

Child Victim-Witness Protocol

Developed and Updated
by the
San Diego County
Child Victim-Witness
Protocol Committee

Originally developed June 1991

Updated March 2000, June 2006, and October 2012

Current Update December 2017

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Appendix 1: San Diego Countywide Child Victim-Witness Protocol Signature Page

1. Policy Statement

1.1 Our Vision

No single agency or entity can protect children alone. The agencies and organizations responsible for the protection of children in our community will work collaboratively so that all children receive the most effective and appropriate protection possible.

1.2 Our Mission

The County of San Diego and all of its incorporated cities will assist and protect all children, both victims and witnesses, who are exposed to any kind of abuse through a multi-disciplinary collaborative effort by those in law enforcement, child protection, mental and medical health, and the justice system.

1.3 Goals of the Multi-Disciplinary Team (MDT) Process and This Protocol

- Minimize further trauma to child victims/witnesses through a cooperative multi-disciplinary effort which will limit the number of times children are interviewed and treat children with dignity and respect.
- Increase the effectiveness of the investigative and protective process.
- Prevent abuse to other children.
- Facilitate the child's access to needed services such as medical treatment and trauma counseling.

2. Community Partners

The Core Multi-disciplinary Team (MDT) is composed of Law Enforcement Investigators, the Health and Human Services agency, Child Welfare Services – Social Workers (CWS SW), County Counsel, City Attorney, District Attorney, Rady Children's Hospital and Palomar Health medical providers (physicians, nurse practitioners, nurses, physician assistants), interviewers, trauma therapists, medical social workers and nurses.

The following community partners must work together to fulfill the goals of this protocol: Health and Human Services Agency, Child Welfare Services (CWS), law enforcement, City Attorney prosecutors and victim advocates, District Attorney prosecutors and victim advocates, County Counsel, medical, hospital based Children's Advocacy Centers, Kids and Teens in Court, representatives of United States armed forces, tribal service providers and the trauma mental health treatment community.

3. Investigative Roles

Both Child Welfare and Law Enforcement share statutorily mandated roles in the investigation of allegations of child abuse and serious child neglect and exposure to serious domestic violence as addressed in this protocol. These disciplines serve as the core of the San Diego Child Protection Team efforts to gather facts needed to make protective decisions for the children, families and communities and to hold those who abuse and neglect children accountable in the courts. If these two disciplines operate in isolation they can work at cross purposes and reach conflicting conclusions or inadvertently add to the child's trauma. If CWS and Law Enforcement work cooperatively they are more likely to gain full and accurate information, reach better decisions, and do so with greater efficiency.

Good investigation includes a joint response and a coordinated interview of children and adult witnesses conducted by Law Enforcement and CWS whenever practical. Together they determine an interview strategy and direction. While both parties need to know the circumstances of the abuse and domestic violence, the CWS SW needs additional information to determine the proper placement for the child's safety. Due to evolving case law, CWS SW's and Law Enforcement must be cautious when seeking to interview a child at school together. Check with your agency's protocols before proceeding with such interviews.

NOTE: If the allegation is for sexual abuse of a child under 14 years old or any age child with developmental delays, then CWS SW and Law Enforcement should not interview the child in the field unless absolutely necessary for protective or investigative reasons (see Minimal Facts Interview). They should refer the child(ren) for a Forensic Interview (according to criteria see Section 7). This protocol seeks to facilitate the coordination of these key roles and ensure each discipline understands the other's roles and responsibilities and facilitates team cooperation. Both disciplines do have some overlapping roles and the investigators must try to work together to divide tasks, share tasks, and share information gained with their counterpart for the benefit of both agencies as well as the protection of the child and community. **The areas of greatest overlap where coordination is most needed are marked in BOLD.**

Law Enforcement	Child Welfare Services (CWS)
<ul style="list-style-type: none"> • Accept Reports - Cross Report 	<ul style="list-style-type: none"> • Accept Reports - Cross Report
	<p>Initial face-to-face contact with child based on assigned response priority designated by the Hotline:</p> <p>Within 24 hours</p> <p>Within 5 days</p> <p>Within 10 days</p>
<ul style="list-style-type: none"> • Stabilize the scene of any crime 	<ul style="list-style-type: none"> • Make initial Safety Assessment (children in the home)
<ul style="list-style-type: none"> • Interview witnesses 	<ul style="list-style-type: none"> • Interview witnesses
<ul style="list-style-type: none"> • Conduct Minimal Facts Interview only if necessary (see Section 3.1) 	<ul style="list-style-type: none"> • Conduct Minimal Facts Interview only if necessary (see Section 3.1)
<ul style="list-style-type: none"> • Gather initial information – forward information to Investigator 	
<ul style="list-style-type: none"> • Assigned Investigator contact CWS SW and exchange contact information 	<ul style="list-style-type: none"> • Contact assigned Investigator and exchange contact information
<ul style="list-style-type: none"> • Arrange for crime scene search and collect evidence 	<ul style="list-style-type: none"> • Photo document any relevant objects or environment and any visible injuries
<ul style="list-style-type: none"> • Share information relevant to the investigation with CWS about past Law Enforcement involvement with family and/or suspect or other adults living in the home 	<ul style="list-style-type: none"> • Share information relevant to the investigation with Law Enforcement about past CWS involvement with family and/or suspect or other adults living in the home
<ul style="list-style-type: none"> • Arrange forensic interview and/or medical exam (see Sections 7 and 8) 	<ul style="list-style-type: none"> • Arrange forensic interview and/or medical exam (see Sections 7 and 8)
<ul style="list-style-type: none"> • Interview additional witnesses 	<ul style="list-style-type: none"> • Interview additional collaterals and/or witnesses
<ul style="list-style-type: none"> • Gather medical information relevant to the investigation 	<ul style="list-style-type: none"> • Gather medical information relevant to the investigation
<ul style="list-style-type: none"> • Take custody of a child if an immediate threat to their safety is present 	<ul style="list-style-type: none"> • Within 48 hours of a hospital hold, a petition must be filed with Juvenile Court or the child must be released to go home • Take custody of a child if an immediate threat to their safety is present
<ul style="list-style-type: none"> • Share case information relevant to the investigation 	<ul style="list-style-type: none"> • Share case information relevant to the investigation
	<p>Make determination within 30 days of first face-to-face contact to do one of the following:</p> <ul style="list-style-type: none"> • Close without referrals to services • Close with referrals for services to

	<p>community providers</p> <ul style="list-style-type: none"> • Open Voluntary Services Case • File a petition with Juvenile Court to seek protection of the child with or without removal from the home • Remove children due to risk, following CWS policies and procedures
<ul style="list-style-type: none"> • Arrest suspect or submit case to CA/DA for review 	
<ul style="list-style-type: none"> • Submit evidence to laboratory for testing 	<p>Perform:</p> <ul style="list-style-type: none"> • Long Term Safety and Risk Assessment • Case Planning • Case Management
<ul style="list-style-type: none"> • Interview suspects 	<ul style="list-style-type: none"> • Interview caregivers/persons who may be responsible for maltreatment

3.1 Minimal Facts Interview

If one or more witnesses provide information necessary to make immediate safety and investigative decisions regarding a child who is under 14 or any age child who has developmental delays, it is highly recommended no attempt should be made to interview the child in the field. The child should instead be referred for a Forensic Interview (Section 7). Sometimes, however, it is necessary for Law Enforcement or the CWS SW to gather information about the possible abuse directly from the child in the community before a Forensic Interview is scheduled. This is known as a “Minimal Facts Interview.” This interview should seek only enough information to make immediate protective and investigative decisions. The interviewer should use open-ended questions and not press the child for details. The interviewer conducting a minimal facts interview should follow the Minimal Facts Interview Checklist.

3.2 Sharing Information between Law Enforcement and Child Welfare Services

CWS and Law Enforcement should share notes and reports relevant to the investigation. California Penal Code section 11167 addresses reports of suspected child abuse or neglect and the sharing of such reports and related information. Per section 11167(b), “Information relevant to the incident of child abuse...may be given to an investigator from an agency [CWS or LE] that is investigating the...case of child abuse.” Additionally, subsection (c) states that such relevant information that may be given to a licensing agency when its investigating a case of child abuse includes the investigation report and other pertinent materials. Such information sharing is crucial to all investigating agencies to ensure cooperation and make the best decisions with greatest efficiency.

3.3 HIPAA – Sharing Medical Information with Investigators

HIPAA (Health Insurance Portability and Accountability Act) and California law allow medical professionals and health care institutions to share otherwise protected health information with Law Enforcement and CWS agencies engaged in the active investigation of child abuse when the child whose medical records are requested is the subject of the investigation. (45 CFR 164.512 and PC 11166.) Once the investigation is concluded or when the information sought involves other children not the subject of the investigation, the health care institution is prohibited from release without proper consent or a court order.

3.4 Removals

The decision to remove a child from his/her own home should be based on the current safety and future risk to the child. This decision should not be influenced by the temporary incarceration of the offender. Incarceration or the existence of a restraining order, in and of itself, does not guarantee child protection.

If it is determined that a child must be removed from his/her home due to danger, the CWS SW will take the child into protective custody. Often the CWS SW will request the assistance of Law Enforcement to preserve the peace and assure children are safely removed. The CWS SW will consider all available detention options including non-custodial parents, relatives, non-related extended family member homes, licensed resource family homes, licensed group homes, Polinsky Children’s Center or other County shelter care facilities.

3.5 Procedural Conflicts

The chief concern of both the Law Enforcement Investigator and CWS SW should be the welfare of the child(ren). However, each discipline’s investigative focus has its own set of time constraints and legal requirements. Procedural conflicts can result, impacting not only the investigation, but also the emotional well-being of the child(ren). Upon receiving a case for investigation, both the CWS SW and the Law Enforcement Investigator share the responsibility to contact each other to determine their involvement. Timely communication will generally resolve most conflicts.

If a protective issue exists, the involvement of CWS should be confirmed and the extent of its involvement determined. The Law Enforcement Investigator and the CWS SW should discuss the case, particularly areas where their respective investigations are likely to overlap. If the CWS SW must contact the suspect before the Law Enforcement Investigator does, the CWS SW should not disclose any information regarding physical evidence (e.g., videos, magazines, photographs, weapons or other instrumentalities of the crime).

If the CWS SW and Law Enforcement Investigator differ about the investigative plan, the agencies should consult their respective chains of command for efficient conflict resolution.

4. Law Enforcement – Initial Response

Patrol officers comprise the majority of initial Law Enforcement contacts with possible victims and witnesses of child abuse and domestic violence. Agency-specific departmental policies and procedures dictate how different types of investigations are conducted. The execution of this protocol is not intended to supersede these policies; however, each law enforcement agency shall make every effort to follow this protocol.

4.1 Cross Reporting Requirements

The State of California has mandated reporting requirements for child abuse cases in California Penal Code sections 11164 through 11174.3. If Law Enforcement receives the child abuse report first, they **MUST** cross-report to the Child Abuse Hotline (858-560-2191) immediately or as soon as practically possible, by telephone, fax or electronic transmission. (P.C. 11166(k).) When a telephone report is made, a written follow-up report must be made within 36 hours using Form BCIA SS-8572 or a department's equivalent.

If the Law Enforcement agency received the report of child abuse from CWS, then the Investigator does not need to fill out Form BCIA SS-8572, nor cross-report the allegation to CWS.

4.2 Obtaining Information

A credible party may have already obtained some of the required information from the child. If the first responder can determine that a crime has occurred by speaking to others, then he or she should document that information and avoid a field interview of the child.

5. Evaluating Protective Issues

Law Enforcement, and/or a CWS SW, must determine whether or not there is a protective issue for the victim and any other children in the home. If leaving the children in their current situation would put them at immediate risk of serious harm, Law Enforcement and CWS are authorized to take children into protective custody per the Welfare and Institutions Code. (Welfare and Institutions Code sections 305, 306.)

6. Evidence, Documentation, Instrumentalities of the Abuse

It is important for the law enforcement investigator to be aware that evidence of the abuse may exist. In physical abuse or neglect cases and cases of domestic violence handled by

the patrol officer, immediate documentation of visible injuries or conditions including crime scenes (e.g., photographs, detailed descriptions) and collection of instrumentalities of the crime (e.g., belts, spoons, lubricants, etc.) are necessary. Physical evidence from a sexual abuse victim's body will be collected only by medical personnel during a medical examination. See Sections 8.1 and 8.2 for guidelines regarding medical evaluations for physical and sexual abuse. Lawfully-seized evidence is extremely important and can be used to corroborate the victim/witness statements.

CWS SWs may observe physical evidence related to a crime during the course of their work. They should note it, photograph the item(s), document their observation in their record, and immediately alert law enforcement to what they perceive to be physical evidence. CWS workers will not take possession of physical evidence.

7. Forensic Interview Process

Law Enforcement and CWS should make all attempts to coordinate the Minimal Facts Interview (see Section 3.1) in cases of physical abuse, sexual abuse and severe medical neglect.

7.1 Purpose

A forensic interview is a component of either an initial response or a follow-up investigation by Law Enforcement and/or CWS. The purpose of a forensic interview is 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.

7.2 Interviews

Forensic interviewers are professionals specifically trained in the 10-step Interview Model and in the areas of child development, abuse dynamics, memory and suggestibility and best practice interview techniques.

- Interviews take place at one of the County's accredited Child Advocacy Centers (CAC): Rady Children's Hospital's Chadwick Center for Children and Families or Palomar Health Child Abuse Program. Interviews should be scheduled in coordination with all investigators assigned to the case when possible, to reduce the number of interviews and interviewers that the child must endure. CAVEAT: The child cannot be taken from the parent by Investigators and brought to Chadwick/Palomar Health for the forensic interview without exigency, parental consent, or a court order.

- The CAC provides a neutral, child-friendly environment, in order to reduce the stress on the child.
- The number of interviews will be determined by the multi-disciplinary team. One comprehensive interview may be sufficient to elicit complete information from a child. Other children, due to developmental or emotional concerns, abuse dynamics, or case complexity, may need multiple interview sessions that are intentionally non-duplicative.
- Interviewers follow an evidence-based interviewing protocol that involves four phases: rapport building, transition, information gathering, and closure.
- All interviews are digitally recorded. A copy of the recording and summary report will be provided to authorized agencies.
- The interview is to be conducted in a developmentally and culturally-sensitive manner, utilizing objective, neutral and legally-sound interviewing strategies.
- The interview at each CAC is digitally recorded and may be observed by members of the investigative team through closed circuit TV.
- Prior to the interview, the investigator(s) will brief the interviewer as to the nature of the allegations and investigation to date.
- The interviewer may utilize communication aids and facilitators, (e.g., drawing paper, markers, anatomically detailed drawings, anatomic dolls) and/or introduce evidence in the interview when indicated and appropriate.
- Every effort will be made to avoid the use of interpreters but, if needed, they will be provided by the referring agency. The interpreter will be prepared for what they may hear prior to the interview and instructed to translate word for word without censoring difficult content or profanity.

7.3 Participants

- It is recommended all children under the age of 14, as well as developmentally delayed children and adults who are alleged to have been a victim or witness of abuse or serious violence, should be interviewed at a CAC, especially those who may have witnessed homicides and Commercially Sexually Exploited Children (CSEC – children who have experienced human trafficking). Adolescents often

benefit from a comprehensive interview by a trained professional. **This protocol sets out a clear expectation that some cases, specifically children 5 to 10 years of age with an allegation of serious physical abuse or any sexual abuse shall be interviewed at a CAC.** The chart below also makes interviews for other groups discretionary on the part of law enforcement and child protection but, as noted above, it is highly recommended on all cases of verbal children under age 14.

CONDUCT FACTORS	VICTIM AGE CRITERIA FOR INTERVIEWS			
	0-4 Years	5-10 Years	11-17 Years	Developmental Delay
Neglect	Discretionary	Discretionary	Discretionary	Discretionary
Physical Abuse (minor/moderate)	Discretionary	Discretionary	Discretionary	Discretionary
Physical Abuse (serious)	Discretionary	Required	Discretionary	Discretionary
Sexual Abuse	Discretionary	Required	Discretionary	Discretionary
Witness to homicides and other violent crime	Discretionary	Discretionary	Discretionary	Discretionary
CSEC	Discretionary	Discretionary	Discretionary	Discretionary

- The interview is conducted with a single child and interviewer
- Observers may include some or all of the following:
 - Law Enforcement
 - CWS
 - Prosecutor
 - Other investigative agency representative as dictated by the case and agreed upon by the MDT members.
 - Trainees approved by MDT members in observation role only

- Parent(s) and/or caregivers are not allowed to remain in the interview room or observe the interview, unless clinically indicated and agreed upon by present MDT members
- The CAC and MDT must ensure there is separation of victims and their alleged perpetrator while at the CAC. By hospital policy, a known alleged perpetrator of sexual abuse, for example, should not be present at the CAC while the child is there for an interview.

7.4 Extended Forensic Interview

An Extended Forensic Interview (EFI) is a “slowed down” forensic interview. Instead of meeting with the child for a one-time interview, the interviewer meets with the parent(s)/caretaker(s) for one session and with the child up to five times. The target population for EFIs is reluctant, young or traumatized children who appear hesitant to disclose fully in a single encounter or older children who initially deny abuse in the face of other compelling evidence (i.e., pornography).

8. Medical Intervention

Forensic medical examination/evaluation by child abuse medical providers is available in San Diego County for children who are suspected of having been sexually or physically abused or who may be victims of child neglect. They can be accessed by Law Enforcement and CWS. The location and timing of a medical examination/evaluation depends on case characteristics: type of abuse, timing of abuse, condition of the patient/victim. The State of California, through the California Emergency Management Agency, has developed protocols for the medical forensic examination for sexual assault, child sexual abuse and child physical abuse. Victims of abuse or neglect who are brought for a forensic medical examination may also need medical care.

The purposes of the medical examination in suspected child abuse include the following:

- To ensure the health, safety, and well-being of the child
- Evaluate, document, diagnose, and address medical conditions resulting from abuse
- Differentiate medical findings that are indicative of abuse from those which may be explained by other medical conditions
- Diagnose, document, and address medical conditions unrelated to abuse
- Assess the child for any developmental, emotional, or behavioral problems needing further evaluation and treatment and make referrals as necessary
- Reassure and educate the child and family
- Refer for therapy to address trauma related to the abuse/assault, if not provided by another member of the MDT/CAC

The medical provider doing the child abuse examination/evaluation will provide a written report to Law Enforcement and CWS.

8.1 Sexual Abuse

Pursuant to Penal Code 13823.95, Law Enforcement will pay for the examination when it is performed for the purposes of gathering evidence for possible prosecution. Evidence may consist of:

- Body fluids or trace evidence that has been transferred to the victim during a recent sexual abuse/assault
- Injuries
- Medical history that corroborates the abuse history
- Medical test results (e.g., positive test result for STD in a young child)

8.1.1 An acute sexual assault examination should be requested if the sexual abuse/assault is very recent. A timely exam may recover body fluid and/or trace materials that will link the victim to the suspect. Law Enforcement has the responsibility to authorize the examinations as there is usually an evidence packet collected that will need to be transferred to Law Enforcement and taken to the crime lab.

Consent for Acute Sexual Assault Examinations: Pursuant to California Family Code Sections 6921, 6927 and 6928, victims 12 years old and older may consent for their own sexual abuse exam. For victims under 12, parental consent or a court order is required except for medical emergencies or if the evidence may dissipate. (*Wallis v. Spencer* (2000) 202 F. 3d 1126.)

Timing: The California Protocol recommends a timely exam for any sexual abuse or assault victim within 72 hours of the event. However, not all victims need to be seen immediately, especially if the victim presents at night. It is reasonable in some instances to defer the exam until first thing the following morning to avoid unnecessary stress on the child and family.

It is preferred that Law Enforcement call the medical provider to discuss the case because the age of the victim and post-assault hygiene may be factors in determining timing of the exam.

- i. A child or teen victim who presents within a few hours of abuse/assault should be told not to bathe, brush teeth, eat, drink, urinate/defecate (if possible), or wash clothes, as these activities will destroy evidence. These children/teens should ideally be seen as soon as possible.

- ii. Children or teens who report bleeding and/or pain should be seen acutely, meaning as quickly as possible.
- iii. Young children who have bathed since the abuse may have already washed evidence away, so if they disclose after hours, they could wait until the following day to be examined unless there are injuries.
- iv. Young children who present with very vague histories and have no injuries or bleeding may be deferred until the following day as determined by the physician.
- v. Teens that have already showered or bathed before they disclose the assault and do not have any painful injuries or current bleeding could wait until the following day to be examined without risking loss of evidence. Minor injuries can still be documented the following day. Teen/adult female victims, even after bathing/showering, may still have sperm/semens present in the vagina/cervix for several days. These victims should be scheduled for a daytime forensic exam as soon as possible.

8.1.2 Non-Acute (Late Disclosure) Examination:

A non-acute (late disclosure) examination may be requested by Law Enforcement or Child Welfare Services. There is likely no body fluid or trace material evidence to collect due to the passage of time. Indication for a non-acute exam consists of disclosure of sexual acts that may have caused injury, history of pain or bleeding, history of concerning medical or behavioral symptoms, or the possibility of a sexually transmitted disease. The exam may detect old injuries, if present. Medical history and medical test results may be relevant to the assessment.

Consent for a Non-Acute Examination: Pursuant to California Family Code Sections 6921, 6927 and 6928, victims 12 years old and older may consent for themselves. For victims under 12, parental consent is required. If a parent is not available or refuses to give consent, a court order is necessary. If a parent is not on site but can be contacted and is willing to give consent for the examination of their child, the consent may be witnessed telephonically by two hospital personnel. The consent is noted in the medical record.

8.1.2.a Parental Presence at Examinations: Parents, unless they are suspected of abuse, have a right to be present at investigatory physical examinations which may be potentially traumatic unless there is some valid reason to exclude them. If the physician present believes a valid reason exists, they may be excluded and/or asked to remain in a waiting room or other nearby area. (*Wallis v. Spencer* (2000) 202 F. 3d 1126.)

8.1.3 Location of Examinations

Central, Eastern and Southern Jurisdictions:

- Day-time examinations are performed at the Chadwick Center for Children and Families at Rady Children's Hospital-San Diego, 3665 Kearny Villa Road, Fifth Floor, Suite 500, San Diego, CA 92123. Daytime contact number for patient registration and examinations is 858-966-8951.
- After hours examinations, weekends and holidays are performed at Rady Children's Hospital in a suite off the Emergency Department. Proceed to the Emergency Department to check in.

Northern Jurisdictions:

- Day-time examinations are performed at the Palomar Health Child Abuse Program, 121 N. Fig Street, Escondido 92025 (campus of Palomar Medical). Daytime contact number for patient registration and examinations is 760-739-2150.
- After hours, weekends and holidays call 1-888-211-6347 for the PBX operator who will contact the on-call forensic examiner.

It is requested that Law Enforcement (LE), in all after hours cases, call the Chadwick sexual abuse medical provider from the field to discuss the case, because the age of the victim and post-assault hygiene may be factors in determining timing of the exam.

The Chadwick sexual abuse medical provider can be reached after hours through Rady Children's Hospital operator at **858-576-1700, ext. 0**. The medical provider will call back within a few minutes to discuss. This communication may save an unnecessary trip to the hospital.

If a decision is made to defer until the following morning, the medical provider will message the Chadwick Center to make arrangements for the examination the following morning.

It may also be possible to obtain a forensic interview at that time if indicated. If the examination does need to be done after hours, the team will be called in to do the examination.

8.2 Physical Abuse

Children who have been physically abused or neglected may present with life-threatening or serious injuries or more minor injuries or medical problems.

Both CWS and Law Enforcement may request an exam by a child abuse physician for a child who is believed to have been physically abused.

The purpose of the exam is to evaluate, document, diagnose and address the child and caregiver of the child's health and well-being, regardless of ability to pay.

8.2.1 Serious or Life-Threatening Physical Abuse. These children usually present to an emergency department and in most cases are subsequently transported to Rady Children's Hospital since it is the tertiary trauma center for San Diego County. A seriously injured child will be admitted to the hospital for treatment. The suspicion of abuse may arise with the first responders in the field or in an emergency department or after hospital admission. Medical Social Work staff in the child's medical unit can inform Law Enforcement and CWS how to contact the child abuse physician who is evaluating the child. If not already known to Law Enforcement and CWS, the hospital will report to the appropriate agencies. Rady Children's Hospital's attending physicians often simultaneously request a medical forensic consultation.

8.2.2 Less Medically Serious Physical Abuse. These children may initially be seen in an emergency department, physician's office, school, on Child Welfare Services visits, etc. There may be a need for medical care as well as forensic medical documentation. It is recommended that the person requesting a forensic medical examination call the child abuse medical provider to discuss the case – see contact information above.

- **Chadwick Center:** There is a daily medical clinic. Appointments may be scheduled in advance or on the same day if the schedule permits. The case may be discussed in advance with the child abuse physician to ensure the case is appropriately referred to The Chadwick Center. At the time of the appointment, it is requested that the CWS Worker or LE investigator be present to supply information. In some instances, an evaluation may be done by review of records. This is only suitable when there are no current injuries or medical records or X-rays describe non-acute injuries.
- **Rady Children's Hospital Emergency Department:** If medical care is required or a case cannot wait until the following day to be seen at the Chadwick Center, the Emergency Department is available. All Rady Children's Emergency Department attending physicians have experience in child physical abuse.

- **Naval Medical Center:** Children who are dependents of a military member can be evaluated at the Naval Medical Center San Diego. Appointments can be scheduled in advance or the same day by calling 619-532-5953.

8.3 Medical Providers for Child Abuse Forensic Examinations

Medical providers who perform child abuse evaluations should have adequate training, experience and supervision. While the highest standard available is a board certification in child abuse pediatrics, other medical providers can establish expertise in elements of child abuse pediatrics with proper training and experience. CWS maintains a list of qualified providers in San Diego County. For physical abuse, the provider should have expertise in medical conditions caused by physical abuse as well as those conditions that mimic physical abuse. For sexual abuse, providers must have training in the State of California Protocol as well as knowledge of findings usually seen in sexual abuse and conditions which may be confused with sexual abuse. Medical providers must be able to provide a statement summarizing the strength/weakness of the medical evidence and be able to testify in court as an expert witness. Providers should have medical competence in determining the level of care needed by a child abuse victim. Continuing medical education in child abuse should be ongoing.

(Note: While it is unusual that evidence collection is needed for suspected perpetrators of sexual abuse who are under the age of 14, medical examinations at the Chadwick Center for suspects will be considered on a case by case basis following discussion with the physician. Care must be taken to ensure complete separation of the suspect from victims, such as redirecting other children and families to separate waiting area.)

9. Legal Intervention

9.1 District Attorney

All felony child abuse cases involving victims currently under the age of 14 years old are prosecutable through the District Attorney's Family Protection Division. Misdemeanor child abuse cases occurring outside the City of San Diego are vertically prosecuted by the Family Protection Division's branch units. Felony sexual abuse cases involving victims presently 14 years old or older and all human trafficking cases are referred to Sex Crimes and Human Trafficking Division. Juvenile perpetrator abuse cases (perpetrator of abuse or human trafficking is under the age of 18 years old at time of the abuse or offense) are handled by the Juvenile Division. In both felony and misdemeanor cases, the prosecutors must strive to minimize further trauma to the child victim/witness while promoting public safety. Specialized training is key to that end.

9.2 County Counsel

County Counsel represents CWS in all juvenile dependency matters beginning with the filing of the petition to bring the case before the court pursuant to Section 300 of the Welfare and Institutions Code. This representation includes negotiating settlements and appearing in all juvenile dependency hearings, including at the trial and appellate courts, on behalf of the CWS SWs. As the attorney for the petitioner (CWS), County Counsel is responsible for the preparation and examination of witnesses, including experts and victims in juvenile dependency trials. County Counsel also provides ongoing legal advice and training on juvenile dependency issues for CWS SWs.

9.3 City Attorney

The City Attorney is responsible for the prosecution of all misdemeanor crimes occurring within the City of San Diego (excluding South Bay) and the City of Poway. All misdemeanor child abuse and child molest cases are vertically prosecuted by the Domestic Violence and Sex Crimes Unit. The assigned Deputy City Attorney, along with a Victim Advocate, will keep the victim and supporting adult/family members informed of the legal process throughout the criminal proceedings.

10. Therapeutic Intervention

10.1 Trauma Screening

All children should be screened for the need for mental health services and support. It is recommended that the CWS SW screen the child using a trauma screening tool that examines a child's experience of traumatic events as well as any symptoms. Alternatively, the CWS SW or Law Enforcement Investigator should be alert to post-traumatic stress symptoms such as reported nightmares that persist after a few weeks, intrusive thoughts of the events, significant changes in behavior after the trauma, exaggerated startle responses, or reactions to trauma reminders or seeking to avoid people or places that remind the child of the traumatic events. Children who display these symptoms need a more formal trauma assessment conducted by a mental health professional that has been trained specifically on treating trauma. Likewise, any child who has been shot, stabbed or sexually penetrated or who witnessed the violent death or serious injury of a loved one should be referred to a mental health provider to receive a complete trauma-informed mental health assessment.

10.2 Trauma-Informed Mental Health Assessment

All children who screen positive for traumatic symptoms or who have experienced serious trauma should be assessed by a mental health provider who has been trained specifically on treating trauma to determine if they are in need of trauma-focused therapeutic services. The assessment protocol should use multiple informants, including the following elements:

- A clinical interview of the child
- Interview of parents and other caregivers
- A complete developmental, medical, and family history
- A comprehensive trauma history
- Use of standardized assessment measures to explore problematic behaviors and trauma symptoms

Children who display post-traumatic symptoms should be referred for trauma-specific treatments such as Trauma-Focused Cognitive-Behavioral Therapy or Child-Parent Psychotherapy.

10.3 Evidence-Based / Evidence-Informed Therapy Services

Children of all ages can benefit from evidence-based or evidence-informed therapy services. Therapy services should promote healing and not be forensic in nature. Children should receive the most effective therapy available to treat their specific symptoms. The therapist should be specially trained in evidence-based or evidence-informed treatment (see www.cebc4cw.org) for child abuse victims. CWS clients must be seen by TERM (Treatment and Evaluation Resource Management) providers, which involves a credentialing process for therapists serving child welfare and juvenile probation referrals contracted out with Optimum Corporation.

These evidence-based/informed treatments include:

- Trauma-Focused Cognitive-Behavioral Therapy
- Parent-Child Interaction Therapy
- Child-Parent Psychotherapy
- Child and Family Traumatic Stress Intervention
- EMDR (Eye Movement Desensitization and Reprocessing)
- Other evidence-informed therapy such as Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Trauma Assessment Pathway (TAP)

Support from parents and/or caregivers is the most important predictor of the child's ability to make a successful recovery from the trauma. Services to parents/caregivers (i.e., relatives, foster parents, adoptive parents, guardians, etc.),

who may themselves be trauma survivors and whose interactions with the investigators and helping professionals may be influenced by their own trauma history and post-traumatic stress reactions, should be arranged and coordinated so they are best able to support and protect the child(ren).

10.4 Supporting the Child Victim through the Legal Process

The support a child victim receives through the legal process can have a positive impact on the child's recovery. The Kids and Teens in Court Program is available to child and teen victims and witnesses who may need to testify in criminal or juvenile court. The program provides:

- Psychoeducation to caregivers
- Desensitization to the courtroom for children and adolescents
- Relaxation and other techniques for reducing anxiety in the courtroom for children and adolescents
- Information regarding the roles of courtroom personnel
- If a child is expected to testify in court, the CWS SW will refer the child to Kids and teens in Court (see the CWS Policy Manual, Chapter 5).

11. Case Review

The MDT conducts regular case reviews as part of the ongoing investigation in difficult cases. Case reviews can lead to better investigations, better coordination and better outcomes. There is a weekly Child Protection Team Case Review meeting at Rady Children's Hospital-San Diego and a monthly case review meeting with Palomar Health. All information discussed in the context of the case review is confidential and cannot be shared or used in any way outside of the meeting (Welfare and Institutions Code §830). Those needing to utilize information learned in a case review must speak to the appropriate professional(s) outside of the meeting and obtain the necessary information per existing procedures

Case Review at Chadwick Center: A Child Protection Team (CPT) Case Review meeting at Rady Children's Hospital-San Diego, Chadwick Center is held every Wednesday at 10:00 a.m. The core designated CPT members include representatives of Child Welfare Services, Law Enforcement, County Counsel, City and District Attorney (prosecutors and victim advocates), Balboa Naval Medical Center, Rady Children's Hospital Social Work Department, and the Chadwick Center. This core group is supplemented each week by any other departments whose cases appear on the agenda. Daily the Chadwick Center reviews current cases and adds appropriate cases to the next agenda for review.

The purpose of the CPT case review at Chadwick is to discuss and share information regarding the active investigation, case status and services needed by the child and family. The meeting is typically facilitated by a representative of County Counsel's Office. Cases the CPT attendees determine require follow-up are placed on the agenda for subsequent meetings as directed by the Team.

Cases considered appropriate for Chadwick case Review include:

- Severe physical abuse
- Death due to non-accidental trauma
- Multiple victims/multiple perpetrators
- Young infants, toddlers, preschoolers who are injured with differing opinions on mechanism of injury
- Severe medical neglect that is life threatening
- Cases with numerous risk factors such as
 - Factitious Disorder (also referred to as Munchausen by Proxy or Medical Child Abuse)
 - Minors under 12 months of age with non-accidental traumatic injuries
 - Physical abuse with sexual abuse findings
- Severe or complicated sexual abuse
- Allegations involving daycare, preschool, resource family cases
- Juvenile perpetrators
- Physical or sexual abuse injuries with little or no history or in which photos of the injuries will provide clarification of the injury
- Ingestions
- Failure to thrive
- Burns

Any member of the MDT can calendar a case for review by calling the Chadwick Center at 858-966-8951. The agenda is distributed electronically to all agencies involved by the Chadwick Center on the Monday preceding the Wednesday meeting.

Palomar Health Case Review: Palomar Health Child Abuse Program conducts monthly case review on the fourth Tuesday of every month from 12:00pm - 1:30pm at Palomar Downtown Campus, 555 East Valley Parkway, Escondido. The purpose of the review is to review all cases that have presented to the Child Abuse Program the previous month. The meeting also serves to provide a forum for inter team communication regarding best practice. The core designated team members include Law Enforcement, Child Welfare Services, District Attorney's office, Chadwick Trauma and Palomar Child Abuse Program staff. Other professionals may attend on a case-by-case basis. The agenda includes every case that has been seen at Palomar Child Abuse Program the previous month. If any member wishes to include a case not seen in that month, this can be added to the agenda by calling 760-739-2150.

12. District Attorney and City Attorney Victim Services

The goal of Victim Services is to provide or arrange for services to meet the material, emotional and informational needs experienced by victims and witnesses thereby allowing for a faster and more complete recovery from the effects of crime. They also aid victims in accessing assistance funded by the Governor's Office of the California Emergency Management Agency (Cal OES) and the California Victim Compensation Board that assists victims and adjudicates claims for payments of direct services to victims of violent crimes and service providers in the community.

13. Children Exposed to Domestic Violence

Often times, children are present in the home during domestic violence incidents and are exposed to trauma. Children frequently witness or overhear violence or find themselves caught in the crosshairs, causing them physical and/or emotional trauma. As a result, children, too, are victims of domestic violence. When a police officer responds to a domestic violence call, it is incumbent upon them to determine if children are present, address their needs appropriately and gather any/all evidence to ensure a thorough investigation is conducted. Below are some guidelines and other areas to consider for police officers and other first responders who are on the front line of these domestic violence calls.

13.1 Assessing a Child's Involvement as a Witness and/or Victim

There are a variety of ways in which a child can become involved in a domestic violence incident. A child might overhear abuse, witness violence first-hand, or be threatened, battered or injured (either directly or indirectly). In these scenarios, California has recognized and implemented laws protecting children caught in the fray of these volatile domestic abuse incidents. (See PC 273a(a) or PC 273a(b) among other charges.)

It is imperative to contact all children who are present and conduct interviews separately, when possible. (See Section 13.2 – Interviewing Children for guidance on conducting interviews). Children as young as four years of age are often able to describe the violent episode. It is equally important to note the child's demeanor (as seen on the DV Supplemental PC 13700 form). These important observations assist prosecutors in determining whether the statement will be admissible in court. Also, make sure to list the children on the Domestic Violence Incident Report as witnesses or in the body of the report. If a child is a victim of any crime, such as child endangerment (PC 273a(b)), list the child as a victim in the report or write a separate report. Lastly, take color photographs of the crime scene, including any evidence

that corroborates the child's statement and/or demonstrates the child's exposure to the violence (i.e., crib/child's bed in room where victim was injured, toys broken or thrown around room).

13.2 Interviewing Children in a Domestic Violence Case

Children can be reliable and credible witnesses when properly interviewed. The utmost care and consideration for the children's physical and mental welfare is paramount when conducting these interviews. As previously discussed, a Minimal Facts Interview (see Section 3.1) provides a good structure for interviewing children; however, let your training, experience and department policy guide you in this area. Below are some interviewing techniques that may assist law enforcement when interviewing a child. The list of suggestions is not all-inclusive, but can provide much needed guidance in this area:

- Find an area within the residence where the child will feel safe and comfortable. Ideally, conduct the interview away and separate from others, if the child feels comfortable doing so. Remove the child from the victim's and suspect's line of sight, if possible.
- Start the interview by establishing rapport.
- Talk to the child at his/her physical level.
- Talk to the child at his/her educational/developmental level.
- Ask simple, open-ended questions using who, what, when, where and how (i.e. What happened? Who was there? Where did it happen?)
- Avoid asking leading questions (i.e. Did Daddy punch Mommy in the face?)
- Allow the child to describe in his/her own words what happened.
- Allow the child time to respond; ask questions again if necessary.

13.3 Use of Children as Interpreters is Discouraged

Children should not be used as an interpreter during a domestic violence investigation. Having a child act in this capacity is problematic for a variety of reasons:

- It can put a child in a situation of divided loyalty or he/she may fear repercussions from the aggressor in the incident.
- The translation may be unreliable because it may inaccurately relay information due to the child's limited vocabulary/language skills and/or is affected by the child's own emotional state.
- The child's own statement of what they heard or witnessed could be considered tainted or influenced due to the fact they were present and an integral part of another person's statement.
- It can increase a child's trauma.

All efforts should be made, when reasonably possible, to have an interpreter come to the scene and provide translation assistance. For the rare occasions when it isn't possible, take the child's statement first. Afterward, conduct the person's interview with the child's assistance and have it recorded on a body worn camera.

13.4 Evaluating Protective Issues and Cross Reporting to Child Welfare Services-(CWS)

It is essential for law enforcement to assess whether or not there are protective issues concerning the children in the home. (See Section 5 – Evaluating Protective Issues.) Additionally, cross reporting is mandated for specified child abuse cases outlined in the California Penal Code. (See Section 4.1 – Cross-Reporting Requirements.) These are important and necessary procedures that must be observed in order to provide support and safety to the children in these cases. Immediate cross reporting can be accomplished by calling the dedicated Law Enforcement Line at the Child Abuse Hotline, 1-888-242-5722.

13.5 Forensic Interviews for Children Exposed to Domestic Violence

When a domestic violence incident involves serious charges such as attempted murder or murder, all children living in the home should be interviewed as soon as possible by a trained forensic interviewer at either the Chadwick Center for Child Protection at Rady Children's Hospital or Palomar Hospital. Police officers should also seriously consider having children forensically interviewed who are critical witnesses to other violent or serious felonies.

14. Commercial Sexual Exploitation of Children Cases

Professionals involved in the welfare of San Diego children should foster collaboration and coordination among agencies to improve the capacity to identify CSEC victims and provide safety and services for them and their families. Those involved in this effort will use best practices to ensure that CSEC youth are successfully placed in a protective environment that offers trauma-informed care, in order to stabilize them during a critical time. It is important to remember that CSEC victims may not always identify as a victim and/or may be fearful of retaliation. Language plays a significant role in interactions and interventions in CSEC cases. Identifying these children/youth as victims/survivors and not prostitutes and criminals can help change how these children/youth are viewed in the community. Identifying these children/youth as victims validates their trauma and exploitation. Our county has a CSEC protocol created in 2015 which emphasizes that children and youth who have been exploited are to be treated as victims, not criminals. The protocol can be found at the following website: <http://www.sdcourt.ca.gov>.

15. Case Tracking and Program Evaluation

Participating agencies agree to cooperate in program evaluation and tracking of key case information throughout the life of the case through final disposition as determined by the interagency Child Protection Management Team.

SAN DIEGO COUNTYWIDE CHILD VICTIM-WITNESS PROTOCOL SIGNATURE PAGE
(Original signatures on file at Chadwick Center for Children and Families)

"Our attached signatures signify our commitment to the goals of the San Diego County Child Victim-Witness Protocol."



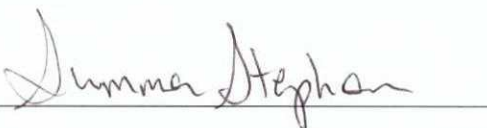
CRAIG CARTER, Chief
Escondido Police Department

12-6-17

Date

On behalf of the following law enforcement agencies:

Carlsbad Police Department
California Highway Patrol
Chula Vista Police Department
Coronado Police Department
El Cajon Police Department
Escondido Police Department
La Mesa Police Department
National City Police Department
Oceanside Police Department
San Diego Harbor Police Department
San Diego Police Department
San Diego Sheriff's Office



SUMMER STEPHAN, District Attorney
San Diego County District Attorney

12-6-2017

Date



MARA W. ELLIOTT, City Attorney
San Diego City Attorney

12/19/17

Date

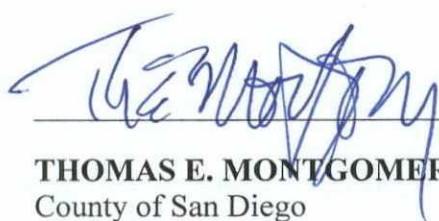
SAN DIEGO COUNTYWIDE CHILD VICTIM-WITNESS PROTOCOL SIGNATURE PAGE
(Original signatures on file at Chadwick Center for Children and Families)



MARGARETA E. NORTON,
Executive Vice President
Chief Administrative Officer
Rady Children Hospital, San Diego

2/13/18

Date



THOMAS E. MONTGOMERY, County Counsel
County of San Diego

1-29-18

Date



NICK MACCHIONE, Agency Director
Health and Human Services Agency

2/9/18

Date



DIANE HANSEN, Interim President & CEO
Palomar Health

3/5/18

Date