

San Diego County Child Protection Team

Child
Victim
Witness
Checklists

Developed 2012



Law Enforcement Agencies from
throughout San Diego County



San Diego County Child Protection Team

Child Victim Witness Checklists

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Document Color Coding Legend:

Yellow boxes contain very important items that should always be reviewed.

Green boxes contain important information to keep in mind.

Blue boxes contain definitions.

For over 30 years, San Diego County has sought to coordinate the investigative efforts of the various agencies and disciplines involved in responding to serious child abuse and neglect. In 1991, these efforts were documented in the first Child Victim-Witness Protocol signed by all agencies involved. Since that time, the protocol has been update three times. In 2012, the leaders of all the County agencies involved along with every chief of police in San Diego County and the primary medical centers serving abused and neglected children all recommitted to a new iteration of the Child Victim-Witness Protocol. Over the years, we have learned that the actual signed protocol, however, is not a good working resource for everyday use and the Child Protection Team has now developed the following set of Checklists designed to distill some key elements of the Protocol into short practical Checklists designed for first responders and front line investigators to better achieve goals of their departments or discipline while working more effectively as a team across discipline lines.

We believe we are never more effective in protecting our children and our community than when we work together as a Child Protection Team and we trust these Checklists will further that aspiration.

Child Protection Management Team

San Diego Child Protection Team Child Victim Witness Checklists

Convening the Team

Checklist

Child Welfare Services (CWS)

1. Emergency Response Protective Services Worker (PSW) or Protective Services Supervisor (PSS) who's been assigned the referral will contact appropriate Law Enforcement Agency to determine if an investigator has been assigned.
2. PSW will coordinate with Law Enforcement for a joint investigation.
3. If no Detective is going to be assigned, PSW will proceed with investigation.
4. If Child Abuse Unit states that no decision regarding assignment has been made yet, PSW will consult with Child Abuse Unit regarding timeframes of contact, and will proceed with investigation.
5. If a disclosure is made in the field, PSW will call PSS and Detective/Sergeant to notify of disclosure to determine if the disclosure would warrant an immediate Detective assigned.
6. Determine with Detective if a Forensic Interview or SART will be conducted (see Checklists # 8-11). If not and you still feel it is warranted, consult with your PSS.

Law Enforcement Checklist on next page

Checklist (cont.)

Law Enforcement

1. Law Enforcement Officer/Sheriff will cross-report to the Child Abuse Hotline at 800-344-6000.
2. Law Enforcement forwards information to appropriate Child Abuse Unit to determine if a Detective will be assigned.
3. Child Abuse Detective will contact CWS to see if referral was Evaluated Out or assigned.
4. If assigned, Child Abuse Detective will coordinate with assigned PSS/PSW for joint investigation.
5. If a disclosure is obtained either via Law Enforcement or PSW, determine whether a Forensic Interview or SART is warranted.
6. Once Forensic Interview is scheduled, Detective will contact District Attorney's (DA's) Office and share information.

CWS Checklist on previous page

Evidence Gathering & Photo Documentation of Injuries and/or Location Where Injury Occurred

Checklist

Evidence Gathering at the Scene

1. Law Enforcement should gather corroborating evidence from the scene.
 - a. Law Enforcement responsibilities – Obtain search warrant if necessary.
 - i. Photograph crime scene.
 - ii. Collect evidence/items used during abuse.
 - iii. Collect bedding, clothing.
 - iv. Seize computers, digital evidence, cell phones, photographs.
2. Emergency Response Protective Services Worker (PSWs) can photograph any physical evidence and call police to take possession of it, assuming it is being lawfully seized.

Photograph Documentation



Photographs are essential for any prosecution or protective action.

1. Include a photograph of the victim's face and entire body for reference.
 - a. Overall views to establish context
 - b. Close-ups of wounds and pertinent evidence
 - c. Take photos in a private area (bathroom/bedroom) with parent/caretaker present



Read next page before photographing victim

Checklist (cont.)



Do not re-traumatize the victim by having them strip down, photo in public, etc.

DO NOT PHOTOGRAPH NUDE OR EXPOSED "PRIVATE" BODY AREAS (i.e., no genitalia).

If such photographs are necessary, they will be taken by medical personnel during a Chadwick or Palomar examination

- d. Review photos (for focus, lighting, etc.) prior to releasing victim
2. Injuries/Wounds must be **photographed with a scale**.
 - a. 90-degree ruler preferred; straight ruler acceptable
 - b. Object of a standard size, **ONLY** if ruler is not available (coin, dollar bill)
 - c. Do not use random objects as reference (no pens, pencils, etc.)
3. Document photographer in report.
 - a. Who took the photos? Where? When - date/time?
 - b. What type of camera was used? (Make, model)
4. Evidence should be photographed in place prior to moving, if possible.
 - a. Instrument of abuse (i.e., belt, shoe, wooden spoon, etc.)
 - b. Photo in location where found
 - c. Location(s) of injury (including falls) **with a scale**
5. Scene photos should be taken.
 - a. Exterior photos to include address numbers, if possible
 - b. Start with overall view, progress to specific area/item

Medical Provider Interview: Implications of Medical Findings

Checklist

1. Comparison of child's injuries or condition with history given by caretakers
 - a. What injuries did the child suffer?
 - b. Who provided information to the nurse/doctor/hospital/social worker/EMT/911 operator about:
 - i. What the child's symptoms were
 - ii. When the child showed symptoms
 - iii. Who discovered the child's symptoms
 - iv. Who was with the child before and after the symptoms were noticed
 - v. Who was with the child during the time frame the injury could have been inflicted
 - vi. How and where the child was injured
2. Which medical personnel talked to the persons who provided a history?
3. Are the medical findings consistent with the history provided? Why or why not?
4. What are the likely causes of the injury?
 - a. Why?
 - b. What symptoms is the child displaying that account for other likely causes?

Checklist (cont.)

5. Time frame for infliction of injury
 - a. If non-accidental trauma, what time frame could injury have occurred in?
 - a. How would child have acted in the minutes, hours or days after the injury?
 - b. Discuss the history provided by the caretaker with the medical provider. Do the activities described fit within a range of those expected given the injury?
 - c. What was the child's condition when medical assistance was first provided?
 - d. What medical assistance had to be provided?

6. Alternative explanation of injury/condition
 - a. Is further medical assessment pending or will further testing/analysis be completed?
 - i. What additional information will this provide?
 - ii. Could the further assessment or testing change your opinion about whether Non Accidental Trauma (NAT) occurred?
 - iii. Is there any other medical explanation for the current findings?
 - iv. Could there be any other reasonable explanation for the injury or condition?
 - i. What other information does the medical provider need and where do they need it from?

Interviews with Multiple Caretakers and Unclear Perpetrator

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Checklist

1. Once you have identified the time frame within which the injury/condition occurred through your investigation, make attempts to secure the following information from any and all people that took care of and interacted with the child during the relevant time frame. It is important to remember that this is not a script, but rather a guide in obtaining essential information.

Obtain the following information from each potential caretaker.

2. Who had access to child?
3. Who took care of child?
4. Were there multiple caretakers at different times?
5. What were the responsibilities of each caretaker?
6. When did they perform their tasks?
7. Who lives in the home with the child?
8. Who comes in/out of home or stays at the home on a regular basis?
9. Did the child spend time in different homes? If yes, then ask all of the above with regard to each home.
10. Time frame injury occurred
 - a. Did they notice anything unusual about the child during the time they cared for child?
 - b. If so, what did they do when they made their observation?
 - c. How did the child act during the time they observed child?
 - d. What did the child do during the time they observed child?
 - e. Was there anything that occurred during the time frame injury was inflicted that was upsetting to the caretaker?

Checklist (cont.)

- f. What were your activities prior to and during the time frame injury was inflicted?
- g. What were the activities of the other caretaker, if you know, during [the time frame injury was inflicted]?
- h. Was there anything different or unusual about the behavior of the other caretakers?
- i. Did they hear or see anything different or unusual concerning the other caretakers?

11. Observations made by caretaker of child

- a. What is the child's regular routine?
- b. Was there any change in the usual schedule or routine concerning care of the child?
- c. Did caretaker notice any change in child's routine or other symptoms? If so, what, when?
- d. Did the caretaker see any bruises or other injuries?
- e. Ask the caretaker about all opportunities he or she would have had to make the observation that the child was ill or injured (i.e., "When did the caretaker "have eyes" on the child as opposed to being in the other room, doing the laundry, etc.?).
- f. If symptoms would have been obvious, ask why the caretaker did not notice?

12. Additional information

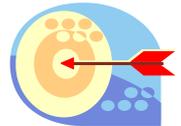
- a. Was there anyone else involved with the child during the pertinent time frame?
- b. Was anyone else present with the caretaker who would have had the opportunity to see or hear child?
- c. Can caretaker provide any evidence to prove they were elsewhere during a time another caretaker would have cared for child? (e.g., work, shopping receipts, seen by others)

Minimal Facts Field Interview

Minimal Facts Field Interview: An interview conducted in homes, schools or other locations other than a Child Advocacy Center (Chadwick Center at Rady Children’s Hospital or Palomar). This should be a “minimal facts” interview designed to establish enough information to determine immediate protective actions, if a crime may have occurred and if a forensic interview is in order. Proper interview guidelines should be followed.

If it is necessary for public safety, or the safety of the child, or other children, proceed with a minimal facts interview, attempt to obtain information that may help establish peripheral details that may lead to corroborating evidence which you can seize or preserve at the scene.

Goal is to establish whether abuse of a child may have occurred without conducting a full interview of the victim or tainting future interviews. A more extensive interview should take place at Chadwick or Palomar.



Avoid extensively interviewing the child victim. If you can get a disclosure from another witness, such as a parent, teacher, or relative, that will help you establish probable cause that a crime was committed and make immediate protective decisions, **that is sufficient** until the forensic interview is scheduled.



Do not *provide* the child with any cues, language (e.g., words like “penis,” “ejaculation,” “erection”), or *demonstrate* for the child any movement, actions, or positioning. Allow the child to explain in his/her own words what happened. Patrol officers should then notify the department’s Child Abuse Unit.

Checklist

1. Location of the Interview

- a. Interview child separately from other witnesses or parents.
- b. At school you have to ask if the child wants someone there.
 - i. Note if suspect/parent trying to interfere/intimidate child (pc 136.1, pc 273a potential)
 - ii. Note child's demeanor and emotions
 - iii. Photograph any injuries on child



Pace of Interview: SLOW DOWN and take time to build rapport with the child.

2. Questions

Keep in mind that you should keep all questions open ended (i.e., "What happened?" "Tell me about that." "Help me understand"). Do not ask questions that suggest the answers – leading questions. Attempt to obtain the following information. This is not a script to be used with every child. Keep in mind the child's age, demeanor, and ability to communicate.

- a. What happened? – let the child describe and do not insert any of your own vocabulary for the child.
- b. Where? – generally speaking. For example, don't expect every 5-year old to be able to give you an address, but they can tell you "grandma's house." i.e., "Where were you when this happened?"
- c. When? – broad question. Do not ask the child how many times. Younger children especially do not have a concept of time. Once or more than once is about as specific as you need to get at this stage of the investigation.

Checklist continues on next page

Checklist (cont.)

- d. Who?
 - i. Relationship to child? i.e., “How do you know this person?”
 - ii. Did anyone see it?
 - iii. Are there other victims?
 - iv. Did you tell anyone about it?
 - 1) Who?
 - 2) When?
- e. How?
 - i. Did the abuser take photos or show you photos/videos?
 - ii. Did the abuser use anything (object) to commit the abuse?
- f. Is immediate medical attention necessary for child’s health or to gather physical evidence?

Safety of the child?

- Is child physically and emotionally safe?
- Are other steps necessary to assure child’s safety or other potential victims?
- How can you help the child feel safe?

“Trauma-Informed” Removal

Checklist

Following usual protocol, make determination if the child must be removed from the home to a physically safe location.

Definition of Trauma-Informed: The term “trauma-informed” refers to the actions that recognize we are interacting with victims of traumatic stress, which may be affecting the child’s and family’s behaviors and actions. Trauma-informed systems take steps to minimize the secondary emotional damage of our protective actions (such as removal from the home) or adding new traumatic experiences.

Making the Removal Trauma-Informed

Child:

1. Shield the child as much as possible from the extreme emotion caregivers sometimes display when informed of the need to place the child in care.
2. If the child is cognitively able to understand, separate them from angry and highly emotional parties and explain, in developmentally appropriate terms, what is going on and where the child is going. Give the child as much information about where they are going as possible to reduce the uncertainty.

Remember the process of removal, even from an abusive home, is frightening and traumatic for most children. Fear of the unknown and unfamiliar may be very distressing and you can help manage that fear and sense of being out of control.

Checklist continues on next page

Checklist (cont.)

3. Ask the child what they want to take with them that will help them feel safe. Bring these familiar “transitional objects” with the child, if feasible. For young children, ask them what they want to take to sleep in and what clothes they want for tomorrow. Be sure you take the child’s favorite clothing.



Giving trauma-exposed children, even very young children, choices and some degree of control helps stabilize them and adds a measure of psychological safety.

Parent/Caregiver:

While the parent may not be able to safely care for the child in the short run and may even be responsible for the maltreatment, they still possess information that will help ease the child’s transition into placement, even when going to stay with a relative.

Ask the parent/caregiver to tell you everything they can about the child’s routines, likes and dislikes and anything that can be used to help the child feel safe in the placement. Some regions use the “All About Me” form for this purpose. Convey this information to the placement resources. Some regions arrange a contact between the placement provider and the birth parents within the first few days of placement.

Many caregivers in these cases will be trauma survivors themselves, whether that be childhood abuse years ago or violence last week. Asking them to focus on the child’s needs in the midst of the removal helps steer them away from reacting purely on a negative emotional level. This conversation also treats them with respect and acknowledges their expertise in their child/children. This step may increase their willingness to later engage with CWS.

Getting an Assessment for Physical Abuse: Rady Children's Hospital

Checklist

Assess need for immediate medical attention. If emergency treatment needed or after hours, go to Rady Children's Hospital Emergency Room.

1. If not an emergency, arrange for the child to be seen by a Physical Abuse Medical Expert by contacting the Chadwick Center.

<p>Monday - Friday Daytime Hours (8:00am to 5:00pm)</p> <p>Chadwick Center</p> <p>Call 858-966-8951</p>	<p>Monday- Friday Evening Hours (5:00pm - 12:00am)</p> <p>Saturday, Sunday, and Holidays Day/ Evening Hours (8:00am - 12:00am)</p> <p>Emergency Dept.</p> <p>Call 858-966-8800</p>	<p>All nights (12:00am - 8:00am)</p> <p>Emergency Dept.</p> <p>Call 858-966-8800</p>
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2. Arrange for payment. CWS Social Worker refer to Program Guide.
3. Check in at the Chadwick Center or Emergency Department.
4. Have caregiver of child attend appointment in order to provide history of injury as well as medical history.
5. Once exam completed, ask the medical expert the following questions and arrange to obtain written report addressing these questions:
 - a. Are the medical findings consistent with the history? If not how?
 - b. What are other likely causes of the injuries noted?
 - c. Can you state if this injury is non-accidental inflicted trauma?
 - d. What further treatment/attention does this injury need?

 **See Checklist #3 for more complete guide.**

Arranging a Sexual Abuse Exam at Rady Children's Hospital-Chadwick Center

Checklist



SART cases are seen at Rady Children's Hospital in either the Chadwick Center or the Emergency Department depending on time of arrival.

Whenever possible, **Law Enforcement (LE) is requested to call ahead** to notify that they are en route with a patient for a SART exam. **This will expedite the process and reduce the waiting time for LE.**

Monday—Friday Daytime Hours (8:00am - 5:00pm)	M—F Evenings (5:00pm - 12:00am) Sat., Sun., and Holidays Days/Eves (8:00am - 12:00am)	All nights (12:00am - 6:00am)
Registration and Exam at Chadwick Center	Registration in ED and Exam at Chadwick Center	Both Registration and Exam in ED
Call ahead - 858-966-8951	Call ahead - 858-966-8800	Call ahead - 858-966-8800

Note: Calling ahead allows the ED or Chadwick Center to identify and notify the medical staff who will be involved with the SART exam. **This is especially important at night.** It should facilitate the exam starting more quickly when LE actually arrives on site with the patient.

Checklist (cont.)

Action: When LE arrives in the ED for evening or night cases, they are requested to identify themselves immediately to the Triage Nurse at Registration in the ED lobby who will initiate patient registration as soon as possible. Registration is committed to accommodate LE as quickly as possible, while still meeting the needs of acute patients who may need urgent medical care first.

The ED requests that LE not directly walk into the ED Patient Care area without completing registration first. This only delays the process and diverts attention from the work of the ED staff.

In either location, the physicians who perform the SART exam are those from the Chadwick Center Child Protection Team.



Action: **If in doubt of** the need for an acute exam after hours **please call and request to consult with the on-call child abuse physician** to discuss the need and evidentiary value of the child to be seen right away vs. a scheduled appointment during regular clinic hours.

Call 858-966-1700, ext. 0

Arranging Forensic Interview at Rady Children's Hospital- Chadwick Center

Child Victim Witness protocol requires that children who are 13 and younger receive a forensic interview. Forensic Interviews with the Chadwick Center are scheduled during normal business hours, Monday to Friday 8:00 am - 5:00 pm, at the Chadwick Center's offices in Building 24 on the campus of Rady Children's Hospital. (If in North County, see Checklist #11.)

The purpose of a Forensic Interview: To obtain as complete and accurate a report as possible from the alleged victim/witness that will support accurate and fair decision making in the criminal justice and child welfare settings. The interview is to be conducted in a developmentally and culturally sensitive manner, utilizing objective, neutral, and legally defensible interviewing strategies. Interview is recorded.

Checklist



Arranging an Interview at the Chadwick Center –
To schedule an appointment, **call 858-966-5980.**

1. LE or PSW notifies nonoffending caregiver of scheduled appointment, provides directions to facility.
2. LE or PSW will sign authorization forms.
3. LE and/or PSW will meet briefly with Forensic Interviewer and other Multi-Disciplinary Investigative Team (MDIT) members to discuss history.

Checklist (cont.)

4. Interviewer will conduct Forensic Interview using Child Forensic Interview Training (CFIT) protocol guidelines.
5. LE and/or PSW will observe the interview from observation room along with other MDIT members.
6. After the interview, MDIT members will meet with the caregiver to discuss plan/next steps of the case.
7. LE may obtain a DVD copy of the recorded interview. LE and/or PSW may obtain a copy of the written forensic report.
8. No parental consent or court order is necessary for a Forensic Interview.

Arranging a Forensic Exam at Palomar

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Palomar refers to exams for children who are 13 and younger as “CAP Exams,” which are performed by a CAP program pediatrician/nurse practitioner. Exams that are done on children 14 and older are referred to as “SART Exams,” are usually performed by a SART Program Forensic Nurse. The CAP and SART Programs are under the PPH Forensic Health Department, and operate in a shared building, located at 121 N. Fig Street, Escondido, CA 92025. 760-739-2150 office, 760-739-2153 fax.

Checklist

To schedule an exam during normal business hours (Monday to Friday 8:30am - 5:00pm) with Palomar:

1. Law Enforcement (LE) or PSW is to call **760-739-2150**. The Forensic Health Secretary will assist with scheduling an appointment.
2. Proceed to 121 N Fig Street. Parking available in the back of building.
3. LE or PSW will sign necessary authorization forms.
4. LE and/or PSW and caregiver will provide examiner with pertinent case history.
5. Examination is conducted.
6. LE may request exam report/evidence from Forensic Health Secretary.



**See next page for after hours, weekends,
or holidays instructions**

Checklist (cont.)

To schedule an emergency/acute exam *after hours, weekends or holidays* with Palomar:

1. LE is to call Palomar PBX Line: 1-888-211-6347, who will then alert the on-call examiner, who is available 24/7.
2. LE notifies the caregiver of scheduled appointment, provides directions to facility.
3. Proceed to 121 N Fig Street. Parking available in the back of building.
4. LE will sign necessary authorization forms.
5. LE will provide examiner with pertinent history.
6. Examination is conducted.
7. LE may request exam report/evidence from Forensic Health Secretary.

Arranging a Forensic Interview at Palomar

Child Victim Witness protocol requires that children who are 13 and younger receive a Forensic Interview. Forensic Interviews with Palomar are scheduled during normal business hours, Monday to Friday 8:30 am - 5:00 pm, at CAP Program/SART Program, located at Forensic Health Services Department at 121 N Fig Street, Escondido CA 92025.

Please note that if PSW is requesting an interview for a child at our Center, we would first need to get clearance from Law Enforcement (LE) to do so.

The purpose of a Forensic Interview: To obtain as complete and accurate a report as possible from the alleged victim/witness that will support accurate and fair decision making in the criminal justice and child welfare settings. The interview is to be conducted in a developmentally and culturally sensitive manner, utilizing objective, neutral, and legally defensible interviewing strategies. Interview is recorded.

Checklist



Arranging an Interview at Palomar – To schedule an appointment, **call 760-739-2150**. The Forensic Health Secretary will assist with scheduling an appointment.

1. LE or PSW notifies the nonoffending caregiver of scheduled appointment, provides directions to facility.
2. LE will sign authorization forms.

Checklist (cont.)

3. LE and/or PSW will meet briefly with forensic interviewer and other Multi-Disciplinary Investigative Team (MDIT) members to discuss history.
4. Interviewer will conduct forensic interview, using Child Forensic Interview Training (CFIT) protocol guidelines.
5. LE and/or PSW will observe the interview from observation room along with other MDIT members.
6. After the interview, MDIT members will meet with the caregiver to discuss plan/next steps of the case.
7. LE may obtain a DVD copy of the recorded interview. LE and/or PSW may obtain a written forensic report.
8. No parental consent or court order is necessary for a forensic interview.

Arranging Assessment for Physical Abuse at Naval Medical Center San Diego

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Assess need for immediate medical attention for dependents of active duty military personnel. If emergency treatment needed, call 911, or after hours go to Naval Medical Center Emergency Room at 619-532-8274 or directly to Rady Children's Hospital, if life threatening condition.

Checklist

1. If not an emergency arrange for the child to be seen by the Physical Abuse Medical Expert by contacting the Child Advocacy Clinic.

Monday—Friday Daytime
7:30am - 4:00pm

Child Advocacy Clinic

Call 619-532-5953

After Hours and
On Weekends

Emergency Department

Call 619-532-8274

2. Check in at the Child Advocacy Clinic or Emergency Department.
3. If in the Emergency Room, determine if child will be admitted to the hospital for further work-up and evaluation. The Physical Abuse Medical Expert will then see the patient while he/she is in the hospital. If patient will not be admitted, determine appointment time for patient to be evaluated by the Physical Abuse Medical Expert.

Checklist (cont.)

4. Have caregiver of child attend appointment in order to provide history of injury as well as medical history.
5. Once exam completed, ask the medical expert the following questions and arrange to obtain written report addressing these questions:
 - a. Are the medical findings consistent with the history?
If not, how?
 - b. What are other likely causes of the injuries noted?
 - c. Can you state if this injury is non-accidental inflicted trauma?
 - d. What further treatment/attention does this injury need?

