

Child Maltreatment & Abuse Investigation for Law Enforcement Officers

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SECTION I INTRODUCTION

Summary of Contents Responsibilities of the Law Enforcement Officer Multiagency Coordination in investigations

INTRODUCTION

Child maltreatment is a serious crime. Investigating it is different from investigating other crimes because it involves children who require special treatment. Child maltreatment happens everywhere, including rural areas where there may be fewer resources to combat it.

Statistics on child abuse show the following:

- In 1993, almost three million children were the alleged subjects of child maltreatment.
- Currently, 45 out of every 1000 children (4.5 percent) are reported as victims of child maltreatment. One-fourth of abuse victims are under two years old.
- Overall child abuse reporting levels have increased 50 percent between 1985 and 1993.
- More than three children die each day across the U.S. as a result of child abuse or neglect.
- Two-thirds of rural states report higher rates of child abuse than the national average.
- Fifty-five percent of child abuse victims are Caucasian. Child abuse affects all social classes and races, and both genders equally.
- It is estimated that nine to ten million children are directly affected by substance-abusing parents, and over 675,000 children are seriously mistreated annually by an alcoholic or drug-abusing caretaker.

(Sources: National Child Abuse & Neglect Data System, 1993; The Merck manual of diagnosis and therapy, 1987. For additional statistical information, please see Appendix A)

Legal definitions of child maltreatment are found in the federal Child Abuse Prevention and Treatment Act and state laws governing reporting, juvenile or family court, and criminal acts. Other definitions are operational and stem from agency procedures and practices. For a list of the legal definitions for terms commonly used in this book, please see Appendix A

This handbook was written especially to provide law enforcement personnel, including deputy sheriffs and police officers in small to medium-sized departments, with specific information needed to investigate child maltreatment, more specifically child abuse cases.

Prevention of child maltreatment is also a critical responsibility of the officer. Investigation and prosecution of cases are some of the best ways to prevent repetition of the crime by the most serious offenders. The presence of a uniformed officer can help deter other possible abusers, who are thereby made aware of the seriousness of this activity.

During the investigation officers should be aware that the investigation itself can be traumatic for children. The investigation should be conducted in a manner that is sensitive to the needs of children because:

- Sensitive investigation protects children from further trauma that could occur with less compassionate treatment. Investigative procedures alone, such as physical exams and interviews, can be traumatic, so every effort should be made to minimize their effects.
- Compassion produces greater success at eliciting information from the child that may be essential to obtaining a conviction. If the child is unafraid because of sensitive treatment by sympathetic interviewers, he/she may be more likely to provide useful information.

- Child maltreatment is a serious crime and repeat offenses do occur. The crime should be pursued with the same professional dedication as any other serious offense, but with the added dimension of handling child victims sensitively.
- Maltreatment causes short- and long-term trauma to victims. Any efforts to support victims and get them the help they need can go a long way toward easing trauma.
- Cases can be long-lasting and have serious impact on many lives, including those of investigators, as well as victims, their families, suspects, and others.
- It takes perseverance to follow through on some cases of long duration. Sensitivity in investigation helps all those involved through this lengthy process.
- Good communication by law enforcement officers affects children, who are impressionable. How you present yourself and treat children will influence their attitudes toward law enforcement and authority figures for years to come. A good impression can help both your investigation and the child, and a poor one can place roadblocks in the way of progress for both of you.
- Handling this emotional subject well also helps the officer cope. Child maltreatment investigations can be highly stressful for the investigator. Knowing you have treated the child with compassion, to the best of your ability, will help you deal with this stress no matter what the final outcome of the case is.

This handbook is intended as a brief reference guide to recognizing the signs of child abuse during an initial response, conducting investigations and gathering, appropriate evidence, interviewing children sensitively, interrogating suspected offenders, and following the case through court.

It is hoped that information concerning the special nature of child-related crimes and their investigation can aid law enforcement officers in helping the children they are sworn to protect.

SUMMARY OF CONTENTS

The six sections and appendices are as follows:

- Section 1, Introduction, describes the roles and responsibilities of law enforcement officers in child maltreatment investigations and collaboration with others in multiagency investigations.
- Section 2, On the Front Lines-First Response, describes signs of child abuse and neglect and lists procedures to follow if they are suspected and the child must be removed from the home for his/her protection.
- Section 3, Conducting the Investigation, describes the types of evidence in child abuse crimes and procedures for gathering and documenting physical evidence.
- Section 4, Interviewing the Child, describes techniques for gathering evidence through interviews with a child victim.
- Section 5, Interviewing the Suspect, covers methods for obtaining evidence and statements from suspects.
- Section 6, Making the Case—Court Process, describes the various steps in criminal prosecutions and child protection proceedings, and the officer's role in them.
- Appendices provide background information about child abuse, sources for obtaining specialized training and additional resources, and a flow chart illustrating investigative steps.

RESPONSIBILITIES OF THE LAW ENFORCEMENT OFFICER

In cases involving suspected child maltreatment, your sworn duty is to protect the child's life and safety. You have several responsibilities:

- **Protect the child**—Your primary responsibility is ensuring the child's safety and well-being; this includes avoiding revictimizing a traumatized child.
- **Investigate**—Thoroughly and carefully collect and preserve evidence, and be ready to present it in court if needed.
- **Report**—Know and follow your state's laws and your department's written policies regarding the reporting of child maltreatment to child protective services (CPS).

- **Coordinate**—Know the roles and responsibilities of various professionals involved in the investigation and prosecution of child maltreatment cases. Establish working relationships with them. Provide law enforcement support to child protective service case workers.
- **Educate yourself and others**—Learn about child maltreatment, child development, departmental policies and procedures, and other relevant content areas to help you execute your responsibilities. Prevent child maltreatment from occurring by recognizing signs of abuse and using opportunities to educate others about the crime of child abuse and available community and state resources.

MULTIAGENCY COORDINATION IN INVESTIGATIONS

A multi-agency investigation provides a unified approach that includes law enforcement, medical, mental health, school, and child protective services. Whether by formal teams, as mandated by law, or informal voluntary collaboration, a coordinated response builds critical links between your investigation and resulting legal proceedings. It is valuable to contact these other professionals. Mutual cooperation and support will help protect child safety as well as reduce trauma for the child. A team approach may provide you with useful information and stretch limited resources. Establishing regular contacts before an investigation increases the likelihood of a more coordinated response during the investigation. This section briefly describes possible team members, formal agreements and protocols, and key issues.

POSSIBLE TEAM MEMBERS

- Utilize the expertise of:
 - **Physicians and dentists**—They can detect subtle physical evidence of abuse or neglect that you may not be trained to recognize. They also must report suspected abuse cases to child protective services, if they encounter evidence in their regular practices. Establishing a relationship with doctors, dentists and hospitals, educating their staff, and gaining administration support can speed hospital referrals for needed exams.
 - **Child protective services caseworkers**—They are specialists (often social workers) in child development and sensitive communication with children. Their immediate involvement in a case can help prevent more abuse and reduce trauma for the child. They can head the family toward long-term treatment. They can help you to learn how to treat children compassionately, deal with family members, and cope personally with these difficult cases. They have expertise in interviewing children, assessing the risk of further abuse, arranging medical or psychiatric exams and services, working with juvenile and family court, and providing foster care services. If they suspect criminal activity in their routine work, they in turn contact police.
 - **Teachers and guidance counselors**—They see the child every day and may be the first to spot changes in the child's behavior or other signs that may indicate abuse or neglect.
 - **Mental health workers**—They can assess developmental and behavioral problems, help children through the investigative process, and advise you on interviewing strategies.
 - **Community organizations**—They include children's advocacy centers that can provide support services to child victims.
 - **Victim/witness advocates**—They often work with the justice system and can support victims who are serving as witnesses.
 - **Coroners and medical examiners**—They will be involved in investigating child fatalities.
 - **Prosecutors and attorneys**—They can work with you to prepare a solid case, assess evidence, draft search warrants, and prepare witnesses.
 - **Media**—Work with them to assure victim privacy, educate the public, and raise awareness of this crime in your community.

FORMAL AGREEMENTS AND PROTOCOLS—These describe responsibilities and establish an organized decision making and intervention process. They should establish:

- Methods for interagency collaboration and communication
- A central location for team meetings and victim interviews

- Confidentiality agreements and information sharing—Agreements reduce conflicts caused by the desire to share information and the need to preserve confidentiality. They establish what kinds of information will be shared, with whom, and when, so all parties can make better informed decisions and resolve cases expeditiously.
- Assigned roles and responsibilities—A clear understanding of these can reduce conflicts among agencies with differing approaches. Agreements might describe steps in interventions, time frames and which individuals are responsible for completing each step.
- The need for flexibility—To cover the varied circumstances of each case.
- Regular meetings.
- Training—Joint training, training on roles and responsibilities, and job shadowing give all parties the same information and expose them to the different philosophies of other agencies.

KEY ISSUES—Teams should address:

- Accountability and treatment (organization/ agency responsibilities)
- Investigation
- Court appearances
- Coordinated followup

For further assistance, see Appendix B for Resources and Training available.

SECTION 2 ON THE FRONT LINES—FIRST RESPONSE

On the Way to the Scene
At The Scene
Signs of Child Abuse and Neglect
Non-Emergency Responses

A call comes in that may involve child abuse. It might be reported as just that, or as a domestic violence call. Frequently, homes with adult domestic violence also exhibit child abuse or neglect, so if children are present, be aware that they may also be victims. The following section discusses preparations to make on the way to the scene of an emergency call, steps to follow at the scene, signs that may indicate child abuse and neglect, how to proceed if you see these signs, and how to decide whether to remove the child from the home for his or her protection.

ON THE WAY TO THE SCENE

- **Get to the scene**—Arrive as soon as possible to protect those involved.
- **Talk to dispatchers**—Obtain as much information as possible. If you think child abuse may be involved, quickly review the next four items:
- **Review signs of child abuse and neglect**—The signs, described in greater detail later in this section, may indicate physical, sexual, or emotional abuse or neglect.
- **Review child age/response categories**—Children's reactions to trauma may vary depending on the child and his/her physical or emotional age, so you must be prepared to respond in whatever way is appropriate for that child. It is up to you to adjust your reactions accordingly so that you can establish rapport with the child. (For more detailed information regarding child age and response, see Section 4, Interviewing the Child.)
- **Recall how to respond to children**—Treat them sensitively so as not to retraumatize them. For instance, use a sensitive and caring manner when speaking to a child, be reassuring and sincere, give the child time to think and to answer, listen carefully and use appropriate body language. (For more detailed information regarding initial on-scene interviews, please see Section 4, Interviewing the Child.)
- **Recall the basis for removal of the child**—Review the circumstances that warrant removing a child from the home. You must first determine if there is probable cause to take custody, and then if there is, make sure YOU follow your state's protocol for removal. (For more detailed information, see the section entitled, "Remove Child from Scene if Necessary" later in this section.)

AT THE SCENE

Your responsibilities on the scene are to: stabilize the situation; do an initial assessment and look for signs of abuse; if you suspect abuse, treat the situation as a possible case and gather evidence; and remove the child from the scene if necessary for his or her protection. The following section describes these responsibilities in detail.

- **Stabilize the situation**—Bring the situation under control and calm the people present.
- **Do an initial assessment**—Begin to determine what happened and what crime may have been committed. Conditions that the first responder sees are unique and never reproduced, so be aware and alert. Interview whoever reported the incident, if on the scene, or witnesses. Insist on seeing the child and any injury.
- **Look for signs of abuse or neglect**—Types of child maltreatment include physical, sexual, or emotional abuse; neglect; and other, less common types of maltreatment (for legal definitions of child maltreatment, please see Appendix A). Signs of abuse and neglect are listed on the following pages. To detect the signs, be alert to both the physical evidence and the explanations of those present. Always be alert for these signs, whether you are on a 911 call, interviewing a delinquent

who shows abuse symptoms, or even if you see a stranger with a small child. Pursue your suspicions immediately; you may not get another chance. Enlist cooperation whenever possible, and use all legal methods, such as search warrants, to follow up your concerns. Remember to record observations.

SIGNS OF CHILD ABUSE AND NEGLECT

Every case is different. Victims and perpetrators may not fit stereotypes. However, there are some common signs that may indicate physical abuse, emotional abuse or neglect, or sexual abuse as well as behavioral problems that often indicate abuse or neglect. They are described below.

- **SIGNS OF PHYSICAL ABUSE:** These include physical injuries, fatalities, and behavioral problems.
 - **Physical injuries**—New or old injuries to the child (beyond normally expected childhood bumps and scrapes). Inflicting injury is criminal assault. A thorough physical search should be made. It may require an officer of the same sex to disrobe the child.
 - **Bruises**—These are the hallmark of physical abuse: many bruises, of different ages, in non-accidental locations (soft cheeks, chest, abdomen, buttocks); and/or bruises in the shape of a hand or implement, such as a belt, electric cord, hangar, tool, or stick. If you see such marks, look for the implement.
 - **Burns**—Any burns are suspicions. If a burn supposedly occurred in the bathtub, check the temperature of the water in the tub. Look for implements, such as curling irons, hotplates, or irons, that match the shape of the burns. Cigarettes are often used to cause burns.
 - **Bites**
 - **Wounds**—Lacerations, abrasions.
 - **Other injuries**—Fractures, head injuries, abdominal injuries, etc. are more subtle and should be evaluated by a medical professional.
 - **Suspicious explanations of injuries**—Note inconsistency between an initial history by the caretaker and the injury's appearance (e.g., if the caretaker's story is that the child fell from a couch, but the injury is a major head injury). Other signals include a reluctance to explain an injury, a history incompatible with the developmental level of the child, delay in reporting an injury, or an inappropriate response to the severity of an injury.
 - **Child fatality**—Abuse and neglect are the leading causes of child fatalities. Head injuries and "shaken baby syndrome" are major causes.
 - **Behavioral problems**—Some behavioral problems including depression, anxiety, self-destructiveness, drug/alcohol dependence, distrust of adults, runaways and fearfulness may indicate physical abuse.
- **Signs of emotional abuse or neglect:**
 - **Malnourished, hungry child**—Gaunt features or limbs, fatigue, scant food in the house
 - **Inadequate Care**—Or inadequate clothing, or otherwise neglected health, accidental injuries, or emotional needs
 - **Parental disinterest** in the child
 - **Abandonment**—Or lack of child supervision
 - **Developmental problems**—Delays in social or language skills.
 - **Behavioral problems**—May especially include poor school attendance or excessive home responsibilities (see below).

Behavioral signs that may indicate abuse or neglect: Behavioral problems may be the only sign of abuse. Watch the child for signs of:

- Depression, listlessness, passivity, withdrawal (beyond natural shyness on meeting a uniformed stranger), sullenness, a loner
- Anxiety, aggression, or bullying
- Self-destructiveness

- Drug- or alcohol-dependence
- Distrust of adults; rebellion against authority (beyond a normal teenage level.)
- Runaways—Either those absent or returned home, especially chronic runaways
- Parent-child interaction—Child is fearful, tense, or clingy with one parent, or uncertain what to expect from a parent
- Fearfulness to stay in home
- **Signs of sexual abuse:** The signs are often subtle. If sexual abuse is suspected, arrange for the child to get a medical exam at a hospital, medical facility, or children's advocacy center. In the meantime, look for:
 - **Bleeding, blood stains**—Especially in genital area.
 - **Torn or stained underclothing, semen stains** (save items for analysis as evidence)
 - **Pornography**—Printed material, photo collections, home movies, videotapes, or computerized formats
 - **Sexual devices**
 - **Self-mutilation** by the child
 - **Sexual promiscuity** of the child
 - **Behavioral problems**—Especially note over-compliance, aggression, irritability, fearfulness, insomnia, self-destructiveness, chronic running away, or drug/alcohol use.

Other signs that may indicate abuse or neglect—Look at the child's environment. There are some conditions that are often associated with children who are abused or neglected.

- **Poor condition of the home**—Signs such as:
 - Serious disrepair or uncleanness (as distinct from poor housekeeping or poverty)—Extreme rodent or insect infestation, feces, garbage or dangerous structural damage
 - Conditions posing danger to children, such as guns, knives, poisons, or exposed live electrical wires
 - Drugs or alcohol—Signs are adults dependent on or under the influence of drugs or alcohol; presence of illicit drugs or paraphernalia; an unusually large number of beer cans, liquor bottles, etc.

Damage to the home—Broken furniture, holes in walls or doors, or broken windows may indicate frequent fighting or other disturbances.

If you see signs of abuse or neglect, treat as a possible case—Even if you only suspect a problem that warrants a closer look, pursue the facts while you have the Opportunity. Interview the child, parents, other children, witnesses, and perhaps the suspect. Gather and document physical evidence. In brief, the steps to take include:

- **Interview the child**—Conduct an initial interview on the scene. Make contact with the child as soon as possible. Interview the child separately from the parents, and be sensitive and compassionate. This may only be the first in a series of interviews with the child, but it is important to your initial investigation to determine whether a crime has occurred. (For details on interviewing the child, see Section 4.)
- **Interview parents and other children**—Conduct initial interviews in the home, preferably separately. Assess each child's health and welfare. Parents may or may not be suspects; treat them accordingly. Cooperation from parents may not mean they are innocent. They may not even be aware that their behavior is wrong, so show no sign of your opinion or they may become reluctant to talk to you. Especially in cases of child fatality, do interviews early to get the facts, because the suspect often is not identified at this point. (See "Special Types of Investigations," in Section 3.) Seek all possible details now, before family members have a chance to agree on a story. You may have to deal with parental emotions to stabilize the situation. Explain the investigative process to the family, and what will happen next; stress that the investigation is confidential and you will not inform neighbors or employers. (For details on interviewing others, See Section 3.)

- **Interview witnesses**—Include a more thorough interview of the incident's reporter, if possible. Ask for basic demographic and specific behavioral information about the child and family, and details of the alleged maltreatment. (See Section 4.)
- **Interview the suspect**—You may want to delay this until later, or only do a brief interview now, so you can have as much information as possible before conducting an in-depth interview. (For interviewing the suspect, See Section 5.)
- **Secure the area**—Treat the area as a potential crime scene. Secure it as soon as possible, following standard procedures, to prevent loss of evidence. While the scene is usually the child's home, evidence may also exist at other locations, such as vehicles; the suspect's home, workplace or storage facility; schools or day care centers; or outdoor areas. There may not be an actual crime scene, in which case the process of gathering evidence may vary from that for other crimes.
- **Gather and preserve evidence**—Prior to moving any physical evidence, record its position and condition with photos, measurements, sketches and descriptive notes. Follow standard collection procedures to preserve integrity of evidence; submit it to the laboratory for analysis; and preserve the chain of custody. (See Section 3.)
- **Document injuries**—Fully record injuries, using notes, diagrams, and photos of the scene and child. (See Section 2.)
- **Have the victim examined**—If you suspect abuse and the situation warrants it, get an exam by a medical professional who will document the child's condition thoroughly. An exam may confirm your suspicions in the absence of other evidence. (See "Evidence from Individuals" in Section 3.)
- **Write a thorough report**—Cover basic investigative questions of who, what, when, where, how, and why. Include: the nature, history, and inconsistent explanations of any injuries; the condition and hygiene of the child and his/her clothing; the condition of the home; and the demeanor of the parents and child. (See also Section 3.)
- **Maintain your objectivity**—Remain neutral; assume nothing. False accusations do happen. It will be up to the courts to determine guilt or innocence. Your job is to gather information and build case credibility. Collect enough information to refute or corroborate the allegations and establish whether the child is in imminent danger.

Remove the child from the scene if necessary— Consider first and foremost the risks to the child, and do not leave the scene until you know the child is safe. If you feel the child is in danger, don't hesitate to remove him/her from the situation. If abuse has occurred, it has probably occurred before and will again. However, keep in mind that often it is more detrimental to remove the child, so consider carefully. If you must do so, avoid traumatizing him/her as much as possible in the process.

- **Determine if there is probable cause**—Taking immediate custody of the child is warranted if you have probable cause to believe there is:
 - Imminent danger of bodily injury
 - Significant physical abuse or threat of continued abuse or neglect; assault, torture, inhumane punishment, abandonment
 - Substance abuse by parents
 - Dangerous home situation, posing a threat of serious injury
 - Sexual abuse or exploitation
 - Intentional denial of the child's medical or emotional care by parents or caretakers
 - Evidence a parent may flee with the child (packed suitcases, etc.)
 - Evidence parental anger may be directed at the child. Be sure you have sufficient evidence to justify your decision.
- **Report the situation to child protective services**—The law requires you to report any suspected abuse to this department, which will be involved in any removal.
- **Follow protocols**—You are required by law to follow your state's laws and protocol for removal. Make sure you know it in advance; they vary from state to state. You may need to contact your supervisor and legal counsel. Social workers may be the only ones who can take custody. Work closely with child protective services. Explain to the family what will happen to the child.
- **Be sensitive to cultural differences**—Be aware of different values, parenting styles, and behavior in making your decision. Traditional behaviors such as sharing a family bed, certain

healing practices, or shows of affection have been misinterpreted as child abuse. Try to overcome barriers of language, culture, and stereotypes. Your multiagency team may be of assistance in dealing with this situation.

- **Link stressed families to community supports**—You may be able to reduce the risk of future abuse without taking custody. It is far preferable to keep families together and work to correct their problems while maintaining the child's safety.
- **If the situation does not warrant custody:**
 - You can ask the suspected offender to leave for awhile, perhaps to go to a relative's, until the situation stabilizes.
 - **Report the situation to child protective services**— Report whether or not the child is removed from the home.

NON-EMERGENCY RESPONSES

You may not be responding to an emergency call, but following up on a report from child protective services, teachers, the legal and justice system, medical professionals, or others. If so, some information may already have been gathered by others, such as the first responding officer. In these cases:

- Learn all you can before contacting the family.
- Avoid alerting the possible perpetrator.
- Talk to the child protective services worker or other involved professionals.
- Interview non-family members and neighbors.
- Ask the family for consent to search; if it is refused, arrange for search warrants.
- Proceed with evidence-gathering, interviews, and reporting as needed.

SECTION 3 CONDUCTING THE INVESTIGATION

Physical Evidence
 Searches
Evidence from Crime Scenes and Other Locations
 Evidence from Individuals
Special Types of Investigations
 Documentation

Regardless of the type of child maltreatment, all require the same investigative techniques, and the same sensitivity in dealing with children. A thorough investigation of child maltreatment involves gathering several types of evidence, including physical evidence and interviews. Specifically, the investigation involves gathering and documenting physical evidence; interviewing alleged child victims, parents, and other witnesses (Section 4); interviewing suspects Section 5; documenting results; and potentially using evidence in court (Section 6). The remainder of this section covers physical evidence.

PHYSICAL EVIDENCE

Collect, document, and preserve evidence as soon as possible. It is very important to have in hand corroborating evidence of abuse, such as examples of instruments used. As in all evidence collection, take great care at all stages because your handling of evidence can make or break a case. Handle every case as if it were going to court. Before moving any evidence, document its location and condition; after collection, follow chain of custody rules. Use investigative checklists, if available, to help organize the process.

SEARCHES

- **Warrantless searches**—If you are on a 911 call, or have no time to get a warrant, you may search without one in some circumstances:
 - If you find an injured or deceased child, you can do a limited search for other victims or a perpetrator.
 - You can search consistent with ensuring public and officer safety.
 - You may seize evidence in plain view if you are on a 911 call, but only if it is clear evidence of a crime.
- **Obtaining consent**—In most cases, you will need to obtain consent to access a crime scene, so that you can make observations and collect enough "Plain view" evidence to establish **probable cause** and get a search warrant for detailed investigation. The easiest way to obtain this consent is to enlist the cooperation of family members. Provide forms to get the written consent of whoever has control over the area, witnessed by a third party. If needed, make repeated courteous and reasonable requests for consent; be aware that your behavior may later be at issue in court. Ask family members to show you around the house and explain routines, sleeping arrangements, and disciplinary methods. If they use any instruments to punish a child, ask to see them. These are evidence, so photograph and seize them, with consent if possible, or without by getting a search warrant. you must stop the search if consent is withdrawn.
- **Obtaining a search warrant**—If you cannot obtain consent, decide if you have probable cause to secure the scene and get a warrant; if so, do so quickly. If you have time, a warrant is a good idea, as it will improve the defensibility of the case in court. To request a warrant, provide an affidavit with complete details on:
 - Your experience and training
 - Evidence collected to date
 - Facts of the crime

- Statements of victims and witnesses
- Evidence you are seeking and why.
- **First Amendment protections**—Note that ownership of some items, such as videotapes, photographs, magazines, books, computer files, and CD-ROM images may be protected under the right to free speech. Searching for them requires written consent or a specific warrant. Instruments of abuse are not protected in this way.

EVIDENCE FROM CRIME SCENES AND OTHER LOCATIONS

The principal scene is usually the child's home, but other locations may include vehicles, the suspect's home or office, schools, day care centers, or outdoor locations. General evidence from the scene may include diagrams and photos of the scene, and evidence that is specific to physical abuse, neglect, and sexual abuse, as detailed below.

- **General evidence:**
 - **Diagrams and photographs of the scene** —Draw scale diagrams to help explain movements, show locations of abuse, and reconstruct the crime scene. Photograph or videotape the scene, especially out-of-home locations, to help you corroborate the victim's descriptions of the scene. Video is especially useful in documenting conditions of physical neglect. Use a Polaroid camera to record bruises. Include a ruler in photos. Always keep a camera on hand; use 35mm, plus Polaroids for the prosecutor's immediate use.
 - **Physical abuse or neglect cases—Evidence from scene:**
 - **Site at scene where injury occurred**—Examine and document where the victim is alleged to have been injured, such as where the child fell, what he/she landed on, or where he/she was burned. Make measurements to rule out accidents, such as whether the child could reach hot water faucets, etc.
 - **Condition of scene**—Check the carpeting, floor, and stairs. Note the general cleanliness and condition of the home.
 - **Medications taken by the child**—Note what they are, if any.
 - **Instrument used to injure child**—A range of possibilities including electrical cords, hangars, irons, tools, sticks, paddles, or belts. Reconstruct the injury by matching it with possible implements.
- **Sexual abuse cases—Evidence from scene**—Search the site of alleged sexual activity. Examine the bathroom where the suspect or victim may have been cleaned up. Look for direct evidence of sex acts. Look for any documentation alleged perpetrators may have made of their activities or items, such as pornography, used to arouse the interest of child victims. Evidence includes:
 - Blood stains
 - Semen stains on clothes or other belongings
 - Fingerprints, hair, clothing fibers
 - Sexual devices
 - Cameras, if allegedly used for making pornography
 - Videotapes, photographs, home movies
 - Pornography
 - Computer files, CD-ROM images
 - Bank or credit card receipts, phone records
 - Calendars or diaries.

EVIDENCE FROM INDIVIDUALS

Evidence of any form of abuse or neglect may be found on both the victim and the suspect. Specialized exams by appropriate professionals may find evidence where you cannot. This section lists such evidence.

- **Evidence from victim**—This includes photographs and medical examinations. Photos are used to document injuries, sexual abuse, or visible signs of neglect. Medical exams are needed for injuries, sexual abuse (even if the allegation is only of fondling), and neglect. Both photos and medical exams can be traumatic so have exams conducted as sensitively as possible to avoid further trauma to the child. For instance, a child may have already been traumatized by being photographed for pornography or may fear that the photo may be shown to friends or teachers. Explain what your photo is for and who will see it. Physicians should explain to the child what will be done in medical exams.
- **Photographs of trauma or injuries**—These can be taken by law enforcement officers or by an examining physician. However, photos should be shot by an experienced photographer, if possible since they are essential to the case. Use a 35mm camera and good flash (except with white backgrounds); use a 55mm lens for normal shots and a zoom lens (100mm macro) for closeups. The best background colors are neutral grey or green. Types of photos should include:
 - **Injuries**—Closeups, with and without a ruler
 - **Bite marks**—Closeups with a ruler, to compare to a dental mold of the suspect. For these photos use of a special square ABFO (American Board of Forensic Odontology) ruler is preferred. It is a right angle ruler that measures bite marks and the sizes of other injuries. A "color bar" is often included on this ruler so that the time an injury occurred can be determined by matching the color of the bruising to the color bar.
 - **Bruises**—Successive photos over several days to show color changes. It is important to use a color bar in the photo.
 - **Vaginal or rectal injuries**—Photos using a colposcope, an instrument that provides a physician with a view of internal surfaces.
- **Medical exam**—When deemed necessary, get an exam as soon as possible. Do not let the child bathe or change clothes before the exam. The best location for an exam is in a hospital, medical facility or children's advocacy center where the staff can make the child feel safe and ease any trauma. Wherever possible, use pediatricians or nurse practitioners with specific training and experience in conducting abuse and neglect exams. Parents are generally not allowed to be present, so the child can talk freely with the doctor. Tests and evidence collection may include any or all of the following:
 - **General exam for injuries**—May include detection of hidden indications of physical abuse in the back of the mouth, inside the ear, or behind the eyes. Any evidence of repeated injuries or multiple injuries at different stages of healing suggest abuse or inadequate supervision. Difficulties in walking or sitting may indicate sexual abuse.
 - **X-rays**—These are used to look for evidence of older injuries or decalcified bones.
 - **CAT scans** (Computerized axial tomography)—These are specialized X-rays to detect lesions or brain injury of "shaken baby syndrome."
 - **Samples of blood or urine**—these are taken if there are signs of infection or pregnancy, if the victim has been drugged or given alcohol, and also to determine blood type.
 - **Collection of hair, fiber, or foreign debris** from the victim's body.
 - **Preservation of clothing** worn during an assault; this may have blood stains, semen, hair, fibers, or torn places.
 - **Swabs of rectum or vagina**—For semen, condom lubricants, or other fluids, indicating penetration; also swabs of oral areas.
 - **Hymenal exam**—For evidence of penetration.
 - **Tests for sexually transmitted diseases or urinary tract infections.**
 - **Growth measurements**—To detect malnutrition or failure to thrive from neglect.
 - **Developmental tests**—Reveal delays in social and language skills due to emotional abuse or neglect.
- Ensure that evidence collected by physicians is properly preserved and secured.
- Exams do not always reveal evidence of abuse, but negative results do not prove that abuse did not occur; some abuse leaves no evidence.
- When exams are completed, make sure the child receives follow-up support as needed; psychologists, child protective services, physicians, and victim support centers can help.

- **Evidence from suspect**—This includes photos and evidence from the suspect's person. As with the victim, exams are usually done in a hospital or clinic. Usually a search warrant or court order is necessary.
 - **Photographs**
 - Unusual features such as scars, marks, or tattoos
 - Original appearance s
 - **Physical samples**
 - Dental molds, if victim has bite marks
 - Hair, pubic hair, blood, saliva, semen
 - Fingerprints and fingernail scrapings
 - Handwriting samples
 - Voice audiotapes, for voice print analysis
 - Clothes and items in possession at the time of the alleged assault

SPECIAL TYPES OF INVESTIGATIONS

These include child pornography, child prostitution, ritual cult abuse, abuse by trusted people such as priests, teachers, and day care providers, multi-perpetrator investigations, and missing children. They require specialized training to investigate properly. See courses and other information listed in Appendix B. Fatalities are discussed below.

- **Child fatalities**—Abuse and neglect are the leading causes of child fatalities, exceeding many accidental factors. Head trauma and "shaken baby syndrome" are major causes. Child fatality investigations are different from other child maltreatment cases; child fatality teams review child deaths. Although the procedures are the same as with physical abuse, there are some additional considerations.
 - **Multidisciplinary investigations**—To effectively respond to fatalities, it is important to utilize a multidisciplinary approach. A child fatality review team includes persons from different disciplines and professions whose diverse experiences and knowledge can contribute to understanding the causes and reasons for child death.
 - **Standard investigatory guidelines and protocols**—One of the activities of many child fatality review teams is the development of specified guidelines and procedures for investigations. Following these interagency protocols is essential in order to complete, timely, and efficient investigations. Good interagency protocols should include a statement of purpose and each participating agency's mandate, procedures for individual agency responsibilities in investigating the death and the circumstances of other children, provisions for joint training and evaluation, and provisions for multiagency collaboration and review.

DOCUMENTATION

Evidence must be documented in detail to make your case, and carefully catalogued and preserved. You may not recall subtle details later, so write them down as soon as possible. Keep an evidence log. Put evidence in context; reflect facts, not opinions, and be able to distinguish between the two; avoid making judgments. Include in your report:

- What happened, how it happened, and the exact sequence of alleged events
- Background information on the victim, victim's family, suspect, and potential witnesses
- Photographs and diagrams
- Evidence checklist
- Medical information—Ensure that medical records are completed by examining physicians and include information communicated by the victim. Medical records are confidential unless subpoenaed or released by written consent of the victim's guardian. Request legible copies of all reports and notes.
- Interview results, including terms used by the victim as special names for the alleged abuser

- Details of what you observed during the investigation, including subtle non-verbal clues like facial expressions, body movements, and tone of voice
- Any other pertinent information

SECTION 4

INTERVIEWING THE CHILD

Initial On-Scene Interview
Psychological and Other Considerations
Interviews with Others
Preparing the Interview
Steps in the Interview
Documentation

The child victim may be the only witness to abuse. You may be interviewing a child in a first response situation or in a planned setting later. The way you conduct the interview is crucial both to your investigation and to avoiding further trauma for the child. A sensitive interviewer addresses both physical safety and emotional well-being of the child. The following section discusses how to conduct an initial interview, learn from child psychology, interview witnesses, and prepare, conduct, and document a planned interview with the child.

Interviewing children, especially young children, is very different from interviewing adults. It can be the most challenging part of your investigation. If you are inexperienced, try to limit the scope of the initial interview and then conduct a more extensive interview later with a more experienced officer or social worker. Delaying the interview can be done when the caretaker(s) is not a suspect and will protect the child. If the caretaker(s) is a suspect, you should conduct an initial interview on the scene to help you decide how to proceed.

INITIAL ON-SCENE INTERVIEW

The following section details what to do during your first contact with the child.

- **Protect the child**—Your first contact with the child may be during your initial response to a call reporting maltreatment or another crime in progress. Your first duty is to protect the child and bring the situation under control.
- **Look for signs of abuse**—Once the situation is calm, look for evidence of maltreatment (as described in Section 2, On the Front Lines—First Response). These include signs of physical, emotional, and sexual abuse. If you suspect abuse, interview the child at the scene.
- **Interview the child**—At the scene, interview the child before you interview anyone else. If maltreatment has in fact occurred, the child's story is probably more accurate than the perpetrator's.
- **Separate the child from others**—Take him or her into another room or outside for the interview. A child may either fear or try to protect an abuser, especially if the abuser is present.
- **Use a sensitive and caring manner**—You are a stranger and interviews can be frightening. Speak in gentle, soothing tones. Stay focused during the interview.
- **Be reassuring and sincere**—Begin by talking about any everyday subject; be friendly and supportive; put the child in control of the interview. Let the child know he or she is safe; ask if the child is okay, whether you can help, whether he or she wants anything. Say you are there to help. Be prepared to follow through on any requests, though you should make no specific promises.
- **Ask for their help**—If the child is old enough to understand, explain the investigative process and what is going to happen. Say you need the child's help to find out what happened.
- **Ask open-ended questions**—Ask, "Do you know why the police are here? Does (this reason) happen often? What's it about?"
- **Keep it simple**—Ask short, simple questions, one at a time, and use the child's language.
- **Give the child time** to think and to answer. Even if you get no direct answers, give the child control of the situation.
- **Listen**—Be open, and listen carefully.

- **Use body language a child can relate to**—Crouch down to meet the child. Get down on the child's level, physically as well as conversationally. It's not what you say so much as how you act and look. Children pay attention to your facial expressions as an indicator of your reactions. The child's perception of your reactions, both nonverbal and verbal, will affect how he or she reacts in turn.
- **Assess the child's relationship with caretakers and the suspect**—Discuss these individuals with the child.
- **Be alert for further indications of abuse**—As you are conversing, ask the child about any visible injuries, even minor ones—how and when did the child get them, etc.
- **Record**—Document the child's story and your impressions of the conversation.

PSYCHOLOGICAL AND OTHER CONSIDERATIONS

Several factors may affect a child's reaction to abuse as well as to your interview attempts. Understanding these factors can help you establish the level of the child's credibility and suggestibility, both for your interview and for the case in court. Looking to your community's child welfare and youth services professionals for information on the following subjects will improve your ability to conduct successful interviews, whether they are in a first response or planned interview situation. The following section describes how children react to abuse, how age affects a child's response, and other factors.

- **Dynamics of abuse**—The strongest weapon abusers have against children is their position of authority. Intimidation can keep a child from revealing the abuse to others. The child's subsequent view of authority as malevolent can work against an officer; the child may fear that you will punish, arrest, or separate the child from the suspect, unless you act like a caring person rather than an authority figure. However, the beneficial aspects of your authority as a protector can be used to establish trust. Wear a uniform or civilian clothes as needed; keep your weapon out of sight.
- **Children's responses to trauma**—Every child reacts differently; he/she may cry or laugh. A child may even appear to ignore a traumatic event, so do not assume he/she will show emotional symptoms. Recognizing the child's individual response, and adjusting your reactions accordingly, will aid your rapport. The more common responses to trauma are:
 - Embarrassment, guilt, fear, anxiety, or apprehension
 - Avoidance or denial of the problem
 - Aggression or delinquency
 - Disorientation or disorganization
- **Child development considerations**—A child's responses to interviews vary according to his or her state of physical and emotional development:
 - Pre-verbal children (under age 2), of course, cannot be interviewed. You may have to rely on physical evidence and interviews with older witnesses.
 - Adolescents (age 15-18) often respond differently from young children; for instance, their senses of embarrassment and guilt are heightened.
 - Many young children between ages 2-9 require special considerations:
 - They are egocentric and concerned about disruptions to their world.
 - They have a short attention span.
 - They have frequent needs, such as for food and rest, which you must consider.
 - They have very limited concepts of time, space, and order of events. Relate an incident to events they know, such as mealtimes, holidays, seasons, or hospital visits.
 - Their vocabulary is limited, so ask what they think a word means, to be sure they understand you. They also confuse pronouns such as she and he, so use names that they know. Use simple grammar.
 - Their developmental level may not match their chronological age.
 - Developmentally delayed or challenged children—Communicating with them can be especially difficult. Find out about the presence of these or other handicaps or emotional problems from parents or teachers, and seek help from other professionals.

- Assess the child's level of understanding at the beginning of the case and at the start of the interview, including assessing the child's developmental level, language skills, suggestibility and credibility, and habitual answering patterns. Do not exceed a child's level of competence; if he/she does not understand you, simplify your questions.
- Eagerness to please—Be aware that children may make up a response if they don't know the answer in order to satisfy you. Look at the details of what the child is saying and assess the authenticity through comparison with other information provided.
- **Gender, ethnicity and cultural considerations**—Be aware of diversity in your community and language, cultural, and gender differences that might affect the interview process.
- **Communicating effectively with children**—Communication skills, both yours and the child's, are vital tools. A child's level of language skills affects how you talk to each of them and how you interpret what they say.

INTERVIEWS WITH OTHERS

You may have already talked with the child before you talked with others at the scene. However, it may be necessary to interview the child again. Before a planned interview with the child, talk with other people who may be involved in the situation and obtain as much information as possible from them. Find out about the victim, the circumstances of alleged maltreatment, and others who may be involved. This will help you plan an interview strategy, assess the child's statements for validity or completeness, and focus on key areas the child may try to avoid. Those to interview may include, in recommended order:

- **Reporting Party**—Ask for basic demographic and specific behavioral information about the child and family, and details of the alleged maltreatment.
- **Person to whom the abuse was first disclosed**—Ask how disclosure was made and worded, and who else may have been told.
- **Parents and family members**—Ask about family relationships, the child's history, and the allegation in general, revealing only what is absolutely necessary of what the child said. Stress that you are seeking the truth of what happened. Parents may react to the situation with anger, hostility, vengefulness, grief, or disbelief; allow them to express their feelings, then get back to your questions. Instruct parents not to question or coach the child about the alleged abuse, but they can discuss it if the child brings it up. From siblings, seek corroborating information about the alleged victim.
- **Child's friends**—The child may have revealed more to peers than to adults.
- **Teachers and caretakers**—Interview whoever has frequent contact with the child and might notice changes.
- **Professionals**, such as youth services case workers, social workers or doctors, who are already serving the child.

PREPARING THE INTERVIEW

Preparation is essential for interviewing a child. It is important for the child to feel comfortable, so focus on the child's needs. Those needs usually do not oppose the needs of the case, so simply keep the child in mind. In addition, your knowledge of and comfort level with children will have an impact on your effectiveness as an interviewer. Your perspective and objectivity are also vital; remain neutral during the fact-finding, investigative stage; refrain from forming judgments about whether abuse has occurred. Making judgments ahead of time can bias how you conduct the interview. In the intervention stage, when and only when the investigation is complete, you may choose to intervene and advocate for the child's best interests.

- **Joint interviewing with other professionals**—Interviewing a child is a complex process, and the team approach helps. The child is usually interviewed by many people, but the team approach minimizes the number of interviews and the stress on the child. You may conduct interviews with team members, or you may interview alone. If you will be alone, tap others' knowledge to prepare

yourself, to develop an investigative strategy, and to anticipate pitfalls in interviewing. One-on-one interviews help limit distractions; if you prefer to conduct joint interviews, have one person take the lead. If a child is inhibited by the presence of more than one interviewer, have others observe from a distance or behind one-way glass. No matter how many interviewers are present, start with introductions to set the child at ease.

- **Setting**—A conducive environment where the child feels comfortable can greatly ease his/her openness with you. Select a child-friendly setting with tools you can use for communication (see Props below). Avoid interviewing at mealtimes or late at night. Choose a method of documenting the interview, such as audio or video taping. Consider the advantages and disadvantages of each method (described at the end of this section). Have the equipment ready.

STEPS IN THE INTERVIEW

Interviews usually proceed through several phases: the initial phase, inventory, questions, and conclusion. Your progress through these phases, described below, will depend on your interaction with the child. Each interview will be different.

- **Initial phase**—Start the interview gradually with neutral, nonthreatening activities.
 - **Rapport-building**—It is critical to build trust and rapport with the child, so be supportive.
 - **Structure**—It is important to set a structure to the interview, so the child understands clearly what is expected of him or her. Explain what is going on and why you are there. Provide the child with choices about how to proceed, such as asking where he/she would like to sit, so the child will feel empowered and under control.
 - **Assessment**—Prior to asking about abuse, always assess the child's developmental level (physical and emotional), language skills, suggestibility and credibility, understanding of truth vs. lies or fantasy vs. reality, and habitual answering patterns, such as if he or she always answers yes. The early part of the interview may begin with your asking, "Do you know why we are here?" so you can assess how well the child understands the situation. A two-way conversation, in which the child is asking you questions, indicates he or she is comfortable enough to proceed to the next phase.
- **Inventory phase**—If the child understands what is expected of him/her at this point, then you can say, "Can you tell me about what happened?" If the child indicates that he/she does not understand why you are there, you can say, "We are here to talk about what happened." Then you can start to inventory or gather information about the specific elements of the crime or whatever happened to the child. The goal is to talk about the child's environment and reconstruct the circumstances of maltreatment.
- **Props**—Use the tools described below to mentally place the child in the time and place of abuse, and ask him or her what happened. Props may facilitate obtaining clear anatomical and other information, especially from reluctant children struggling with difficult emotions. **Caution:** Use of anatomically-correct drawings and dolls to assist in a discussion of sexual abuse requires great care even in the hands of an experienced interviewer to avoid legal challenge. Check your state laws to see if the use of these tools is acceptable in court.
 - **Anatomical and freehand drawings**—Freehand drawings may work best for discussing the victim's body, anatomical drawings for the suspect's. Plain paper and crayons may also be useful for the child to tell his/her own story.
 - **Anatomical dolls**—Racially and culturally diverse dolls should be available.
 - **Hand puppets**—The child may relate to a puppet better than to you, so try using one to break the ice by deflecting attention from you to an alter ego.
 - **Toys**—These may aid in discussing non-anatomical aspects of the case, such as vehicles, buildings, or instruments. They might include dollhouses, play telephones, toy cars, etc. Toys unrelated to the case, such as teddy bears, may also comfort the child or set him/her at ease. Use of toys unrelated to the case should be limited to avoid distracting the child from your questions.
- **Question phase**—Questions form the essence of the interview. In this phase, ask more specific questions about who was involved, what happened, when, where, and how. For young children,

"when" is a difficult question to answer, and "why" questions often imply blame to a child, who may hold him/herself responsible for the maltreatment. Specific information you need includes offender identity; other victims; witnesses; acts committed and names for them; length/frequency of abuse; locations, dates, and times; people disclosed to; and potential location of evidence. There are five types of questions:

- **General**—These usually provide information about state of mind or circumstances. They tend to be harder for children to answer than adults, but can be useful, especially in the initial phase of the interview.
- **Focused**—These are often forensic in nature and directed toward abuse. Make them open-ended, such as, "Can you tell me what happened when you were home with your Mom?" to insure integrity of answers. Use them with anatomical props, or if you are not getting responses to general questions.
- **Multiple choice**—Use if you are getting no response to focused questions, or if you need specifics to decide whether there was victimization.
- **Yes/no questions**—These may suggest a "yes" answer, so use only as a last resort, and vary the questions so some are "no" answers.
- **Leading questions**—Avoid them at all times, for they can destroy your interview's credibility. These questions are intended to elicit a particular answer. For example, they may start with, "Isn't it true that..." or suggest a particular suspect to the child.
- The interview process is a slow progression to full disclosure. Emphasize the importance of truthfulness with the child and gently probe for secrets or threats. Listen carefully and reflect the child's responses back to him/her, such as, "I can see this is hard for you to talk about; can you tell me why?" Demonstrate your concern with the child's fears, without suggesting how he/she should feel. Allow long pauses, and give the child time to answer; don't interrupt his/her recall of an abusive event. Being sensitive to the child's reactions will tell you how hard to push for answers; or you may need to refocus or adjust the direction of the interview. Your role is to remain neutral and uncover the facts, while protecting the child from interview trauma.
- **Concluding the interview**—It is difficult to know when to stop an interview. Use your judgment to be aware of when the child is stressed and has had enough. Not all interviews may produce a full disclosure the first time. Not all children will disclose during the first interview. It may be necessary to arrange for treatment services in order for the child to feel safe to disclose. Regardless of the outcome, maintain trust and rapport with the child, as this will aid future interviews. Thank the child and acknowledge that he/she has been brave, but neither praise nor condemn him/her. Elicit and answer any questions you think he/she may have. Avoid telling the child that nothing is wrong, or making promises you may not be able to keep. Make it possible for the child to contact you in the future. End with a fun, neutral activity, Connect the child with a victim/witness advocate or children's advocacy center if treatment services are necessary. Such organizations can provide support and services for the child throughout investigation and prosecution.

DOCUMENTATION

As with other evidence, good records are essential. Make them as soon as possible so you can remember verbal and nonverbal responses.

- **Written reports**—Include special names the victim calls the alleged abuser.
- **Video and audiotape**—The merits of taping child interviews are debatable. Disadvantages are that tapes can be thrown out of court or used to attack the victim or interviewer. Recording equipment may increase a child's shyness. Advantages are that tapes are a way to avoid multiple interviews or court testimony, and are an exact record of what was said; video documents nonverbal cues and emotions, as well as verbal ones. Decide on a case-by-case basis. If you want to videotape the child, consult with the state and district attorneys beforehand, and reference this in your report. You may wish to use tapes as note-taking tools to free yourself from distractions during the interview, then make your official written report later.

SECTION 5 INTERVIEWING THE SUSPECT

Preparation Steps in the Interview Followup

How you interview the suspect may have a great impact on the success of the case. Interviews may lead to admission of guilt and resolution of the case without a trial. This outcome means, of course, that the child can avoid the possible trauma of appearing in court. Suspect interviewing is usually a process, not a single event; it starts with preparation before you even meet the suspect, progresses through one or several interviews, and ends with your final report.

PREPARATION

Assemble as much relevant information as possible before interviewing a suspect. Learn as much as you can about the suspect, how the law limits actions you are allowed to take, and what the protocols are for involving other agencies or professionals. Get warrants if needed, and prepare an interview strategy.

- **Background check on suspect**—Gather this information from spouses, boy/girlfriends, teachers, friends, neighbors, case workers, coworkers, and any other sources. They may serve later as witnesses, so to preserve the integrity of their future testimony, reveal as little as possible to them about the case; this strategy also protects their confidentiality. Look for information about:
 - Other victims
 - Prior records or history of abusive or neglectful behavior
 - Relationships with friends and relatives
 - Relationship with victim
 - Habits and lifestyle
 - Parenting styles, discipline, babysitting practices
 - Character traits and idiosyncrasies
 - Interest in pornography
 - Substance abuse
 - Alibi
- **Profiles**—Develop a comprehensive profile of the suspect based on the information you have gathered.
- **Perpetrator topologies**—All suspects are different; they may not fit stereotypes of offenders. But understanding common topologies may help you make decisions about the direction of your investigation, where to look for evidence or victims, and strategies for interviews. Maltreatment offender characteristics include:
 - **Common characteristics**—There are some characteristics common to many types of abusers. Recognizing them can be valuable to you in interviewing the suspect, making it easier for you to sympathize so he/she will be more likely to tell you the truth about the alleged abuse. One or several characteristics may fit your current case. However, it should be stressed that many abusers do not display these characteristics. Be alert for signs of abuse and maltreatment in all cases you encounter.
 - **Family history of abuse**—The perpetrator was abused or neglected as a child, and so he/she is likely to continue this familiar behavior pattern. This characteristic is found in most types of abusers and neglecters.
 - **Isolation and lack of support**—Physical or social isolation can stimulate most types of abuse. The perpetrator has no relatives, friends, or community supports to counter stress.

- **Lack of control**—The abuser loses control of impulses easily, a situation often exacerbated by use of drugs or alcohol. This pattern is seen most often in physical and sexual abusers.
- **Family stress**—Chronic stress, such as unemployment, marital strife, poverty, depression, or chronic medical problems, can affect a parent's ability to provide child care. This factor is most common to physical abuse and neglect cases.
- **Crisis**—Any family or work crisis may precipitate abusive behavior in a person already lacking control. Trigger mechanisms can include loss of a job, illness, or death, or everyday demands of child care. It is a factor common to physical abuse or acute neglect.
- **Unrealistic expectations of the child, or the child's handicaps that result in extra child care**—these demands can push caretakers over the edge. They are most common in neglect or physical abuse cases.
- **Physical abusers**—They share characteristics with other types of abusers as described above.
 - **Sexual abusers**—These tend to fit into one of two very different groups:
 - **Pedophiles**—These are also called preferential abusers. These individuals are fixated on children. They are often well-educated, manipulative, and adept at selecting and luring victims. They view themselves in a "sex educator" role to children, and don't think they are doing anything wrong or hurting children.
 - **Regressed**—These are also called situational abusers. These individuals are not obsessed with children, but take advantage of whatever situation presents itself. They are often socially inadequate, less intelligent, unemployed, and/or alcohol or drug abusers (Source: Commander Brad Russ, Personal Communication, July 11, 1995.)
- **Neglecters**—Characteristics vary, but cases can sometimes be classified as:
 - **Acute**—Isolated neglect cases caused by a new, temporary source of stress or a crisis. These kinds of cases are the easiest to resolve, given sufficient supports.
 - **Chronic**—Consistent patterns of neglect and lack of attendance. These can range from apathetic parents, to teens who are ignorant of parenting skills, to immature older parents who crave excitement and neglect their children, to caretakers who are intentionally abusive and malicious.
- **Warrants**—Talk with the district attorney to help decide whether an arrest or search warrant is needed. You may need to act on probable cause. Act quickly to get a warrant if you think:
 - You may obtain or preserve additional evidence with one
 - Suspects may try to destroy evidence once they know they are being investigated
 - Suspects may flee, or
 - Suspects may harm the child.
- **Strategies**—Once you have gathered evidence and developed a profile, plan an interview strategy—Your goal is to get to the truth, ideally through a confession that will end the case. Elements of your strategy include timing, setting, interviewers present, and being aware of the differences between interviewing adults and interviewing juveniles.
 - **Timing**—If possible, conduct the interview at a point in the process that is best for you, not the suspect.
 - **Setting**—Conduct the interview at a location that gives you the advantage. The best place is the police station where you have better control and can easily record the interview. The police station is the preferred location to interview a repeat offender. However, it may be necessary, or even beneficial, to interview at the suspect's home, where he/she may be more comfortable and more likely to be talkative. At any site, try to use a quiet, private room with few distractions.
 - **Recording**—At a minimum, plan to audiotape the interrogation. Video can also be used; it is preferred in sexual abuse cases.
 - **Interviewers present**—In most cases, have more than one officer present. Two officers provide control and can play different roles in the interview (as in the "good-cop, bad-cop" method). Have the most qualified person present conduct the interview. Interviewing sexual abuse suspects may work better with only one interviewer, with any others behind one-way glass, to give the suspect a sense of privacy. Wear civilian clothes, not a uniform.

STEPS IN THE INTERVIEW

Most interviews progress through several stages: The interview (as distinct from interrogation), when a friendly discussion of the case occurs; interrogation, when suspects are confronted with the charges; disclosure, when suspects explain their side of the story; and conclusion. The following section provides pointers on how to proceed through these phases to a successful conclusion.

- **Interview/discussion of the case**—The interview phase serves to establish a relationship with the suspect. It usually lasts about half an hour, but take as much time as necessary. This phase includes, in order:
 - **General discussion of situation**—This should be a relaxed conversation that may even talk around the topic, discussing the suspect's interests, lifestyle, work, or family.
 - **Rapport-building**—Even with hard-core offenders, make suspects feel relaxed and comfortable, as they are more likely to talk if they are. Be relaxed, objective, non-judgmental, and non-threatening. Sit across from the suspect, not behind a desk. Couch the discussion as if the suspect can provide useful insights.
 - **Evaluating nonverbal clues**—Observe the suspect's ability to articulate, body language, and tone of voice to help you decide what direction to take and whether the suspect is comfortable enough for you to move on to the next stage.
 - **Discussion of victim**—Ask suspect to characterize the victim. Try to find out what problems they think the victim has with them, how truthful they think the victim is, and whether they have had opportunities to be alone with the victim.
- **Interrogation**—Here the conversation switches from investigatory to accusatory. However, continuing to use a sympathetic, supportive approach will encourage the suspect to reveal more information.
 - **When to begin confrontational phase**—Indicators are if suspect:
 - Makes self-incriminating statements
 - Denies ever touching or hurting the child, or
 - Asks you what the victim said happened. Begin by clarifying what they mean.
 - **When to Mirandize**—If the suspect's answers make you think it is time to discuss the actual offense, read the suspect his/her rights; this is the start of the interrogation phase. Be aware that the suspect may not be as willing to talk after this point. When in doubt, Mirandize.
 - **Introducing allegations**—Begin gradually, then embellish or minimize accusations, whichever method works the best to get the suspect to talk. Be sure the elements of the offense are clearly stated. Avoid revealing all your evidence up front.
- **Disclosure**—The goal of your interview is to get the suspect to tell the truth and disclose what happened. Several techniques help:
 - **Giving suspect an out**—Guilt, shame, and fear of judgment stimulate denial, so letting suspects rationalize and minimize the incident may make them feel better about what they did and so they will admit it. For suspects that seem to feel guilty, suggest excuses that imply that you understand, such as, "You're not a bad person," "Everyone makes mistakes," or, "You were under stress." Letting suspects save face helps them tell the whole story. A respectful and sympathetic attitude gains more disclosure than a threatening one.
 - **Avoid interrupting conversation**—Let long pauses continue, because sometimes an uncomfortable silence stimulates a disclosure. Breaking the silence or interrupting suspects may let them off the hook by releasing pressure.
 - **Assessing suspect's credibility, clarifying, and rooting out inconsistencies**—If you think suspects are lying, try to disprove what they claim happened. There will be a fault in their story. Seek to clarify using open-ended questions. Gradually confront them with contradictions in their story, or with evidence, real or implied. Focus on weaknesses in their story, increase pressure, and give them an out to escape it. Clear up inconsistencies.

- **Being persistent**—This strategy makes suspects believe that you think they did it, without being critical or judgmental. If they are nervous, point that out. Then give them the chance to tell their story.
- **Insisting on truth; polygraphs**—One approach is to say that everyone believes the child and that the child would not lie, and only the suspect can explain what really happened and why. Insist they tell you the truth. If they will not, suggest a polygraph, and have one immediately available.
- **Obtaining statements**—When you feel you have as much of a disclosure as you are likely to get, it is important to obtain a voluntary statement. Any statement is better than none, and will be helpful if the case goes to court. A confession may eliminate the need for a trial so the child will not have to testify. Statements should place the suspect at the scene with the victim. Statements may be:
 - Handwritten (less effective)
 - Typewritten and signed, or
 - Audio or videotaped (preferred, very effective in court).

If you cannot get a statement, you can still make a strong case based on any contradictions or lies you have uncovered, and on solid corroborating evidence.

- **End of the interview**—Your next decision is what to do with the suspect—whether to arrest or release him or her. Treat him/her in a manner that will not increase the risk to others or be detrimental to the investigation.
- **Arrest**—Arrest or hold the suspect if he/she may be a threat to the victim, themselves, or others, until you can assure safety. Your first priority is to protect the child and others.
- **Release**—Let the suspect go if safety is assured, but clearly explain the conditions under which you are releasing him/her.

In either case, explain to the suspect what will happen next.

FOLLOWUP

Several tasks remain, including documentation, follow-up interviews, and working with witnesses and others involved in case prosecution or other proceedings.

- **Documentation**—Document the interview carefully including your own role and conduct so it is not an issue in court. Taping suspect interviews is an acceptable and useful practice. Write a thorough report, and disseminate it appropriately.
- **Closing loopholes**—Conduct followup interviews with the suspect or others as needed, and pursue any further leads or evidence that your interview has uncovered. Assess the credibility of evidence, and work to corroborate interviews with evidence.
- **Other witnesses and professionals**—Work to assure their continued cooperation throughout the process until the case is resolved.

SECTION 6 MAKING THE CASE-COURT PROCESS

Processes
Team Approach
Preparing for Court
In Court
Case Disposition

Child maltreatment investigations may result in criminal prosecution, child protection proceedings, or both. Child protective cases are more prevalent because only a small percentage of child abuse and maltreatment cases go to prosecution. Nonetheless, all cases require your best investigative skills. Other successful outcomes besides prosecution can result, such as treatment for troubled families. But always handle a case as if you will have to go to court; if you are called upon to be part of a criminal prosecution or child protection proceeding, you need to be prepared. Your responsibilities may be to gather evidence, prepare witnesses (sometimes including the child) to appear in court, and/or testify. The following section describes processes of criminal and child protective proceedings, how to prepare for court, steps and tips for providing testimony, and possible case outcomes.

PROCESSES:

In both criminal and civil cases, your role is the same, but the goals and processes differ. For example, Miranda warnings are not as important in civil proceedings, and the burden of proof is less demanding. This section describes the key elements in these two types of cases.

- **Criminal cases**—The goals and process are basically the same as in any criminal prosecution. But child maltreatment cases are harder to prosecute, may have parallel civil proceedings, and require special sensitivity to protect children from trauma.
 - **Goals:**
 - Retribution
 - Rehabilitation
 - Punishment
 - Protection of society
- **Stages of prosecution**—The steps in a child maltreatment prosecution, as in any criminal case, are:
 - **First appearance**—Shortly after arrest, the suspect appears before a judicial officer who advises him/her of the charges and his/her rights, and sets bail. Bail may include restricting contact with the victim or any children. You will probably be present.
 - **Preliminary hearing or grand jury review**—A judge or grand jury determines whether there is enough evidence to support the charges. The officer is the chief witness.
 - **Trial**—The officer often testifies.
 - **Sentencing**—This often includes penalties, treatment, and/or prohibitions on contact with children.
- **Child protective cases**—only some reported abuse cases go to court: if the child must be removed from the home, if past efforts have not corrected the problem, if the child is still at risk, and if court is seen as an effective way to correct the problem.
 - **Goals:**
 - Protection of child safety and welfare
 - Addressing family problems so the child can remain or return home, or, if the child cannot, timely placement in a permanent home.
- **Stages of process**—Normally these include:
 - **Emergency removal hearing**—Also called a shelter hearing or temporary custody hearing, this determines whether the child should be removed from the home until the court decides the

facts of the case. It is usually held within ten days. You may or may not be required to testify, but must provide any evidence.

- **Adjudication hearing**—This determines whether the child was abused. You must provide full testimony.
- **Disposition hearing**—If adjudication finds abuse or neglect, disposition orders how to protect the child and correct the problem, in the areas of custody and services. The officer usually plays no role.
- **Review of disposition**—Within 18 months, the disposition is reviewed to assess progress in returning the child home or placing him/her in a permanent home. You are not involved unless further abuse has occurred.
- **Disposition of case**—Appropriate action is taken based on the review just completed.
- **Proceedings for terminating parental rights**—If necessary, a court terminates legal ties between the child and parents, and frees the child for adoption. You will testify if the proceeding is to be held in a different court or if further abuse has occurred.

TEAM APPROACH

In either type of case, draw on the assistance of prosecutors, social workers, and any other professionals you think can help you understand the process, make your job easier and less stressful, anticipate the defense attorney's actions, minimize the child's trauma, and create the best possible result for the child. A successful team should be in place before you need it, and may include at least:

- **Prosecutor**—Usually an assistant district attorney, who can tell you which state statutes were broken and which can be proven in court.
- **Child protective services attorney**—He/she will handle the case if it is a child protective proceeding.
- **Social services representative**
- **Victim/witness advocate**

PREPARING FOR COURT

Since child maltreatment cases are difficult to prosecute successfully, they require making a tight case. In prosecution, as in the other phases of your investigation, the key to success is preparation: of evidence, of the child and witnesses, and of yourself, as described in this section.

- **Evidence preparation**—Careful collection, documentation, and, especially, preservation of evidence is essential. Comprehensive, conclusive, unimpeachable evidence may persuade the defendant to plea-bargain, thus avoiding the stress of a trial for the child. In child protective cases, work with CPS to prepare the evidence. Types of evidence needed include:
 - **Reports**, including the initial report of child maltreatment, information you have generated such as your description of what happened, background information, evidence checklist, interview results and documentation, and any other pertinent information.
 - **Physical evidence**, including general evidence collected from the scene, such as diagrams made at the scene and objects that may have been used to injure the child, blood stains, fingerprints, sexual devices, etc., and evidence from individuals.
 - **Photos** of the child, suspect, and scene of the incident, including photos of injuries, signs of neglect, and evidence of sexual abuse.
 - **Medical records**, including the results of exams of victim and suspect performed by medical personnel. Remember that medical records are confidential unless subpoenaed or released by written consent of the victim's guardian.
 - **Defendant history and/or statement**, including the results of any background check and any statement or confession made by the suspect.
 - **Victim history** and patterns of conduct, including information you have obtained from others about the victim, the circumstances of the alleged maltreatment, and others who may be involved.

- **Potential witnesses and parallel court actions**, including information obtained from people such as the reporting party; the victim's parents, family members, friends, teachers, and caretakers; the suspect's friends and relatives; and other sources.
- **Circumstantial evidence**—this may be important, as it may be the only evidence available in these types of cases.
- **Preparing children as witnesses**—The child is likely to be the only eyewitness in these cases. Whenever possible, someone other than police officers should prepare the child for court. School counselors, caseworkers, or victim witness advocates may fill this role and support the child as well. But if the responsibility falls to you, draw on the resources of your multidisciplinary team and/or community support services for assistance, and use communication techniques with the child as described in Section 4 to lessen the child's stress.
 - **Sources of stress**—Court appearances are stressful even for adults, and can be truly frightening to children. Stress for the child comes from:
 - Fear of the unknown
 - Unfamiliar language and procedures
 - Courtroom, judge, jury, attorneys, court officers, and spectators
 - Cross examination, which challenges the child's credibility
 - Disruption of school and family routines
 - Confronting the alleged abuser in court, especially if a parent or family member.
- **Techniques**—To help overcome these stresses:
 - **Be sensitive** to the child's feelings.
 - **Avoid adding trauma or stress**—Stress can result in suppressed memory or refusal to discuss the incident.
 - **Make children feel comfortable and secure**—They will remember more of the incident, talk about it, and be more convincing in court. They will also be less likely to recant before testifying.
 - **Use familiar investigators**—Individuals the child has met before in joint inter-views, for example, as he/she will be more comfortable with people who have previously shown sensitivity.
 - **Explain the process**—Demystify what is happening, by explaining in a way that the child can understand about the investigation and trial. Tour the courtroom or courthouse beforehand, if possible. Explain the process of swearing in, providing identifying information, and direct and cross examination by attorneys for both sides (see below), so the child will know what to expect and what he or she will be asked; this also refreshes his or her memories about the case.
- **Preparing parents and other witnesses**—You will not be likely to prepare other witnesses for court. Your role is to maintain a connection to the family, but not be directly involved. You should explain to them what is happening in the process, as you do with the child. Witness preparation for maltreatment cases is similar to that for any other type of case.
- **Preparing yourself to testify**—Trials are also a source of stress for police officers. For one thing, you will not be in charge of the situation. Counter any nervousness by being prepared and understanding the process as described below.
 - **Preparation, practice, and organization**—These help you eliminate surprises. Prosecutors can help you prepare to deliver quality testimony, explain the kinds of testimony you may be asked to give, and alert you to possible defense strategies.
 - **Understanding the testimonial process**—There are three basic types of examination: direct, cross, and rebuttal.
 - **Direct examination**—The attorney who has called the witness starts the questioning, so in your case the prosecutor asks you questions as a prosecution witness. These are usually

open-ended, giving you the opportunity to provide answers that will present evidence in Support of the case.

- **Cross examination**—This usually follows direct examination. The opposing attorney (in this case, the defense), asks brief, closed-ended questions to try to weaken your testimony. Yes/no answers are usually expected and longer explanations not allowed. Leading questions, which suggest an answer, are usually permitted. This is often the most difficult part of being a witness. The defense may attack a law enforcement officer's investigative procedures, judgment, experience, interpretation of facts, or bias. To counter this,
 - Have confidence in the prosecutor's judgment about the case's chances; weak cases do not go to court.
 - Be prepared.
 - Remain calm and professional, which can make an overzealous defense look bad.
 - If the defense interrupts your testimony and the point is important, the prosecutor can ask you to elaborate during rebuttal.
- **Rebuttal**—The original attorney (prosecutor in this case) may conduct a redirect examination to follow up on issues raised in cross examination, giving you a chance to clarify. Then the opposing (defense) attorney has one more chance to recross-examine points made in rebuttal.
- **Important areas of preparation**—these can be points of weakness at trial, so attend to them thoroughly beforehand:
 - Warrants—These may also be required in child protection proceedings. Make sure you know when you may conduct a warrantless search and when you need to have a search warrant and how to get it. Then review the steps you took in this case.
 - Consent to search—Make sure you have any consent-to-search forms you may have obtained during the investigation of this case, and review the steps you took to get them.
 - Evidence preservation
 - Chain of custody—Both law enforcement and child protective agencies should have established methods to assure a secure chain of custody for evidence that will guarantee its admissibility. Evidence gathered by CPS may require law enforcement custody to ensure security.
 - Miranda—Remember that you should Mirandize before you begin interrogating a suspect. You may not need to do it if a child protective services representative is present, but you may have to do it if a multidisciplinary team is present. When in doubt, Mirandize.
 - Confessions and statements—Review the information you have collected from the suspect and make sure it is documented thoroughly.
 - Hearsay evidence—This is a statement, made out of court by a third party, that is intended to prove an allegation. For example, a statement by a relative describing what the child said about the alleged abuse may be presented in court without the relative being present. Criminal cases rarely admit hearsay as evidence, but civil cases may do so. Check with a lawyer. There are hearsay exceptions if the information is critical.

IN COURT

When you are providing testimony:

- Listen carefully to each question.
- Do not volunteer information.
- Be truthful and objective—Give direct answers, don't evade or argue, be unemotional.
- Use appropriate language, speak clearly and loudly.
- Dress professionally.
- Follow the prosecutor's instructions.
- Watch your non-verbal language—This has an impact. Sit up straight and make eye contact with questioners and jury; avoid glaring at the suspect.

CASE DISPOSITION

There are several possible outcomes for cases. In criminal trials, ideally, the perpetrator is convicted. But sometimes the case is lost, for a wide variety of reasons, or a plea bargain for lesser charges may be struck. In child protective cases, the child may stay in the home, and the family receives treatment. But sometimes the child must be taken from the parents, either temporarily or permanently, and placed in the care of relatives or foster parents. Less-than-ideal outcomes can be sources of stress, for you and others. It helps to keep perspective and remember that:

- It is not your job to judge guilt or innocence.
- You did your job to the best of your ability, minimized trauma to the child, and made a difference in that child's life just by being involved.
- Every investigation makes progress in combatting child maltreatment.

APPENDIX

- A. Background Information about Child Abuse
- B. Resources and Training Available
- C. Child Maltreatment Investigation Flow Chart

APPENDIX A Background Information about Child Abuse

DEFINITIONS:

Legal definitions of child maltreatment are found in the federal Child Abuse Prevention and Treatment Act (Section. 113 [42 U.S.C. 5106g], in quotes below) and state laws governing reporting, juvenile or family court, and criminal acts. Other definitions are operational and stem from agency procedures and practices.

- **Child**—"A person who has not attained the lesser of-(A) the age of 18; or (B) except in the case of sexual abuse, the age specified by the child protection law of the State in which the child resides."
- **Child maltreatment**—All forms of child exploitation and abuse, including all those below plus a broad range of other cases such as child prostitution, child pornography, etc.
- **Child abuse and neglect**—"Physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child by a person who is responsible for the child's welfare." Includes the withholding of medically indicated treatment for disabled infants with life-threatening conditions.
- **Physical abuse**—Physical injury to a child. Injury is not accidental, but need not be intentional to constitute abuse. Includes any injury requiring medical treatment resulting from punishment, and any involving hitting with an instrument or closed fist, kicking, burning, or throwing the child, regardless of severity of injury.
- **Sexual abuse**—" (A) The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or (B) the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children." Includes intercourse, sodomy, fellatio, genital manipulation, or exposure. Intercourse is defined as rape or incest, depending on biological relationship. Differs from sexual assault in that it is by a person responsible for the child's care.
- **Mental/emotional abuse**—Acts or omissions that could cause serious behavioral, cognitive, emotional, or mental disorders. Failure to meet basic developmental or emotional needs of a child. Includes punishments such as imprisonment, habitual scapegoating, or rejecting treatment. The most difficult form of abuse to identify, it is usually also present if other forms are. Caregivers of abused children rarely seek help for the problem, as nonabusive parents do.
- **Neglect**—Failure to meet basic physical or health needs of a child. Can be physical (failure to provide health care, abandonment, inadequate supervision, or expulsion from home), educational (failure to obtain meet educational needs), or emotional (spouse abuse in child's presence, permitting substance use by child, failure to provide psychological care). Should be distinguished from the effects of poverty or cultural norms.

STATISTICS ON CHILD ABUSE

- In 1993, almost three million children were the alleged subjects of child maltreatment.
 - Almost 50 percent of victims suffered from neglect.
 - 25 percent suffered physical abuse.
 - 15 percent suffered sexual abuse.
 - 4 percent suffered emotional maltreatment.

- 9 percent suffered other maltreatment.
- Currently, 45 out of every 1000 children (4.5 percent) are reported as victims of child maltreatment. One-fourth of abuse victims are under two years old.
- Overall child abuse reporting levels have increased 50 percent between 1985 and 1993.
- Educators report almost half of child maltreatment cases; others are reported, in order, by the legal and justice system, child protective services, and medical professionals.
- More than three children die each day across the U.S. as a result of child abuse or neglect.
 - Nearly 1300 children died as a direct result of abuse and neglect in 1993; approximately 42 percent of these deaths occurred to children known to child protective service agencies as current or prior clients.
- Since 1985, the rate of child abuse fatalities has increased by half.
- Up to 20 percent of children who suffer physical abuse are injured permanently.
- Two-thirds of rural states report higher rates of child abuse than the national average.
- Fifty-five percent of child abuse victims are Caucasian. Child abuse affects all social classes and races, and both genders equally.
- Anywhere from 6 to 63 percent of women report at least one experience of sexual victimization as a minor.
- It is estimated that nine to ten million children are directly affected by substance-abusing parents, and over 675,000 children are seriously mistreated annually by an alcoholic or drug-abusing caretaker.

(Sources: National Child Abuse & Neglect Data System, 1993; The Merck manual of diagnosis and therapy. 1987)

APPENDIX B

Resources and Training Available

This handbook can only provide a brief condensation of procedures and information about child maltreatment investigation. There are many more sources of specialized training programs, educational materials, and other resources about child maltreatment available to aid law enforcement efforts in combatting this difficult type of crime more effectively. Such resources improve the officer's ability to investigate and resolve cases, to treat children with sensitivity during investigations, and to cope with the personal emotional impacts. The following is a partial list of such resources in a variety of formats.

NATIONAL ORGANIZATIONS:

- National Child Welfare Resource Center for Organizational Improvement
Center for Child and Family Policy
Edmund S. Muskie Institute for Public Affairs
University of Southern Maine
P.O. Box 15010
Portland, ME 04112
1-800-HELPKID
- National Criminal Justice Reference (NCJRS)
National Institute of Justice
P.O. Box 6000
Rockville, MD 20849-6000
(800) 851-3420 or (301) 251-5000
email: LOOK@NCJRS.ASPENSYS.COM
- Clearinghouse on Child Abuse and Neglect Information
P.O. Box 1182
Washington, DC 20013
(703) 385-7565
- National Center for Missing and Exploited Children
2101 Wilson Boulevard
Suite 550
Arlington, VA 22201
1-800-843-5678 or (703) 235-3900
- National Center for the Prosecution of Child Abuse
99 Canal Center Plaza
Suite 510
Alexandria, VA 22314
(703) 739-0321
- National Committee for Prevention of Child Abuse
332 South Michigan Avenue
Suite 1600
Chicago, IL 60604-4357
(312) 663-3520
email: NCPCA@CHILDABUSE.ORG
- The National Resource Center on Child Sexual Abuse
2204 Whitesburg Dr., Suite 200

Huntsville, AL 35801
(205) 534-6868 or 534-6883 fax

- ABA Center on Children and the Law
740 15th Street, N.W., 9th Floor
Washington, DC 20056-1009
(202) 662-1736

TRAINING PROGRAMS

- American Society of Law Enforcement Trainers (ASLET)
102 Dock Rd., P.O. Box 361
Lawes, DE 10050
(302) 645-4080 or 645-4084 fax
Training/programs offered: Material presented at an annual international conference and various regional conferences. Topics vary. Most are of particular interest to law enforcement personnel; however, many would be of interest to a multidisciplinary audience.
- International Association of Directors of Law Enforcement Standards and Training (IADLEST)
Florida Dept. of Law Enforcement
P.O. Box 1489
Tallahassee, FL 32309-1489
- International Association of Chiefs of Police
515 North Washington St.
Alexandria, VA 22314
(703) 836-6767 or 836-4543 fax
Training/programs offered: General training.
- National Association of Chiefs of Police
3801 Biscayne Blvd
Miami, FL 33137
(305) 573-0202 or 573-9819 fax
Training/programs offered: Material mostly of interest to law enforcement line officers, but anyone can register. Topics vary; recent ones include how to recognize abuse, the juvenile justice system, suicide, and the multidisciplinary approach.
- FBI National Academy Associates
George Craves, Sec.-Treasurer
3920 Garden Ave.
Western Springs, IL 60558
(708) 246-1733 or 246-5590
- Office of Law Enforcement Standards
National Institute of Standards and Technology
Gaithersburg, MD 20899
(301) 975-2757 or fax 948-0978
Training/programs offered: Training in law enforcement technologies.
- Office of Juvenile Justice Delinquency Prevention Training
Criminal Justice Dept.
Fox Valley Technical College
1825 North Bluemound Drive
P.O. Box 2277

Appleton, WI 54913-2277

1-800-648-4966 or (414) 735-4757 fax

Training/programs offered: Programs offered throughout the U.S. include Child Abuse and Exploitation Investigative Techniques, Missing and Exploited Children, Child Abuse and Exploitation Team Investigative Program, and other topics directed at those interested in material related to juvenile justice.

AUDIOVISUAL MATERIALS/VIDEO TRAINING

National Child Welfare Resource Center for Organizational Improvement

Center for Child and Family Policy

Edmund S. Muskie Institute for Public Affairs

University of Southern Maine

400 Congress St., P.O. Box 15010

Portland, ME 04112

1-800-HELP-KID

The companion videotape series, *Sworn to Protect* can be obtained from this site.

Law Enforcement Training Network (LETN)

Roll Call Magazine

1303 Marsh Lane

Carrollton, TX 75006

1-800-535-5386

N California Post

1601 Alhambra Blvd.

Sacramento, CA 95816-7083

Attn.: Julie Marshall

(916) 227-4889

AIMS Media

9710 DeSoto Ave.

Chatsworth, CA 91311-4409

1-800-367-2467

PRINTED MATERIALS

Bross, D., Krugman, R., Lenherr, M., Rosenberg, D., & Schmitt, B.(Eds.). (1988). *The new child protection team handbook*. NY-. Garland.

Kaplan, S. (1995). *Child fatalities and child fatality review teams*. Washington, DC: ABA Center on Children and the Law.

Lanning, K. (1987). *Child molesters: A behavioral analysis*. Arlington, VA: FBI, National Center for Missing & Exploited Children.

Pence, D. & Wilson, C. (1992). *The role of law enforcement in the response to child abuse and neglect*. Washington, DC: U.S. Dept. of Health & Human Services, National Center on Child Abuse and Neglect.

Shepherd, J. R., Dworin, B., Farley, R. H., Russ, B., & Tressler, P. W. (1992). *Child abuse and exploitation: Investigative techniques* (2nd ed.). Washington, DC: U.S. Dept. of Justice, Office of Juvenile Justice and Delinquency Prevention.

TOLL-FREE HOT LINES

- National Center for Missing & Exploited Children
1-800-843-5678
- National Runaway Hotline
1-800-231-6946
- National Youth Crisis Hotline
1-800-442-HOPE (442-4673)
- Child Help USA (for victims, offenders, and parents)
1-800-4-A-CHILD (422-4453)

