information to the public. Under exigent circumstances, the field officer may disseminate the information without prior approval. (Agencies may want to include in its policy a requirement of documentation regarding exigent circumstances.)

When disseminating information, the officer must state the information is being provided to protect the public.

When an officer disseminates information, he or she (should/shall) note the disclosure by entering the notification into the comment field on the offender's Supervised Release File Record.

B. Departmental Notification

1. Agencies Or Entities Which Can Be Notified

Public and private educational institutions, day care establishments, and establishments and organizations that primarily serve individuals likely to be victimized by the offender may be notified by the department that a serious, sex offender lives, works, or otherwise frequents the area. (Each agency needs to define geographic boundaries of the area, e.g., one square block; one square mile.)

2. Uniform Implementation

There should be uniform implementation of the department's disclosure of information to these entities. For example, if the department chooses to notify one school of a serious sex offender in its area, it should notify all schools in the department's jurisdiction of serious sex offenders, posing a risk to children, in those areas.

3. Updating

The department should update its information on the addresses of serious sex offenders on a regular basis, and inform any entities to which it has disclosed information of new serious sex offenders in the defined area.

4. Other Community Members Who Can Be Notified

The department may notify other community members at risk. For example, a department may choose to notify women who reside in the same block as a rapist; or a department may decide to notify parents of children living near a park which a serious sex offender is known to frequent.

5. Records

If a department chooses to publicly disclose only as to certain serious sex offenders, the department should keep a record of the reasons why it chose to disclose as to each serious sex offender. The Supervised Release File can be utilized for this purpose.

6. What Information Can Be Disclosed

The department may, in its discretion, disclose any or all of the information permitted by Penal Code section 290, subdivision (m)(2). (Note: Information identifying the offender's victims may not be released.)

7. Serious Sex Offenders' Residence Or Business Addresses

Agencies are not required to disclose the address of a sex offender. Each department must determine whether to disseminate the residence and/or business address of a serious sex offender. Prior to disclosure, the department must send an officer to the offender's residence or business address to verify that the offender in fact lives or works there.

8. Intent Statement

Each public disclosure by a department of a serious sex offender must be accompanied by a statement that the purpose of the release of the information is to allow members of the public to protect themselves and their children from sex offenders.

9. Uniform Method of Disclosing Information

The method utilized to notify institutions, entities or community members at risk should be the same in all cases. For example, if a flyer with the photograph of a child molester is disseminated to one child care institution, such a flyer should be used in all similar situations. The information disclosed must be directed at and limited to the institutions, entities or community members at risk.

V. Proactive Dissemination to The Public on High-Risk Sex Offenders

A. Field Officers

1. Unlike dissemination in the field *as to* serious sex offenders, there is no need to have a peace officer with a reasonable suspicion that anyone would be a potential victim of a high-risk sex offender in order to disseminate information on the high-risk offender.
2. Since there are fewer restrictions on dissemination of information on high-risk offenders, each department should decide whether its field officers need prior department approval to disseminate information on the offender to the public in the field situation.
3. Residence or business addresses must be verified before disclosure, *as* discussed above on serious sex offenders.

B. Departmental Notification to The Public

1. As to high-risk offenders identified by DOJ, law enforcement can actively disseminate information through virtually any means in their own communities. Billboards, newspaper ads, flyers, radio announcements and TV spots could conceivably be utilized to publicize the presence of high-risk offenders in the community.
2. DOJ is charged with the responsibility of identifying those serious sex offenders who are also classified as high-risk, and that information exists on the CD-ROM and CLETS. If a department believes a serious sex offender who is not

designated *as* high-risk on the CD-ROM is in fact high-risk, the department must contact DOJ for verification of the high-risk determination.

3. If a department disseminates information on a high-risk offender, it must maintain a record of the means and dates of dissemination for a minimum of five years. The Supervised Release File may be utilized to maintain this record.

#### VI. Internet

Departments may not put any information about sex offenders on the Internet.

#### VII. Advice To Media/The Public

Each department should include in its policy a statement that its employees shall not give legal advice to the public or the media.