

# THE STATE OF NEW HAMPSHIRE



**ATTORNEY GENERAL'S TASK FORCE  
ON CHILD ABUSE AND NEGLECT  
DIVISION FOR CHILDREN YOUTH AND  
FAMILIES**

**NEW HAMPSHIRE NETWORK OF  
CHILD ADVOCACY CENTERS**

**CHILD ABUSE AND NEGLECT**

<http://doj.nh.gov/victim/domesticprotocols.html>

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# ATTORNEY GENERAL'S TASK FORCE ON CHILD ABUSE AND NEGLECT

The Honorable Kelly A. Ayotte  
Attorney General, State of New Hampshire

**Chair:** Sandra Matheson, Director  
Office of Victim/Witness Assistance  
Attorney General's Office

**Task Force Assistant:** Danielle O'Gorman  
Attorney General's Office

Thomas Andrew, MD  
New Hampshire Chief Medical Examiner

Sergeant Kathleen Kimball  
New Hampshire State Police

Lorraine Bartlett, MSW Administrator  
NH Division for Children, Youth and Families

Grace Mattern, Executive Director  
New Hampshire Coalition Against Domestic and  
Sexual Violence

Karen Carpenter, MA, JD  
New Hampshire Children's Trust Fund

John McDermott, Manager of Field Services  
Division for Juvenile Justice Services

Lucy Carrillo, JD  
New Hampshire Attorney General's Office

Catherine McNaughton, Director  
Hillsborough County Victim/Witness Program

Deb Coe  
New Hampshire Coalition Against Domestic and  
Sexual Violence

Amanda Peterson, Statewide Coordinator  
New Hampshire Network of CACs

Joan Fossum, Education Consultant  
New Hampshire Department of Education

Deb Pullin, CPNP  
CHaD, DHMC

Sarah Fox, MEL, JD  
New Hampshire Court Improvement Project

Brian M. Quirk, JD  
Law Office of PretiFlaherty

Wendy Gladstone, MD  
Exeter Pediatric Associates

Marcia Sink, Executive Director  
CASA of New Hampshire

Anne D. Grossi, MSW, MEd, LICSW  
Behavioral Health Network and  
Neighborhood Health Plan

Alison Vachon, Investigator  
Attorney General's Office

Karen Hebert, Supervisor  
Department of Health and Human Services  
Division of Child Support Services

Helen W. Fitzgibbon, JD  
United States Attorney's Office





## 2007 CHILD ABUSE PROTOCOL REVISION COMMITTEE

**Chair:** Sandra Matheson, Director  
State Office of Victim/Witness Assistance

**Task Force Assistant:** Danielle O’Gorman

Kathryn Adler, MSCJ, former Director  
Child Advocacy Center of Rockingham  
County

Lorraine Bartlett, MSW, Administrator  
New Hampshire Division for Children,  
Youth and Families

Bernie Bluhm, MEd  
formerly with the New Hampshire Division  
for Children, Youth and Families

Deb Coe  
New Hampshire Coalition Against Domestic  
and Sexual Violence

Joan Fossum, Education Consultant  
New Hampshire Department of Education

Sarah Fox, MEL, JD  
New Hampshire Court Improvement Project

Sylvia Gale, former Supervisor  
New Hampshire Division for Children,  
Youth and Families

Wendy Gladstone, MD  
Exeter Pediatric Associates

Anne Grossi, MSW, MEd, LICSW  
Behavioral Health Network and  
Neighborhood Health Plan

Karen Hebert, Supervisor  
New Hampshire Health and Human Services  
Division of Child Support Services

Sergeant Kathleen Kimball  
New Hampshire State Police

John McDermott, Manager of Field Services  
Division for Juvenile Justice Services

Catherine McNaughton, Director  
Hillsborough County Victim/Witness  
Program

Amanda Peterson, MSW, Coordinator  
New Hampshire Network of CACs

Deb Pullin, CPNP  
Dartmouth Hitchcock Medical Center

Allison Vachon, Investigator  
Attorney General’s Office

Kathy Vachon  
CASA of New Hampshire

Jennifer Weeks, RN, former Coordinator  
New Hampshire SANE Program

Kirsten Wilson, JD  
Attorney General’s Office



# PREFACE

## OVERVIEW

Child abuse and neglect is a widespread problem in our society. Every year nearly 900,000 children are confirmed victims of child abuse and neglect nationally. In 2005 and 2006, approximately 7,000 reports of suspected child abuse and neglect were assessed by the New Hampshire Division for Children, Youth and Families (DCYF), the state child protection agency legally mandated to assess reports of child abuse and neglect. This number is particularly staggering when compared to years past: in 1976, DCYF assessed 833 cases of suspected child abuse/neglect; in 1981, 2,714 cases; and in 2000, 7,000 cases.

The complexity of these reports requires cooperative efforts by all professionals involved, not only to assess reports, but also to assist those referred and in need of supportive intervention. No one person or agency can effectively deal with the issues of child abuse and neglect. This Protocol is designed to promote the goals and procedures necessary to successfully respond to cases of child abuse and neglect, utilizing a multidisciplinary/cooperative intervention. Understanding the diversity of the various roles, responsibilities and philosophies within each professional discipline, coupled with cooperation and mutual respect, will result in a professional assessment with the least amount of trauma to the children and families involved.

## HISTORY

The Attorney General's Task Force on Child Abuse and Neglect was established in 1989 with statewide representation from the medical, mental health, legal, law enforcement, victim advocacy, forensic science and child protection communities. The Task Force's mission is to improve the identification, investigation, assessment, prosecution and treatment of child maltreatment cases in New Hampshire. In 1993, the Task Force introduced the first multidisciplinary protocols titled: *Child Abuse and Neglect: Protocols for the Identification, Reporting, Investigation, Prosecution and Treatment*. A second revised edition of the protocols were developed in 1998.

During the 2001-2002 New Hampshire Legislative Session, two bills with similar intent were considered. House Bill 475 looked at a statewide protocol for interviewing in all sexual assault cases, including adults. Senate Bill 433 considered a standardized protocol for the investigation and assessment of child abuse and neglect. The end result of those two bills was a joint recommendation to move towards the development of a Child Advocacy Center (CAC) in all ten counties. This recommendation utilized an existing CAC - the Child Advocacy Center of Rockingham County (CACRC) as a model.

As a result of this recommendation, the New Hampshire Attorney General's Office allotted \$1.5 million dollars as start-up funds for the establishment of a CAC in each county. Thanks to the supporting wisdom of the General Assembly and the New

Hampshire Attorney General's Task Force on Child Abuse and Neglect, coupled with the ongoing financial support from the Attorney General's Office, New Hampshire Child Advocacy Centers are fundamentally changing the state's approach to child abuse services and prevention.

In 2003, using the CACRC as a model, an orientation on the collaborative joint investigative approach of a CAC was developed and delivered to the other nine counties. The result of this effort was the establishment of the New Hampshire Network of Child Advocacy Centers (NHNCAC). NHNCAC's purpose is to promote an integrated, multidisciplinary team (MDT) response to child abuse throughout the state. NHNCAC is a Chapter member of the National Children's Alliance (NCA) and is committed to strengthening collaboration and fostering systemic and societal change to protect New Hampshire's children. Through support of member CACs, the NHNCAC ensures that children and families have access to the high quality, comprehensive, specialized and culturally competent services of a CAC. A strong focus of the NHNCAC is to provide training, technical assistance and professional support for CAC programs and multidisciplinary teams.

During the 2006 New Hampshire legislative session, the NHNCAC in collaboration with the Attorney General's Office, the Department of Health and Human Services (DHHS), the Task Force on Child Abuse and Neglect and law enforcement worked to pass Senate Bill 370, (*See [Appendix N](#)*) which created enabling legislation for the CAC/multidisciplinary model in New Hampshire. This legislation allows for the sharing of information between the multidisciplinary professionals involved in a CAC and mandates that a comprehensive statewide protocol be developed on the investigation and handling of cases of child abuse and neglect.

This Protocol is a result of that collaboration.

## **CHILD ADVOCACY CENTERS**

CACs are community-based facilities that bring together law enforcement, DCYF, the County Attorney's Office, victim advocate services and medical and mental health professionals to utilize a collaborative team approach to child abuse investigations and necessary follow-up services. CACs provide a safe neutral environment for the evaluation of child abuse and exploitation, coordination of services for victims and families and child abuse prevention through community education.

The benefits of a CAC include:

- The trauma experienced by children is reduced;
- Non-offending parents are empowered to protect and support their children;
- Children receive prompt and ongoing services tailored to their family's needs;
- Allegations of abuse and neglect are more thoroughly investigated;
- More offenders are held accountable;
- The community is better educated about the problem of child abuse; and

- The CAC becomes a resource to MDT professionals, providing consultation and specialized training.

## **TRAINING**

Child abuse investigation/assessments are complex cases that require sophisticated interdisciplinary intervention. It is critical that all professionals who handle child abuse and neglect cases are properly trained, feel comfortable working with children, and are willing to work in collaboration with other professional disciplines. Depending on the profession, recommended training should include: applicable laws and court procedures; offender motivation; victim responses; proper investigative interviewing techniques; investigation/assessment strategies; evidence recognition and collection; interrogation techniques and resources and services available for both the victim and the family. Continuing education and skill enhancement is critical for development of expertise.

A best practices recommendation is that professionals involved in the investigative team interview process will have attended nationally recognized investigative interviewer training.

## **POLICY**

This Protocol represents a model - an ideal - for New Hampshire's handling of child abuse and neglect cases. It was developed with the recognition that an individual agency's ability to follow the recommended guidelines, will depend, to some degree on available resources. The purpose of this protocol is to define a standard to which all agencies involved in the handling of these cases should strive. It is not intended to create substantive rights for individuals. The goal is to provide a safe environment for the evaluation of child abuse and exploitation, coordinated services to victims and families and community education. **Consistent compliance with the procedures set forth in this protocol will greatly increase the effectiveness of the state's response to child abuse and neglect cases.**

## THE LAW

### NEW HAMPSHIRE CHILD ABUSE AND NEGLECT REPORTING LAW

In accordance with New Hampshire RSA 169-C:29, (See [Appendix A](#)) information by any citizen regarding the suspected abuse or neglect of a child is not confidential and must be reported to the child protection agency, Division for Children Youth and Families (DCYF). The law specifically states: “Any physician, surgeon, county medical examiner, psychiatrist, resident, intern, dentist, osteopath, optometrist, chiropractor, psychologist, therapist, registered nurse, hospital personnel (engaged in admission, examination, care and treatment of persons), Christian Science practitioner, teacher, school official, school nurse, school counselor, social worker, day care worker, any other child or foster care worker, law enforcement official, priest, minister, or rabbi or any other person having reason to suspect that a child has been abused or neglected shall report the same in accordance with this chapter.”

Failure to comply with this law is a misdemeanor offense under RSA 169-C:39.

### PROCEDURES FOR REPORTING CHILD ABUSE

Anyone who has reason to suspect child abuse and neglect must report to the DCYF Central Intake Office by telephone at **1-800-894-5533** or **603-271-6556** or by facsimile at **603-271-6565**. After regular business hours, child abuse emergencies are to be referred to the local law enforcement agency.

In an emergency, life-threatening situation, a violent or near violent situation, **9-1-1** should be called for an immediate law enforcement response. The statewide enhanced **9-1-1** system will automatically connect the caller to the proper law enforcement agency from where the call originates.

### IMMUNITY

New Hampshire requires the reporting of ALL suspected child abuse and neglect. Absolute proof of abuse or neglect is not required before reporting. Those who are uncertain about reporting because of concern regarding the legal consequences of their action should make a “good faith” decision. New Hampshire law provides protection against civil and criminal liability if a citizen makes a “good faith” report.

In accordance with RSA 169-C:31: “Anyone participating in good faith in the making of a report pursuant to this chapter is immune from any liability, civil or criminal, that might otherwise be incurred or imposed. Any such participant has the same immunity with respect to participation in any investigation by the department or judicial proceeding resulting from such report.”

## INTERVIEWING THE CHILD

New Hampshire RSA 169-C:38, IV states “Law enforcement personnel or department employees who are trained caseworkers shall have the right to enter any public place, including but not limited to schools and child care agencies, for the purpose of conducting an interview with a child, with or without the consent or notification of the parent or parents of such child, if there is reason to believe that the child has been:

- (a) Sexually molested;
- (b) Sexually exploited;
- (c) Intentionally physically injured so as to cause serious bodily injury;
- (d) Physically injured by other than accidental means so as to cause serious bodily injury;
- (e) A victim of a crime;
- (f) Abandoned; and/or
- (g) Neglected.

For any interview conducted pursuant to paragraph IV, **the interview with the child shall be videotaped if possible. If the interview is videotaped, it shall be videotaped in its entirety.** If the interview cannot be videotaped in its entirety, an audio recording of the entire interview shall be made.”

## **THE ROLE OF THE DIVISION FOR CHILDREN YOUTH AND FAMILIES (DCYF)**

DCYF is the agency mandated by RSA 169:C:34, II (See [\*Appendix P\*](#)) to assess allegations of child abuse and/or neglect “to determine whether there is evidence to believe that any child in the family or household is abused or neglected, including a determination of harm or threatened harm to each child, the nature and extent of present or prior injuries, abuse or neglect, and any evidence thereof, and a determination of a person or persons apparently responsible for the abuse or neglect, and determine the immediate and long term risk to each child if the child remains in the existing home environment and determine the protective treatment necessary to help prevent further child abuse or neglect and to improve the home environment and the parents’ ability to adequately care for the children.” Services will be provided in the least intrusive manner possible while respecting the dignity of the families that are serviced.

### **DCYF RESPONSE**

DCYF is committed to the support of families to ensure the protection of children and the communities in which they live. The DCYF Central Intake Office serves the critical role of determining whether reports meet DCYF criteria for child abuse and neglect assessment. Intervention, at times, becomes imperative to prevent further abuse or neglect and to promote functional behavior by families and individuals.

When a report of child abuse and/or neglect is received by DCYF, the Intake Child Protection Service Worker (CPSW) must:

- Encourage the caller to provide all information about the situation under consideration;
- Ask questions of the caller until the response becomes clear or the referent has no further information. If the response to a question is not known, the Intake CPSW must respond in the most protective way;
- Obtain accurate and complete information concerning the specific, descriptive facts of the situation under consideration and document the information; and
- A CPSW and Supervisor must review all information received, obtain prior history on New Hampshire BRIDGES, apply the screen-in criteria, and determine the response priority level.

For credible reports, the Intake Supervisor must:

- Review each report’s information and approve or request the Intake CPSW to contact the reporter for additional information;
- Assist the Intake CPSW in making determinations regarding the level of response, credibility of reports, and collateral contacts required to clarify allegations and other information received; and



- Forward the referral electronically to the appropriate district office for follow-up assessment.

All credible reports are forwarded according to the following three categories:

### ***IN HOME PERPETRATORS***

The protection report is forwarded to the Assessment Supervisor in the appropriate DCYF district office for assignment to a CPSW if the alleged perpetrator is believed to be one of the following persons, now or at the time the incident occurred:

- A household or family member.
- A non-household member, when the parents of the victim are not protecting or are unable to protect the child.
- A minor child under the age of 12 years alleged to be sexually acting out toward others.
- Not yet identified by the victim.

### ***OUT OF HOME PERPETRATORS***

If the alleged perpetrator is believed to be one of the following persons, there will be no assignment to a CPSW, unless DCYF assistance is specifically requested by law enforcement:

- A non-household member who does not have continuous access to a child, unless the parent is not protecting or is unable to protect the victim from that individual.
- A minor child, 12 years of age or older believed to be sexually acting out toward other minor children unless this minor child is a household member, relative or non-household member having continuous access to the victim.

### ***DCYF SPECIAL INVESTIGATIONS UNIT (SIU)***

The protection report is forwarded to the DCYF SIU for assignment if the alleged perpetrator is believed to be one of the following persons:

- A staff member or other resident of a state-administered or contracted institution.
- A foster parent or other resident of a foster home.
- A childcare provider in a residential setting.
- A staff or resident of a group home, rehabilitation center, residential school or recreational camp.

Reports involving teachers or other school personnel are referred to law enforcement and the New Hampshire Department of Education.

Allegations of abuse or neglect at childcare facilities not meeting criteria for the SIU are reported to the New Hampshire Bureau of Child Care Licensing.

## **COLLATERAL CONTACTS BY DCYF DISTRICT OFFICE**

After the initial reporting of the suspected activity, it will be necessary to corroborate as much of the information obtained as possible regarding the principal individuals. This can readily be done by using public information available from many sources including but not limited to: telephone and city directories; school emergency files; previous contacts, etc. The confidentiality of the family must be respected when seeking collateral information. Information about the allegation must not be given to other non-privileged individuals. Only information necessary to the client's situation or necessary to elicit required relevant information is to be shared. Collateral sources can be told that "a referral" was received and that clarifying information is being sought. Terms such as "physical abuse" or "sexual abuse" must be avoided. When seeking information from an institution, such as a public school, the CPSW should attempt to contact an individual who, by title, authority, or specialty, has an understanding of and sensitivity to matters of confidentiality.

The CPSW should obtain as much information as possible about the child and family. Collateral contacts may include, but are not limited to:

- The treating physician or family doctor.
- The mental health counselor or therapist, if the family is in treatment.
- School personnel (e.g., school nurse, teachers, counselors, administrators).
- Human services agencies.
- Any other person who may have reason to suspect the child has been abused or neglected, for example, a neighbor, friend or relative.

Through making collateral contacts, the CPSW seeks to gain an understanding of:

- Relationships within the family (e.g., one child is considered a "favorite" while the other is often the "scapegoat").
- Patterns of behavior (e.g., an adolescent girl who refuses to participate in gym class at school every Monday morning after returning home from weekend visits with her father).
- Key insights into family functioning and dynamics.

## **DCYF RESPONSE TIME**

Following the receipt of a child abuse or neglect referral in the district office, an assessment must commence within 72 hours per RSA 169-C: 34. The time period for commencing an assessment excludes weekends and holidays. Within the required timeframes, the child will be interviewed in person or observed by a CPSW.

The level of response priority is determined by:

- The age of the child;

- Whether or not the child is under the age 7 and has a physical, emotional or cognitive disability;
- Whether or not the alleged offender will have immediate access to the child;
- What information, if any, is available regarding the alleged non-offending caregiver's response to the allegation; and/or
- The seriousness of the allegations in the report and the urgency of the safety of the child.

Timeframes for responding to the priority levels are:

- Level I assessments require face-to-face contact with the child within 24 hours.
- Level II assessments require face-to-face contact with the child within 48 hours.
- Level III assessments require face-to-face contact with the child within 72 hours.\*

\* Level III response time is for non-emergency reports and the 72 hour response time is set as a minimal standard and should be responded to sooner whenever possible. In these cases, the CPSW will proceed to conduct interviews and determine whether maltreatment has occurred and to what extent the children remain at risk.

## **EXCEPTIONS TO SCHEDULING FACE-TO- FACE CONTACT WITH THE CHILD**

A supervisor has the discretion to grant an extension of the contact timeframe requirements on Level II and Level III assessments to interview or see the child within the required timeframe, under the following circumstances and when there are **no immediate safety concerns**:

1. The child cannot be located.
2. The family did not cooperate with scheduled appointments or refused to meet with the CPSW.
3. The CPSW has made numerous unsuccessful attempts to locate the family and there is no other access to the child.
4. DCYF agrees to law enforcement requests for no contact or law enforcement requests an interview at a time outside the 72-hour parameter and not to exceed 5 business days over the response level.
5. Language barriers exist that require interpreter services to be set up.
6. The victim will be interviewed at the local Child Advocacy Center (CAC) and the interview is scheduled for a timeframe that is outside of the required 48 or 72 hours.
7. To meet with the family within timeframes would present a documented hardship to the family, however the family is cooperative.
8. There is no named perpetrator and the allegations involve sexual activity between children 12 and under.
9. The child is safe and the alleged perpetrator has no current access to the child.

A supervisor is responsible for ensuring a plan is in place that, not only meets the child's immediate physical and emotional safety needs, but also does not compromise the assessment process and that the face-to-face contact occurs within the revised timeframe agreed upon. This plan will be documented in the assessment contact log.

## **DCYF REPORTING TO LAW ENFORCEMENT**

In accordance with RSA 169-C:38, DCYF must immediately report to law enforcement all cases in which DCYF has reason to believe that any person under the age of eighteen (18) years has been:

- Sexually molested;
- Sexually exploited;
- Intentionally physically injured so as to cause serious bodily injury;
- Physically injured by other than accidental means so as to cause serious bodily injury; and/or
- A victim of a crime.

DCYF must refer the following situations to law enforcement:

- All fatalities of children.
- All injuries involving ruptured organs.
- All unexplained abdominal injuries, or other injuries consistent with abuse.
- All fractures that are unexplained, multiple, or in various stages of healing or when the reason given for the fracture is inconsistent with the injury.
- All second and third degree burns, multiple cigarette burns, or other burns consistent with abuse.
- All lacerations to the face, genitalia, or extremities that are unexplained or when the reason given is inconsistent with the nature of the injury.
- All cases of child sexual abuse and exploitation, or attempts of sexual abuse and exploitation.

## **DETERMINING LAW ENFORCEMENT JURISDICTION**

DCYF shall contact the law enforcement agency where the alleged incident occurred. If this location cannot be determined, DCYF must contact the appropriate law enforcement agency where the child resides with his or her custodial parent or guardian. If residency cannot be determined, DCYF must contact the appropriate law enforcement agency where the child is found. In general, in towns with a population of less than 3,000 the State Police or Sheriff's Department should be called.

DCYF shall submit a written notification to the appropriate law enforcement agency within 48 hours (Saturdays, Sundays and holidays excluded). This notification shall also be sent to the County Attorney's Office (RSA 169-C: 38).

## **REQUESTING ASSISTANCE FROM LAW ENFORCEMENT**

DCYF may encounter situations requiring law enforcement assistance even though a criminal act has not been alleged. DCYF may request and should receive the assistance of law enforcement:

- When meeting with parents alleged to be violent or known to be violent and dangerous;
- When meeting with parents alleged to be under the influence of drugs or alcohol;
- When meeting with parents who have threatened the safety of the CPSW or any other individuals involved;
- When serving an ex parte order to remove a child; or
- When serving a court's approved "motion to enter" a residence to check on the safety of a child.

## **DCYF RESPONSE IN JURISDICTIONS WITH A CAC**

The following is a best practice guide for jurisdictions that have a CAC in place.

Based on the response priority and the timeframes as stated above, when the first contact is DCYF (because the alleged perpetrator is a caretaker or it is an in-home situation) the assigned worker contacts the local law enforcement agency to report the complaint. The follow-up law enforcement notification letter should be sent to the CAC in jurisdictions where a CAC exists. After an initial conversation between DCYF, the CAC and law enforcement, it may be determined that due to imminent risk of harm, a minimal facts interview is necessary prior to the in-depth CAC interview. DCYF and law enforcement will jointly respond within the priority response time.

A minimal facts interview means that the DCYF CPSW and/or law enforcement investigator will confirm/verify the basic facts contained in the DCYF intake report. A follow-up in-depth interview will take place as soon as possible at a local CAC. The fact that an in-depth interview is scheduled should not preclude law enforcement from gathering forensic evidence such as photographs of the crime scene and/or other material evidence.

If the child expresses a feeling that it is urgent to disclose details at the time of the initial interview, the CPSW and/or law enforcement investigator should take such information. DCYF must document this interview via a video or audio recording.

Once the CPSW and/or law enforcement investigator have verified the basic facts of the initial report, they should make arrangements to do the follow-up in depth interview of the child at the CAC as soon as possible.

DCYF or law enforcement will contact the CAC. The CAC will coordinate the soonest available interview time for all Core Investigative Team members. (See [Page 26](#))

## **SHARING OF INFORMATION**

Throughout the entire joint assessment/investigation, information and findings by both DCYF and law enforcement should be fully shared. According to RSA 169-C:34, III, DCYF "may request and shall receive from any agency of the state or any of its political subdivisions or any schools, such assistance and information as will enable it to fulfill its responsibilities...".

According to RSA 169-C:38, II DCYF may share information from its case records to the extent permitted by law with the partnering law enforcement agency in order to assist them with an investigation and evaluation of a report of abuse or neglect. "Investigating police officers shall not use or reveal any confidential information shared with them by the department [DCYF] except to the extent necessary for the investigation and prosecution of the case."

## **DCYF REPORTING TO THE OFFICE OF THE ATTORNEY GENERAL**

Immediate notification must be made to the Criminal Justice Bureau of the Office of the Attorney General when a child's pending death or death is suspicious and is a potential homicide. The notification shall be made by DCYF, through its Legal Coordinator. The initial notification by telephone must be followed by each agency's written report, within 48 hours.

## **DCYF REPORTING TO THE DEPARTMENT OF EDUCATION**

When a report of child abuse and/or neglect is received by DCYF involving public or private teachers or personnel, and the reported incident is alleged to have occurred in the school or during school activities, DCYF Central Intake shall be responsible for notifying law enforcement and the Department of Education.

## **DCYF REPORTING TO THE BUREAU OF CHILD CARE LICENSING**

When a report of child abuse and/or neglect is received involving a licensed childcare provider, DCYF shall be responsible for notifying the Office of Program Support - Bureau of Child Care Licensing. Allegations of abuse and neglect occurring at childcare facilities not meeting the criteria for the SIU are reported to the Bureau of Child Care Licensing. The Intake CPSW completes the referral on New Hampshire BRIDGES and forwards it to the appropriate district office as requested. Both agencies, in collaboration with law enforcement, will coordinate efforts to conduct a joint investigation of the reported incidents.

## **INTERVIEWING THE ALLEGED PERPETRATOR**

When it has been determined that criminal charges are not being pursued, DCYF may conduct an interview with the alleged perpetrator without law enforcement being present. If this is the situation, then the law enforcement investigator should be available for a follow-up interview if necessary. DCYF should be presented to the alleged perpetrator as a supportive resource to the family, to ensure the child's safety, instead of being identified with the prosecution.

Information sought to conduct a Family Assessment of Safety should include:

- The alleged perpetrator's account of the events that precipitated DCYF involvement;
- Family strengths;
- Family access to resources;
- Stress affecting the family; and
- The parent's attitude and willingness to be involved, as well as his/her ability to protect the child.

## **HOME VISIT OBSERVATIONS**

Observations are an integral part of interviews conducted during home visits. There are two types of observable data: physical and emotional. The team members should record their own observations accurately and in detail. It will assist DCYF in its completion of a comprehensive family assessment.

Notes should be taken of:

- Who are the household members, including all of the children?
- Whereabouts of all the children.
- Physical conditions of all children, including their general appearance and any observable injuries or conditions.
- Safety of surroundings (are there unprotected open windows, exposed wiring, vermin, human or animal waste?).
- General condition of the home, including degree of cleanliness and adequacy of sleeping, eating and washing areas.
- Availability of food, water and sanitary facilities.
- Adequacy of heat, light, and space.
- Behavior of parent(s) and child(ren), and all nonverbal messages including eye contact between family members, facial expressions, tones of voice, willingness to listen, express feelings or to engage in physical closeness.

**NOTE:** Families of different cultures and ethnicities display different degrees of nonverbal communication, e.g. eye contact. Therefore law enforcement and DCYF should demonstrate cultural competency during investigations and assessments.

## **THE ROLE OF LAW ENFORCEMENT**

The duty of law enforcement is to uphold the Constitution and enforce the laws of the United States and the State of New Hampshire. Law enforcement will determine what crime, if any, allegedly, has occurred. Child abuse can involve criminal acts under the homicide, kidnapping, sexual assault, assault or offenses against families' statutes of the New Hampshire Criminal Code.

If law enforcement determines that there is not enough evidence that a crime allegedly occurred, the investigation may still result in the filing of a civil abuse or neglect petition which law enforcement will support. It is critical to establishing the facts and to the ultimate administration of justice, that the law enforcement investigation be complete, objective and professional.

### **LAW ENFORCEMENT PRELIMINARY INVESTIGATION**

Law enforcement may request Division for Children Youth and Families (DCYF) assistance for any reason, at any time. This request will result in the assignment of a Child Protection Service Worker (CPSW) to the case. There are a number of reasons why law enforcement may want assistance from DCYF:

- During the course of any investigation, it may become known that a parent is not protecting a child from an alleged abuser or other threatening person or situation. An ex parte order may be necessary to protect a child from harm.
- When an agency determines, for the good of the investigation, that the assistance of a CPSW is appropriate.

If circumstances are such that a local agency knows it is unable to perform a thorough and complete investigation, the chief should consider requesting that State Police or Sheriff's Office conduct the investigation in its entirety.

If there is a department that has been, or feels it should be, investigating these cases, and there is a conflict with the protocol, it should contact its local County Attorney for resolution.

### **COLLATERAL CONTACTS**

After the initial reporting of the suspected activity, it will be necessary to corroborate as much of the information obtained as possible regarding the principal individuals. Collateral sources can be told that "a referral" was received and that clarifying information is being sought.

When the initial report is made directly to law enforcement, the investigator should conduct an in-depth interview with the person to whom the child first disclosed, except



when the reporter is the victim. The investigator should obtain as much background information as possible on the alleged perpetrator. This may include, but is not limited to:

- Motor vehicle information;
- Criminal history and/or prior contact with law enforcement; and
- Any other intelligence information (personality traits, place of work, etc.).

When the initial reporter is the victim, a minimal facts interview should be conducted and the case referred to the Child Advocacy Center (CAC) or arrangements made for a multidisciplinary team (MDT) interview and investigation.

## **LAW ENFORCEMENT REPORTING TO DCYF**

### ***FAMILY/HOUSEHOLD MEMBER***

After initial assessment if it is determined the case involves a family/household member, law enforcement should immediately notify DCYF. In accordance with RSA 169-C: 29, any law enforcement investigator or staff member of a law enforcement agency having reason to suspect that a child has been abused or neglected must report it immediately to the DCYF Central Intake Office:

- During regular business hours (Monday – Friday, 8:00 am – 4:30 pm) reports should be made by telephone to **1-800-894-5533** or **(603) 271-6556** or by facsimile to **(603) 271-6565**.
- Law enforcement will need to respond to child abuse emergencies (as defined below) after regular business hours, on weekends or holiday. Law enforcement, in need of access to emergency placement services for children should call **1-800-685-8772**.
- ***Child abuse emergencies*** are those cases in which law enforcement has determined that a child is in imminent danger and must be removed from parental custody. Every effort must be made to see if the child can be cared for by an appropriate caregiver, agreeable to the parent (i.e., family members, friends, and neighbors). When all options have been explored and an appropriate caregiver cannot be identified, in these instances, the information and referral line will assist in locating an emergency crisis home. See section on [\*Law Enforcement Removal of a Child\*](#) below.

When making a referral to DCYF, the investigator or other law enforcement staff must provide the following additional information:

- The name of the investigator or staff member to whom DCYF should address further questions and/or provide information;
- Whether the law enforcement agency is conducting an investigation;
- Whether any immediate danger to the child is perceived, which would require removal of the child from parental custody; and
- Any other information, which may be helpful or relevant.

- In accordance with RSA 169-C: 30, if an oral report is made it must be followed by a written report within 48 hours if so requested by DCYF (Saturdays, Sundays and Holidays excluded).

### ***NON-FAMILY/HOUSEHOLD MEMBER***

After initial assessment if it is determined the case does not involve a family/household member, law enforcement should arrange, without delay, for an in-depth interview of the child at the CAC. The CAC will coordinate with the Core Investigative Team members to set up the interview. If a CAC is not available, law enforcement should coordinate a MDT response.

### **LAW ENFORCEMENT REMOVAL OF A CHILD**

When it is apparent that a child is in imminent danger, law enforcement, NOT a CPSW, has the authority to remove a child from parental custody without a court order, under RSA 169-C:6. This is a serious decision and must be handled with utmost care. When removing children from their parent’s custody, the following guidelines should be followed, AS TIME AND CIRCUMSTANCES PERMIT:

1. During DCYF business hours, (Monday – Friday, 8:00 am – 4:30 pm), contact the DCYF Central Intake Office and the local district office. Await the arrival of DCYF personnel and assist as necessary. A CPSW will make an assessment, obtain the required court order when the court is open (Court hours: 8:00 am - 4:00 pm) and arrange for the removal of the children, if necessary.
2. After DCYF business hours, law enforcement shall provide judicial notice of the removal of any child. (RSA 169-C:6, II)
3. A court hearing on the removal of the child must be held within 24 hours, (RSA 169-C:6, IV). In order to prepare for this hearing, an incident report stating the facts, which led to the concern of imminent danger, must be completed promptly by law enforcement. DCYF Central Intake Office (**1-800-894-5533**) must be notified and provided with a copy of the incident report.
4. RSA 169-C:7, “Petition”, allows “any person” to file an “abuse or neglect” petition. DCYF policy states that: **the law enforcement investigator removing the child should prepare and file the petition with the court and attend the resulting hearing.** DCYF would then assume the role of conducting a comprehensive family-centered assessment and attend further hearings at the direction of the court.
5. Cooperation between both disciplines is essential to ensure the safety of the abused or neglected child.

6. In the event that a parent committed a criminal act against a child, law enforcement should explore every option for removing the offending parent from the home. The non-offending parent must demonstrate that he or she is or will be a protective resource for the child victim. **A CHILD SHOULD BE REMOVED FROM THE HOME ONLY AS A LAST RESORT.**
7. If the custodial parent is arrested, every effort must be made to see if the child can be cared for by an appropriate caregiver, agreeable to the parent (i.e. family members, friends, neighbors).
8. Persons under the influence of drugs or alcohol or known to be sexual offenders are not appropriate caregivers.
9. If an appropriate caregiver is not available, a judge must be contacted. Placement of a child in an emergency care crisis home may then be arranged by calling the **DCYF after hours provider 1-800-685-8772**. *NOTE:* this line is a contracted provider for emergency placement only.

Unfortunately, some situations require direct intervention and the removal of a child from a residence. Law enforcement needs to be aware that this is often a traumatic event for a child and great care and professionalism needs to be utilized.

Situations or incidents, which suggest the need for protective custody, include but are not limited to:

- The child was severely assaulted, that is, hit, poisoned, or burned so severely that serious injury resulted or could have resulted. (The parent, for example, threw an infant against a wall, but somehow the infant was not seriously injured.)
- The child has been systematically tortured or inhumanely punished. (For instance, was locked in a closet for long periods, or not allowed to eat.)
- The child has been sexually abused or sexually exploited and the non-offending parent cannot or will not protect the child.
- The parent(s) refuses to obtain or to consent to medical or psychiatric care for the child that is needed immediately to ensure safety or to prevent death.
- The parent(s) appears to be suffering from mental illness, developmental disabilities, drug abuse or alcohol abuse so severe they cannot provide for the child's basic needs. (The parent(s), for example, is demonstrably out of touch with reality.)
- The parent(s) has abandoned the child. (The child, for example, has been left in the custody of persons who have not agreed to care for the child and who do not know how to reach the parent(s).)
- There is reason to believe that the parent(s) may flee with the child.
- There is specific evidence that the parents' anger and discomfort about an abuse or neglect report and subsequent investigation will result in retaliation against the child.

- The parent(s) has threatened to harm the child in any way or states that s/he cannot control his/her actions toward the child anymore.
- The parent(s) has been arrested for any reason, and there is no one available to care for the child.

## **LAW ENFORCEMENT REPORTING TO THE OFFICE OF THE ATTORNEY GENERAL**

Following agency protocol, law enforcement must notify the Criminal Justice Bureau of the Office of the Attorney General when a child's impending death, or death is suspicious and is a potential homicide.

## **INTERVIEWING THE NON-OFFENDING PARENT/CAREGIVER**

Law enforcement should gather information to determine if the non-offending parent/caregiver has additional information regarding the disclosure. **DCYF should be included in these interviews in order to determine what action, if any, DCYF must take to assure the safety of the child/children involved.** It is also important to obtain pertinent background information regarding family dynamics and the child's behavior patterns. The interviewer should seek to establish whether this individual may have participated in the criminal activity, either overtly or covertly, or whether this individual was even aware of the reported activities. At the conclusion of this initial interview, the parent/caregiver should be advised that they may be contacted again for follow up as the investigation continues.

**NOTE:** In all of these situations reference DCYF's mandate under RSA 169C:34, to promptly ensure safety of the children. (*See DCYF Response Time, page 8*)

Possible background information topics to cover include:

- When and how did the non-offending parent/caregiver first learn of the allegation and/or disclosure? Did they confront the alleged offender? Describe the reaction or response.
- What is the non-offending parent/caregiver's relationship with the alleged offender? How long have they known each other? Did the relationship change once the non-offending parent/caregiver learned of the abuse?
- What is the alleged offender's relationship with the child? What activities are shared? Are the shared activities appropriate? Is any child favored or given special attention over the other siblings?
- Who is responsible for what task in the family? Who bathes the children? Describe bedtime routines. Who is the primary disciplinarian? What types of discipline are used?

- What is the non-offending parent/caregiver's schedule? Is s/he employed? Where? What hours? For how long? (This information may provide times when the child and alleged offender could be alone or when abuse may have occurred.)
- Is there a history of domestic violence/abuse within this family? Or with the alleged offender? Is the non-offender/caregiver at risk for supporting the child since the time of the disclosure?
- Have protective orders been previously sought or obtained? What protective orders are currently in effect or awaiting service?
- Does the alleged offender have a history of arrest or substance abuse?
- Does the alleged offender have any weapons in the home or access to weapons elsewhere?
- Assess whether the non-offending parent/caregiver will support the child throughout the disclosure process or side with the alleged offender against the child.
- Did the non-offending parent/caregiver tell anyone else who may now be contacted to assist with the investigation?

In speaking with the non-offending parent/caregiver, it would be important to note any behavior changes that had been observed since the onset of the alleged abuse and/or the child's disclosure. These behavior changes could appear to be sudden and unexplained. For example, changes in sleep patterns, nightmares, regression to bedwetting, thumb-sucking or soiling pants following potty training, sudden rages, acting out aggressively or sexually.

Based on the information gathered from the non-offending parent/caregiver interview, combined with the total DCYF assessment, DCYF may find it necessary to open a case on the family in order to monitor the safety of the child and assist in securing services for the family.

## **INTERVIEWING SIBLINGS AND OTHER CHILDREN**

After the identified child victim is interviewed, any sibling(s) in the household should be seen as soon as possible to determine:

- Whether they are possible victims;
- If they are aware of what their sibling is experiencing; or
- If they can provide additional information regarding the abusive situation.

These interviews should be conducted in a joint effort between DCYF and law enforcement when applicable in an appropriate setting and manner.

**NOTE:** Per RSA 169-C parents can refuse to make their children available for a DCYF interview to assess child abuse and neglect. DCYF can seek a court order to conduct the interviews if DCYF can show that the children are in imminent risk of harm.

## **INTERVIEWING THE ALLEGED PERPETRATOR**

In cases in which law enforcement is pursuing criminal charges, the investigator will proceed in the most effective manner possible to obtain critical information during the interview with the alleged perpetrator. It should be pre-determined if DCYF will be involved in this interview or not. However, it is DCYF's expectation that they will interview the alleged perpetrator during the DCYF assessment.

The interviewer should be prepared for the alleged perpetrator to act hostile, angry, defensive, or belligerent and will most likely be frightened or feel threatened. The interviewer needs to be patient with the alleged perpetrator and avoid assuming a judgmental attitude.

Efforts should be made to understand the alleged perpetrator's reasons for the reported actions and allow him or her to express his or her reasons for what happened, such as an unhappy marriage, the loss of a job, being intoxicated, his or her own sexual abuse as a child, etc. Allow the alleged perpetrator a "way out", a way that would allow the alleged perpetrator to tell the interviewer about the offense without the perpetrator perceiving that the interviewer may be condemning the action of the alleged perpetrator. Remember that most perpetrators will try and minimize the event. Allowing the perpetrator to minimize the event may allow the perpetrator to tell the interviewer about the act.

In addition, the following points should be considered:

1. At the beginning of the interview, if the alleged perpetrator is not in custody and the interviewer has no expectation of arresting the alleged perpetrator immediately following the interview, the interviewer may consider conducting a "non-custodial interview". In such an interview, Miranda requirements may not apply. If the interviewer has determined that a non-custodial interview is appropriate, s/he needs to advise the alleged perpetrator of several facts. Some law enforcement agencies utilize a non-custodial interview form in which the alleged perpetrator acknowledges that they understand that s/he is not under arrest and is free to leave, and that s/he came to the department on their own free will and was not brought by law enforcement, and that s/he is free to discontinue the conversation when desired. Law enforcement should follow their departmental policies.

2. At the beginning of the interview, if the alleged perpetrator is in custody, s/he must be advised of his or her constitutional rights consistent with Miranda v. Arizona.
3. The alleged perpetrator may be asked if they know why they are being interviewed. Be very cautious about revealing all case information to the alleged perpetrator. Speak of the allegations in general terms **not** specifics. The alleged perpetrator may be trying to learn how much investigators know. Telling some specifics of what the victim has disclosed may also put their safety in jeopardy. The investigator may ask the alleged perpetrator for his or her version of the incident(s). If possible, a sworn, written statement or audio statement should be taken from the alleged perpetrator. **If the alleged perpetrator makes a denial, then a sworn statement should be taken as well.**
4. Law enforcement may use a polygraph exam as a part of the investigative process. This investigative tool provides an additional mechanism for seeking to establish the facts. The polygraph exam should only be requested upon the completion of normal investigative procedure and include background history. Polygraph exam results are not generally admissible at trial, but may help to focus the investigation or obtain a confession from a deceptive subject. The results of a polygraph exam should not be used as the sole determinant of whether an alleged perpetrator is prosecuted or not.

Based on statements given by the alleged perpetrator, as compared to evidence gathered and statements obtained from the child victim and others, law enforcement then determines whether probable cause exists to justify an arrest and possible subsequent prosecution. In some cases, discussion with a prosecutor may result in the facts being presented to a grand jury in lieu of making a custody arrest.

## **COLLECTION OF EVIDENCE BY LAW ENFORCEMENT**

The identification, collection, and preservation of evidence is a law enforcement function and must be accurately documented. All physical evidence gathered in serious physical or sexual abuse cases should be collected exclusively by law enforcement. DCYF staff should not touch, handle or process physical evidence in any way, with the exception of being handed an item. If that should occur, DCYF must maintain custody of the item and turn it over to law enforcement. Evidence gathering is part of the criminal case preparation and processing. If, during the course of the case, DCYF comes upon an item believed to be of evidentiary value, law enforcement should be contacted immediately to appropriately collect, package and document the evidence. It is not DCYF's job to do a criminal investigation.

## **PHYSICAL EVIDENCE**

Law enforcement should collect any physical evidence as soon as possible either with consent of the non-offending parent/caregiver or by obtaining a search warrant when

necessary. This evidence might include the instrument used to inflict injury, guns or poison left within reach of unsupervised children, or evidence obtained from a physical examination. Collection and packaging of physical evidence must be done in accordance with current New Hampshire Forensic Laboratory submission requirements. Refer to the Forensic Laboratory Handbook for guidelines.

Law enforcement should obtain signed releases of information for all medical records. All children who have been sexually abused, physically abused, or severely neglected should receive a medical evaluation. (See *The Role Of Medical Personnel*, page 35) If during the medical evaluation a *New Hampshire Sexual Assault Evidence Collection Kit* is obtained, law enforcement should transport this kit to the New Hampshire State Police Crime Laboratory as soon as possible. All evidence collection kits should be transported to the laboratory and **SHOULD NOT** be kept at the department.

## **SEARCH WARRANTS**

Serious consideration must be given to using search warrants as an investigative tool. A search warrant should be used to seize physical evidence whenever the suspect would have an expectation of privacy in the area to be searched. For more complete discussion, see the *New Hampshire Attorney General's Law Enforcement Manual*. The scene of the incident, the suspect's person, and otherwise unobtainable records are all worth considering for possible evidence collection by way of a search warrant.

A search warrant executed at the home of an alleged sex offender may result in the identification of other victims. Anything the investigator wishes to seize by warrant that can corroborate the victim's statement should be described in detail in the search warrant. This may include, but is not limited to, instrumentalities, contraband, weapons, latent fingerprints, or the description of a room not usually available to a victim.

The execution of a warrant may reveal that a crime has been committed or prove to validate the scenario offered by the non-offending parent in abuse cases. When the child has sustained injuries, the scene needs to be viewed for reconstruction purposes. This may include taking measurements, documenting the water temperature on the water heater or the placement of furniture where an incident is alleged to have occurred.

In homicide cases, search warrant applications must be reviewed by the Assistant Attorney General assigned to the case. In all other cases, it is good practice to have a member of the County Attorney's Office review the warrant application.

## **PHOTOGRAPHIC EVIDENCE**

The necessity of taking photographs should be determined on a case-by-case basis and the following need to be addressed:

1. Consider if there is significant visible physical trauma to the child which photographic representation would clearly and accurately depict.



2. Attempt to minimize the potential damaging effect that photography could have on the child by not surprising the child with the use of a camera. Let the child know in advance that you are going to take photos by explaining why you are taking them and what purpose they will serve.
3. When criminal prosecution is being considered, a law enforcement photographer should take the photographs. Photographs taken by medical personnel become part of the medical records and cannot be given to investigators without proper signed releases. The law enforcement investigator taking photographs should submit them as evidence consistent with his or her departmental policies on evidence. **IF USING FILM, DO NOT COMBINE MULTIPLE INVESTIGATIONS ON A SINGLE ROLL.** Keep in mind, issues may be raised in court as to the authenticity of digital images. Therefore, always try to supplement Polaroid and/or digital images with .35mm photographs as well.
4. The first photo of each roll of film should have a template frame consisting of the following information: Photographer, Date, Time, Location, Incident Case Number and Roll Number. (*Appendix M*)
5. Regardless of whether there is an injury to the child's face or not, an initial photo needs to be taken showing the child's face for identification purposes. Overall distance photos should be taken to identify the injury in relation to the rest of the body, while close up shots will emphasize the injuries.
6. The injured areas should initially be photographed as they appear. Then, in order to show the size of the injury and relative location, use a measuring device like a six-inch photographic gray card ruler. Take care not to cover the injury with the measuring device. It is also important to keep the measuring device on the same plane as the injury, or in close proximity in order to depict an accurate representation of the injury.
7. Photograph only visible injuries, bruises, cuts, lacerations, bite marks, etc. and take care to avoid embarrassing the child by covering any non-affected areas.
- 8. Photographs of the genitalia, with or without injury, should ONLY be taken by the medical provider during the medical evaluation.**
9. The nature of most injuries requires that photographs be taken in a timely manner due to the speed of the normal healing process. Injuries such as bruising will be better demonstrated by using photos taken at timed intervals such as the next day or up to 48 hours after the initial assault. A separate roll of film should be used for every set of follow-up photos. All photographs should be marked with the photographer's initials, date, time taken, child's name and age and the case number.

10. Photographs of the crime scene should also be taken immediately if applicable to prevent alteration and/or contamination. For instance, if it is claimed that the child has been injured in a fall, the area where the injury is alleged to have occurred should be photographed. It may be necessary or advisable to obtain a search warrant in order to photograph a scene if written consent to search is not obtained from the non-offending parent/caregiver. If the investigator is unsure if a search warrant is necessary, they should request clarification from the County Attorney.

## SHARING OF INFORMATION

Throughout the entire joint assessment/investigation, information and findings by both DCYF and law enforcement should be fully shared. According to RSA 169-C:34, III, DCYF "may request and shall receive from any agency of the state or any of its political subdivisions or any schools, such assistance and information as will enable it to fulfill its responsibilities...".

According to RSA 169-C:38, II DCYF may share information from its case records to the extent permitted by law with the partnering law enforcement agency in order to assist them with an investigation and evaluation of a report of abuse or neglect. "Investigating police officers shall not use or reveal any confidential information shared with them by the department [DCYF] except to the extent necessary for the investigation and prosecution of the case."

## LAW ENFORCEMENT FOLLOW-UP WITH DCYF

DCYF has **60 days** from the date of the initial report, in which to make a determination of abuse or neglect. If safety considerations are resolved, law enforcement may request DCYF to delay their determination, in order to allow law enforcement to conclude its criminal investigation. **Within those 60 days, law enforcement must notify DCYF as to the status of their criminal investigation.**

This is necessary in order to:

- Allow DCYF to determine if the alleged abuse/neglect occurred and determine who is responsible as mandated by RSA 169-C:34; and
- Allow DCYF, if the determination of abuse/neglect is founded, **in the interest of child safety\***, to enter the information regarding the person responsible for the abuse/neglect into the DCYF Central Registry, as mandated by RSA 169-C:35. (See [Appendix Q](#) for RSA 169-C:34 and 169-C:35)

**If the criminal investigation results in a delay beyond 60 days, law enforcement shall provide DCYF regular updates and a final determination of the investigation per the above stated mandates.**

**\*NOTE:** Individuals involved with child-care, placement or adoption, in settings that are licensed or funded by the New Hampshire Department of Health and Human Services (DHHS) are screened against the DCYF Central Registry of founded reports of abuse and neglect. An individual's name is entered on the DCYF Central Registry only after the DCYF assessment is completed, the individual has been determined to be responsible for the abuse or neglect, and s/he has been afforded his/her due process and right to appeal DCYF's finding.

If a DCYF investigation remains pending as "incomplete" while awaiting the results of a criminal investigation, the individual's name is not entered into the Central Registry. It is therefore very important that law enforcement provide timely notice to DCYF of the outcome of its criminal investigation. In the absence of this information, the individual's name will not have been entered in the DCYF Central Registry and the individual may become employed in licensed or departmentally funded childcare without DHHS's knowledge.

## **CHILD ADVOCACY CENTERS (CAC)**

### **CAC REFERRAL CRITERIA**

Referrals to a CAC are received from the Division for Children, Youth and Families (DCYF), law enforcement or the County Attorney's Office, and should meet the following criteria:

- A child who is under the age of 18 years old. The CAC can make exceptions on a case-by-case basis.
- Allegations within the parameters of abuse or neglect as defined by the New Hampshire Child Protection Act (RSA 169-c).
- Agencies that refer cases to a CAC agree to adhere to that CAC's protocol.

**NOTE:** All New Hampshire CACs adhere to a set of county based operational protocols that were developed by and for the multidisciplinary team of professionals utilizing the CAC's collaborative interagency approach to both investigating cases of severe child abuse and providing support services to the child and non-offending caregiver(s). Although each CAC adheres to its own protocols, all CAC protocols throughout the state share many similarities and are nearly identical with regards to investigative procedures. The protocols contained here closely mirror individual CAC protocols across New Hampshire.

- After a minimal facts assessment, the referring agency shall provide relevant disclosure information and past history, to a CAC at the time of the initial referral.
- The investigation of the case ideally should be at a preliminary stage. Cases where there is a history of investigative interviews related to the same incident will be reviewed for acceptance and may be accepted at the discretion of the CAC.

This referral process does not replace an individual's requirement to report suspected abuse/neglect to DCYF in accordance with RSA 169-C.

### **CAC MULTIDISCIPLINARY TEAMS (MDT)**

The purpose of the CAC MDT is to review case investigations with the purpose of developing two actions plans: one related to criminal or civil prosecution and the second related to making recommendations for protection of the victim. The members of the MDT must include, but are not limited to:

- County Attorney's Office\*
- Local Law Enforcement\*
- Division for Children, Youth and Families\*
- Medical Provider

- Mental Health Provider
- Victim Witness Advocate\*
- Crisis Center Advocate
- Child Advocacy Center\*

**\*Core Investigative Team Members**

## **LEADERSHIP OF THE INVESTIGATIVE TEAM**

The Investigative Team shall be facilitated by the County Attorney or his/her designee. On an “as needed basis,” the Investigative Team may be expanded to include other professionals to augment the Team’s purpose. The lead law enforcement agency or their designee will facilitate in non-felony level cases.

## **INFORMATION SHARING**

All MDT members are bound by each discipline’s applicable rules of confidentiality and are precluded from sharing privileged information unless written consent to release information has been obtained or a court order has been issued. MDT members shall make every effort to obtain releases of information if privileged matters need to be presented/discussed.

Throughout the entire joint assessment/investigation, information and findings by both DCYF and law enforcement should be fully shared. According to RSA 169-C:34, III, DCYF “may request and shall receive from any agency of the state or any of its political subdivisions or any schools, such assistance and information as will enable it to fulfill its responsibilities...”

In 2006, the New Hampshire Legislature passed enabling legislation encouraging the use of the CAC multidisciplinary approach, and the sharing of information among the team members. According to RSA 169-C:34-a, III DCYF may share information from its case records to the extent permitted by law with members of a MDT in order to assist the team with its investigation and evaluation of a report of abuse or neglect. MDT members shall be required to execute a confidentiality agreement and shall be bound by the confidentiality provisions of RSA 169-C:25 and RSA 170-G:8-a. (See [Appendix L](#))

## **INTAKE PROCEDURES**

The CAC staff receives an initial call referring a child for an evaluation. The call is screened to ensure the referral meets CAC criteria. The CAC shall document the information on the “Intake/Notice of Interview” form. (See [Appendix I](#)) If the criteria are met, the CAC will coordinate an interview by contacting all members of the MDT. Based on the safety of the child and the underlying circumstances, the interview will be scheduled at the most appropriate time and the CAC will **FAX** the “Intake/Notice of Interview” form to all appropriate agencies.

## **PRE-INTERVIEW TEAM BRIEFING**

The Team Leader representative will assist the CAC in the facilitation of the pre-interview information-sharing meeting, which should occur 30-60 minutes prior to the scheduled interview. During this stage, variables such as initial disclosure, family history and dynamics, suspect information, and interview approach will be discussed. The Team Leader, with consensus of the team and based on the circumstances of the case, will select the most appropriate interviewer(s).

## **PROCEDURES PERTAINING TO FAMILY**

Upon their arrival at the CAC, the child and the non-offending parent/guardian will be welcomed by the CAC staff and introduced to the appropriate parties. The CAC Staff will obtain a signed Authorization for Release of Information Form from the non-offending parent/guardian permitting the sharing of information among the Investigative Team members. The Team will meet with the non-offending parent or guardian prior to and following the interview to provide information, support, and recommendations for follow-up steps and services. Non-offending parent/guardian's interview will not be conducted at this time. The CAC will arrange for a local Crisis Center representative to be available and/or accompany the parent/guardian to a waiting area during the interview.

## **INTERVIEW PROCEDURE**

The Investigative Team should be present during the CAC interview(s). In non-felony and juvenile perpetrator cases it is not necessary for a County Attorney to be present.

The interview will be conducted in a developmentally appropriate and private interview room. The interviewer is assigned by the consensus of the team, based on level of skill and training, level of comfort, present or potential rapport with the child victim and any other considerations the team thinks are significant.

Only members of the Investigative Team will observe the interview. Family members and/or their representatives shall not be permitted to observe the interview. It is strongly recommended that the law enforcement representative not be in full uniform. Observers should be able to communicate with the interviewer during the interview by agreed upon method.

## **PROCEDURE FOR VIDEOTAPE OF THE CHILD VICTIM**

Video recordings of investigative interviews are evidence and should be secured as such, according to department guidelines of all investigative agencies. When there is a joint investigative interview of a child at a CAC, both DCYF and law enforcement shall be provided a copy of the video recorded interview pursuant to RSA 169-C:38. If at the conclusion of the interview, law enforcement determines they will not be proceeding with a criminal investigation, it is not necessary to provide them with a copy of the video recorded interview unless they request otherwise.

DCYF, the CAC, the law enforcement agency and the prosecutors should all limit disclosure of the video recorded interview to the greatest extent possible in order to protect the child's privacy and the integrity of any law enforcement investigation.

If DCYF believes that the video recorded interview is relevant and necessary evidence for the adjudication of a child protection case, DCYF must take the following preliminary steps:

- Identify and consider all relevant evidence and witnesses in the child protection case.
- Consider whether the video recorded interview is clearly necessary and relevant in the child protection case.
- Consider whether there is alternative evidence, such as a transcript or audiotape of the interview or witness testimony, which could be used for the adjudication of the child protection case that would eliminate the need for the videotape.

## **POST-INTERVIEW BRIEFING**

Following the conclusion of the interview, MDT members will meet to de-brief the results of the interview. The Team Leader will facilitate this process, and through the utilization of the post-interview action form (*See [Appendix J](#)*) direction will be given with respect to follow-up activities, investigations, and referrals for services.

## **DOCUMENTATION PROCEDURES**

At the completion of the interview, a label will be placed on the video recording, which specifies the name, date and time of the interview. The recording will be assigned a CAC interview number. The number and other pertinent statistical information will be maintained by the CAC. During the course of the interview, a clock will be prominently displayed in the interview room in view of the camera. The clock will be accurate at all times.

The lead law enforcement agency is responsible for completing a report documenting the results of the interview with the child. Written reports of the child's interview and medical evaluation (when performed) shall be made available to DCYF and law enforcement.

## **RELEASE OF INFORMATION**

The CAC will not be authorized to release any information regarding video recordings or interviews. Any requests to view video recordings by parents or others should be referred to the principle investigator(s).

## **CASE REVIEW**

The purpose of the MDT holding regular case review meetings is to review case investigations with the purpose of developing two action plans: one related to criminal or civil prosecution and the second related to making recommendations for protection of the

victim. Case review represents the true multidisciplinary spirit of the CAC model as it provides a forum for team members to utilize the specialized expertise of all disciplines participating in the case review process. (See [Appendix K](#) for Model CAC Case Review Form)

All MDT members are bound by the rules of confidentiality and are precluded from sharing privileged information unless written consent to release information has been obtained or a court order has been issued. Non Investigative Team members are responsible for obtaining appropriate releases of information (i.e. HIPAA compliance) if privileged matters need to be presented/discussed during case review. (See [Appendix H](#) for Model HIPPA Release Form)

Participants in case review should include: the County Attorney's Office, law enforcement, DCYF, a representative from the local CAC, and medical and mental health providers as needed. Additional team members including, but not limited to, crisis centers, schools and/or Court Appointed Special Advocates (CASA) can be added as needed for individual case consultation. All team agencies are encouraged to bring any CAC case, to case review.

A representative from the local CAC typically coordinates these monthly meetings. Prior to the meeting a notice regarding the date, time and cases to be discussed should be sent out to all MDT members.

Case review may also be used to discuss multidisciplinary strategies; ideas and topics for cross-training; promoting new educational opportunities or can provide an opportunity for education and information sharing on topics benefiting the entire team.

## **CASE TRACKING**

Each CAC shall maintain a case tracking system best suited to the needs of that individual program. Case tracking refers to the systematic method in which data is routinely collected on each child/case served by the CAC. Case tracking shall be done via a computer program. The system provides essential demographic, case and intervention outcome information. This data can be used for program evaluation, grant proposals and generating statistical reports. Case tracking enables the MDT to inform children and families about the current status/disposition of the case. The system may include:

- Identifying information about the child and family.
- Identifying information about the offender.
- Type(s) of abuse.
- Relationship of perpetrator to child.
- Team members involved.
- Charges filed and case disposition in court.
- Child protective outcomes.
- Status of medical, mental health and other referrals.

Each program may track additional information or data as deemed necessary by that CAC.



## **THE ROLE OF VICTIM ADVOCACY**

Child victims and their non-offending family members have a right under the New Hampshire Crime Victims Bill of Rights, RSA 21-M:8k (*See Appendix S*) to be treated with dignity and respect throughout the criminal justice process. Victim advocates, both community based crisis center advocates and prosecution based victim/witness assistance advocates, ensure that victims receive support and information. Both types of advocates share similarities in their support for victims, however there are significant differences in services and confidentiality, as outlined below.

### **CRISIS CENTER ADVOCATES**

There are fourteen crisis center programs (*See Appendix B*) throughout the state that provide services and support to victims of sexual assault, domestic violence, stalking and sexual harassment. Their services are free and are available to everyone regardless of age, race, religion, sexual orientation, physical ability or financial status. A victim's communication with a crisis center advocate is privileged and confidential under RSA 173:C. (*See Appendix T*)

The services provided include:

- 24-hour toll free crisis line.
- Access to emergency shelter and transportation.
- Legal advocacy in obtaining restraining orders against abusers.
- Hospital and court accompaniment.
- Information about and help in obtaining public assistance.
- Safety planning with non-offending family members.

### ***THE ROLE OF CRISIS CENTER ADVOCATES WITHIN THE CHILD ADVOCACY CENTER (CAC) MODEL***

In jurisdictions with a CAC, the crisis center is a member of the multidisciplinary team (MDT) and should be included in the Memorandum of Understanding. The MDT includes all agencies that are critical to the functioning of the CAC. Due to issues of confidentiality, the crisis center has chosen not to receive confidential investigative information.

The CAC staff should contact the crisis center for every interview to provide advocacy and support to the non-offending parent/caregiver, including linking them with on-going crisis center services. As soon as the interview is scheduled, the crisis center should be notified. Parents/caregivers always have the right to choose whether or not to utilize crisis center services.

The CAC should notify the crisis center of any special circumstances with a case (e.g. alleged perpetrator of previous victim, non-English speaking, hearing or speech impaired

parent, developmentally delayed victim/parent) in order to allow the crisis center and CAC to work together to determine the most appropriate response. Information sharing may need to be of a general nature prior to the family signing releases.

The crisis center advocate should be at the CAC at an agreed-upon time prior to the family's arrival in order to be available to welcome the family when they arrive. The crisis center advocate should be introduced to the team members who will be participating in the interview.

Local CAC programs and crisis centers should work out how best to provide oversight/supervision of the child victim when the investigative team is meeting; other resources for child care should be identified, and the family should be encouraged to avoid bringing siblings who are not being interviewed.

The crisis center advocate should be given private time with the family in order to clarify their role. The local crisis center should work with the local CAC program to identify how this would work best for each program. Parents/caregivers should be given the opportunity to have the crisis center advocate with them during the post-interview investigative team meeting, to provide support and information about follow up and next steps.

In cases where the victim is an older child/adolescent, s/he should be given the option to meet privately with a crisis center advocate. Because a teen victim is a primary victim/client of the crisis center, crisis centers should provide separate advocates whenever possible for a teen victim and the teen's non-offending parent. It is important for the CAC to give the crisis center as much notice as possible that the victim is a teen, so that two advocates can be available.

When follow-up contact is made by the CAC, the availability of crisis center services and support should be reinforced. Crisis center advocates have the ability to provide long-term services to primary and secondary victims even after prosecution.

Participation of a crisis center representative should be included in CAC case review. The logistics of how that will work shall be determined by each MDT, on a case-by-case basis.

Crisis center and CAC materials should each reflect their community partnership and they should collaborate and coordinate their prevention and education efforts in schools and communities. Statewide training for crisis center advocacy at CACs should be provided/developed jointly by New Hampshire Coalition Against Domestic and Sexual Violence and the New Hampshire Network of Child Advocacy Centers.

## **VICTIM/WITNESS ADVOCATES**

Victim/witness advocates are prosecution based victim advocates, whose goal is to reduce the impact that the crime and resulting involvement in the criminal justice system

have on the lives of victims and witnesses. (See [Appendix D](#)) Victim/witness advocates are committed to ensuring that all victims of crime in New Hampshire are treated with the dignity and respect that they deserve, recognizing that the criminal justice system can be confusing and frightening to those citizens who have been traumatized by crime. The New Hampshire Crime Victim Bill of Rights, RSA 21-M:8-k, outlines the rights victims have under the law. Unlike with the crisis center advocate, a victim's communication with a victim/witness advocate is **not** privileged and confidential under RSA 173:C.

The State Office of Victim/Witness Assistance within the New Hampshire Attorney General's Office provides services in all of the state's homicide cases, while the Victim/Witness Programs within each of the County Attorney's Offices handle other felony crimes. Depending on the resources and the size of the caseload, some programs provide services in all felony crimes while others provide services specifically in violent crimes including child sexual and physical abuse cases, sexual assault and physical assault cases.

Victim/witness advocates provide the following services to victims of crime as they move through the criminal justice system:

- Information on their rights as a victim.
- Crisis intervention and support.
- Orientation into the criminal justice system.
- Case status and disposition.
- Court advocacy services.
- Employer, school, landlord and creditor intervention.
- Referrals.
- Property return assistance.
- Assistance with Victim Impact Statements.
- Education and resource information.

### ***THE ROLE OF VICTIM/WITNESS ADVOCATES WITHIN THE CAC MODEL***

In jurisdictions with a CAC, the victim/witness advocate shall be a member of the MDT. The Director of the Victim/Witness Program, in consultation with CAC staff will determine if the victim/witness advocate is brought into the MDT at the time of the CAC interview, or thereafter. The County Attorney will brief the victim/witness advocate on what is known regarding the child and the case. The victim/witness advocate may or may not participate in or observe the interview while it is being conducted. S/he may meet with the non-offending family member(s) during the child's interview. Prior to meeting the family member(s), the victim/witness advocate may coordinate with the crisis center advocate (see Crisis Center Advocate Section above) regarding support, information and services to be provided at that time. Services of the crisis center advocate may be provided without the presence of the victim/witness advocate, pursuant to the confidentiality laws of crisis center advocates.

The victim/witness advocate may provide any or all of the following services at the time of the interview:

- A brief introduction and description of the victim/witness advocate's role.
- Discussion of the family's immediate needs and concerns, answers to questions, support and active listening.
- A review of the basic process of an investigation.
- Tips on coping with the child's disclosure.
- A review of common behaviors they may expect to see in the child and how to respond appropriately.
- Discussion of future needs and resources and assistance in connecting with those resources.
- Any literature or handout information.

After the child interview is concluded, the MDT will determine if the victim/witness advocate should be introduced to the child at that time. If an introduction is made, the victim/witness advocate, using age appropriate language will do any one or more of the following when appropriate and applicable:

- Provide a brief introduction and description of their role.
- Discuss the child's immediate needs and concerns, answer questions, provide support and conduct active listening.
- Provide older child with contact information.

In jurisdictions without a CAC, the victim/witness advocate may be available to provide support services and information to child victims and their non-offending family members during the investigation, at the request of law enforcement or DCYF.

Upon a case referral to the County Attorney's Office, the victim/witness advocate is the primary contact for the victim and the non-offending parent/caregiver. The victim/witness advocate will focus attention on meeting the needs of child victims and witnesses by ensuring that consideration is given to the child's age, schedule, privacy and any special needs of the child.

Victim/witness services during the course of the case, may include information about the court process and what is expected of the victim on each occasion, preparation for testimony and orientation to the courtroom environment, case status notification, and victims' rights. Age-appropriate instructions in legal procedure and terminology are given to child victims and witnesses. In most cases, case status notification is given to the parent or caregiver of the child, along with tips and assistance in providing verbal notice to the child and deciding what notice should be given.

## THE ROLE OF MEDICAL PERSONNEL

This section of the Protocol sets forth model procedures for the medical response to child maltreatment. They were developed with the recognition that an individual medical provider's ability to adhere to the procedures will depend, to some degree, on the size and financial resources of the medical facility. The procedures are not intended to define a minimum standard of practice, nor are they intended to create substantive rights for individuals. Rather, their purpose is to define a standard to which all medical providers should strive.

*Specialized medical evaluation and treatment services should be available to all children who are suspected victims of any type of child abuse. When possible this should be coordinated with the multidisciplinary team (MDT) response to provide follow-up referrals and/or treatment as necessary.*

### MEDICAL PROVIDER REPORTING REQUIREMENTS

According to RSA 169-C, any medical provider is mandated to report suspected child abuse and neglect to the Division for Children, Youth and Families (DCYF). The medical provider who suspects that a child has been abused or neglected must make an oral report immediately (during DCYF available hours) to DCYF Central Intake Office by telephone **1-800-894-5533**.

**If the medical provider has reason to believe the child is in immediate danger, the provider shall call the law enforcement agency in the jurisdiction where the abuse and neglect has occurred or local law enforcement as circumstances dictate.**

Each report shall, if known, contain:

- The name, age, and address of the child(ren) suspected of being abused or neglected;
- The name of the parent or caregiver responsible for the child's welfare;
- The nature and extent of suspected abuse/neglect;
- The identity of the person(s) suspected of being responsible for the abuse and neglect; and
- Any other information that may be helpful to the assessment. (e.g., possible threat to child's safety)

Additional information may be included, if available:

- A complete medical description of sustained injuries – location, size, severity.
- Explanations provided by family members (child, the offender, others) about the injuries.
- Direct observations of parent-child interactions (while in hospital emergency room, physician's office, etc.).

- Concerns and recommendations.
- Availability of medical reports, hospital charts, or any other pertinent medical information.

## **RATIONALE FOR THE MEDICAL EVALUATION**

A medical evaluation holds an important place in the assessment of child abuse. All children who are suspected victims of any type of child abuse should be offered a medical evaluation. The goal of the medical evaluation is to establish the safety, health and well being of the child and to collect and preserve potential evidence that may be used in future legal proceedings. In addition, this evaluation will establish any needed follow-up referrals necessary in maintaining good health.

An accurate medical history is essential in making the medical diagnosis and determining the treatment of child abuse. There are several acceptable models that can be used to obtain a history of the abuse allegations, however, this type of interview uses specific skills and techniques that require training. Because children learn the helping role of doctors and nurses at a very young age, they may disclose information to medical personnel that they might not share with investigators.

The timing and detail of the medical evaluation should be based on specific screening criteria developed by qualified medical providers and/or by local MDTs, which include qualified medical representation.

The purposes of a medical evaluation in suspected child abuse include:

- Help ensure the health, safety, and well being of the child.
- Diagnose, document, and address medical conditions resulting from abuse.
- Differentiate medical findings that are indicative of abuse from those which may be explained by other medical conditions.
- Diagnose, document, and address medical conditions unrelated to abuse.
- Assess the child for any developmental, emotional, or behavioral problems needing further evaluation and treatment and make referrals as necessary.
- Reassure and educate the child and family.

**Medical evaluations should be provided by health care providers with pediatric experience and child abuse expertise. It is recommended that medical providers meet at least ONE of the following Training Standards:**

- Child Abuse Pediatrics Sub-board eligibility.
- Child Abuse Fellowship training or child abuse Certificate of Added Qualification.
- Documentation of satisfactory completion of competency-based training in the performance of child abuse evaluations.
- Documentation of 16 hours of formal medical training in child sexual abuse evaluation.

In addition, there should be demonstration of the following *Continuous Quality Improvement* Activities:

- Ongoing education in the field of child sexual abuse consisting of a minimum of three hours per every two years of CEU/CME credits.
- Photographic documentation of examination is recommended. Photodocumentation enables peer review, continuous quality improvement, and consultation.
- Review of all medical evaluations is strongly recommended. It may also negate the need for a repeat examination of the child.

The provider should have a system in place so that consultation with a medical provider experienced in child abuse evaluations is available.

## **HOW CHILDREN MAY PRESENT**

Some children first come to the attention of the child protection system when they are brought to a hospital emergency department (ED). The visit may be prompted by an acute event or following a disclosure that something may have happened in the past. The concern about possible mistreatment may be the presenting complaint or may be raised by the ED staff once the child's evaluation is underway. While the child's emergent medical needs may be well served in the ED, it is often challenging and sometimes impossible to provide a place to perform the necessary interviews of the child and the caretakers separately, provide support for a traumatized family, and initiate a legally sound investigation of a possible crime. When the ED is the site where an evaluation for child maltreatment begins, a written protocol that addresses the procedural, medical, social service, child protection and law enforcement issues is essential.

## **PERMISSION TO TREAT**

Regardless of whether explicit permission has been obtained from the child's parent or legal guardian, any life-threatening conditions should be immediately treated and the child medically stabilized. Permission to treat other conditions must be obtained from the parent or legal guardian. In cases of severe abusive injury or sexual abuse, local law enforcement should be contacted. Law enforcement will initiate an investigation and also assist the medical staff with obtaining permission to treat the child in the event that the parent/guardian is unreachable or unwilling to give needed consent for the child's care.

## ***THE ADOLESCENT PATIENT***

An adolescent brought in for a medical evaluation, must give his or her own consent. If the circumstances permit, parental/guardian consent to examine the patient should be obtained but it is not absolutely necessary. The patient should be told that if s/he is under the age of 18, it is mandatory for the examiner to notify DCYF. (See [\*Medical Provider Reporting Requirements\*](#), page 35)

## **MEDICAL EVALUATIONS IN JURISDICTIONS WITH A CHILD ADVOCACY CENTER (CAC)**

The medical evaluation often raises significant anxiety for families, usually due to misconceptions about how the evaluation is conducted and what findings, or lack of findings, mean. Therefore, it is essential for team members and CAC staff to be trained about the nature and purpose of a medical evaluation so that they can competently respond to common questions, concerns and misconceptions.

### **CAC WRITTEN PROTOCOLS SHOULD INCLUDE:**

- 1. The purpose of the medical evaluation as outlined above.**
- 2. How the medical evaluation is made available.**

CACs differ in their practices of how the medical evaluation is made available. The team's written protocol or agreement should include medical input to define the referral process and how the exam is made available.

- 3. How medical emergency situations are addressed.**

A medically-based screening process will determine the need for an emergency evaluation. The timing, location, and provider of the medical evaluation should be chosen so that a skilled evaluation is conducted, acute injuries and/or other physical findings are documented photographically and in writing and, when indicated, trace evidence is collected and preserved.

Reasons for emergency evaluation include, but are not limited to (with discretion by trained medical provider):

- Medical intervention is needed emergently to assure the health and safety of the child;
- Sexual abuse that has occurred within the preceding 72 hours;
- Sexual abuse involving vaginal/penile penetration occurring within the preceding 120 hours;
- Any child who appears neglected/unwell;
- Any child with complaint of pain, bleeding or obvious injury (ano-genital or non-ano-genital);
- The need for emergency contraception;
- The need for post-exposure prophylaxis for STI including HIV; and
- Any child in need of an immediate psychological evaluation (i.e.: suicidal/homicidal).



#### **4. How multiple medical evaluations are avoided**

Understanding that it is not always possible, multiple evaluations should be avoided. Identifying the best location and timing for the examination and ensuring that exams are performed by experienced examiners and are photodocumented, will minimize repeat examinations.

#### **5. Role of the primary care provider**

A child's primary care provider (PCP) will likely know the child's medical history and physical status best of any professional, and may be the most familiar with the child's social situation as well. The PCP can provide invaluable information to the provider working with the CAC and vice-versa. The CAC team should consult with its provider to decide who is best qualified to perform a medical evaluation for each child referred to the center. Some children may need an immediate evaluation by the CAC's provider because of the nature of the concern (e.g. acute sexual assault in a preschooler) while others may be better evaluated less urgently by the PCP (e.g. concern about longstanding medical neglect). The CAC's provider should review all medical reports received by other CAC team members. Written permission from a child's parent or legal guardian must be obtained before sharing medical information.

#### **6. Role of the emergency department personnel**

As the medical community becomes more familiar with the multidisciplinary approach to child maltreatment provided at a CAC, it will be increasingly common for hospital EDs to consult with the CAC's medical provider at the time that a child presents with possible maltreatment. Initially, the ED staff member(s) with the most pediatric experience should be assigned the case. To the extent possible, the CAC medical provider should be consulted by telephone. Depending on the circumstances, the CAC medical provider may arrange to evaluate the child immediately or within an appropriate period of time. In all cases, emergency department staff members need to be aware of their responsibility to report suspected child abuse or neglect.

#### **7. How medical care is documented**

All medical records are also legal documents. The medical history and physical examination findings must be carefully and thoroughly documented in the medical record. Diagnostic-quality photographic documentation using still and/or video documentation of examination findings is recommended. Photographic documentation allows for peer review, for obtaining an expert or second opinion, and may also eliminate the need for a repeat examination of the child.

#### **8. Findings of the medical evaluation should be shared with the multidisciplinary team in a routine and timely manner.**

Because the medical evaluation is an important part of the response to suspected child maltreatment, findings of the medical evaluation should be shared with and

explained to the MDT in a routine and timely manner so that case decisions can be made effectively. The duty to report findings of suspected child abuse to the mandated agencies is an exception to HIPAA privacy requirements, which also allows for ongoing communication.

## **PAYMENT FOR THE MEDICAL EVALUATION**

**These specialized medical evaluations should be available and accessible to all children, regardless of the family's ability to pay.** In cases other than those involving sexual abuse, if the family has no insurance they should be encouraged to apply for hospital free care and should also be referred to the New Hampshire Victim Assistance Commission (*See [below](#)*) for further assistance.

The cost of sexual abuse medical evaluations is also covered by the family's insurance when available. If a family is not covered by medical insurance or other third party payment and the examination is conducted for purposes that include collecting evidence, the state is responsible for paying for the evaluation up to a specific limited amount.

The following guidelines should be used in regards to billing for sexual abuse medical evaluations:

1. If the family has health insurance, insurance information should be obtained by appropriate medical personnel, and the insurance company should be billed directly for the cost of the examination. The family may still be responsible for costs above the coverage limits, i.e.: co-pays, however, it is the intent of the protocol to protect the victims' family from large medical expenses associated with the evaluation. The family may apply to the New Hampshire Victims' Assistance Commission (*See [below](#)*) for the remainder of the costs.
2. If the patient has no insurance, the Attorney General's Office should be billed directly at the following address:

**State Office of Victim/Witness Assistance**

*Attorney General's Office*

*33 Capitol Street*

*Concord, NH 03301*

*(603) 271-3671*

DCYF has the ability to provide for and pay for medical evaluations and treatment of children who may have been abused or neglected as part of their ongoing assessment and involvement with the family. Medical evaluations are provided by physicians and nurses in New Hampshire who are certified and enrolled by DCYF to provide these medical evaluations. The DCYF Child Protection Service Worker (CPSW) has the authority to authorize payment to a certified and enrolled medical provider for an evaluation when the child is not covered by Medicaid or private insurance.

## **NEW HAMPSHIRE VICTIMS' ASSISTANCE COMMISSION**

Children who are victims of child maltreatment may also be eligible for benefits through the **New Hampshire Victims' Assistance Commission**. These benefits may include compensation for medical expenses, mental health therapy expenses, lost wages or other out-of-pocket expenses not covered by insurance or other third party payment available to the victim. Property losses and pain and suffering cannot be compensated using this method of compensation. For more information about the **New Hampshire Victims' Assistance Commission**, call **1-800-300-4500**.

## THE ROLE OF MENTAL HEALTH

A mental health professional can be involved in a case of child abuse or neglect in several ways. A child or adolescent may disclose sexual or physical abuse or neglect to a psychotherapist. A child or adolescent may be placed in treatment with a psychotherapist due to a disclosure of abuse or neglect. A mental health provider is also required to report to the Division for Children Youth and Families (DCYF) if a client (adult or adolescent or child) discloses perpetration of abuse on a child.

When a child discloses sexual or physical abuse or neglect during psychotherapy, the mental health professional should not attempt a forensic interview. The mental health professional should record what the child tells him/her and thank the child for telling. The provider should not attempt to question the child in detail about the alleged abuse or attempt to use anatomically correct dolls for investigative purposes. If the child is of adequate maturity to understand, the psychotherapist should tell the child that the psychotherapist will need to let others, including law enforcement, know to assist with the situation. It is important to reassure the child that s/he is not in trouble if law enforcement becomes involved. They are there to help the child. The mental health provider should attempt to reassure the child and let them know that there will be a forensic interview by a third party. The psychotherapist should meet with the non-offending parent(s) to let him/her know that a disclosure was made and that a report with DCYF must be filed and law enforcement may be notified. All efforts are made to preserve and reinforce the working therapeutic relationship between the mental health practitioner, the child, and the client's family.

When a disclosure is made to a mental health provider, the provider should immediately report the abuse to DCYF. This is best done while the child and family are still within the practitioner's office setting. It is not the psychotherapist's job to decide whether the disclosure is true or false, but to merely report the disclosure. Any staff in the psychotherapy office who receives information concerning child abuse or neglect is to report as follows:

- Psychotherapists should report directly to DCYF and notify their supervisor, if applicable.
- Clerical or other support staff, with the assistance of their supervisor, should report the incident to DCYF.
- Though reports are made by phone, **1-800- 894-5533**, DCYF may request written documentation of the disclosure.

In the event that a mental health provider suspects a child has been abused and/or neglected and has reason to believe the child is in immediate danger, the mental health provider shall call the law enforcement agency in the jurisdiction where the abuse and neglect has occurred. The call should be made prior to ending contact with the child. In addition, the provider must make a report to DCYF Central Intake Office at the earliest opportunity, even if a report has already been made to law enforcement.

When a mental health professional reports abuse, the Child Protection Service Worker (CPSW) should strive to communicate with the therapist to explain the investigative process and the role of the Child Advocacy Center (CAC). Efforts should be made to preserve and reinforce the working therapeutic relationship between the mental health practitioner and the child or client family.

The mental health practitioner should meet with the non-offending parent(s) or guardian(s) and explain the therapist's role with DCYF and the court. Part of this explanation should include education about releases of information so that the non-offending parent(s) or guardian(s) can make an informed decision regarding access by DCYF to the client record. If the non-offending parent(s) or guardian(s) chooses to release information from the client record, the information may include:

- The initial identified problem at the beginning of treatment;
- The child's diagnosis;
- The history of therapy or prior treatment;
- The developmental history of the child;
- The psychotherapist's insights into the individual's and family's functioning;
- The process of treatment;
- The role of the parent(s) in treatment; and
- The written record of the disclosure of abuse or neglect.

When a child is placed in mental health treatment due to a disclosure of abuse or neglect, the practitioner's responsibility is to provide mental health treatment and support to the child and family. The psychotherapist should report any new disclosures of abuse or neglect to DCYF during the course of treatment. Care coordination by the mental health provider should occur with both DCYF and the CAC and any other mental health or medical practitioners.

## **CAC MENTAL HEALTH REFERRAL**

Coordination of referral resources between DCYF and CAC staff to promote the best mental health referral to meet the individual needs of the child is to be made. Based upon geographic lines and where the family resides, referral to the mental health provider most experienced in child trauma is optimal. Individual considerations such as insurance or residence or issues may be taken into consideration in making referrals. CAC staff along with DCYF and the local crisis center should consult as to the best provider and to assist the family in obtaining services for both the child and any other family member deemed appropriate.

## **THE ROLE OF COURT APPOINTED SPECIAL ADVOCATES (CASA) OF NH**

CASA of NH is a private not-for-profit agency created to assist in moving abused and neglected children expeditiously through the child welfare and juvenile justice systems to safe, nurturing and permanent homes. CASA recruits, screens, trains, and supervises ordinary citizen volunteers to represent victimized children as *guardians ad litem* (GAL) in New Hampshire District and Family Courts. By serving as the eyes and ears for the court, these young victims are provided with a strong and sensible voice.

The CASA/GAL is appointed in the District or Family Court following the filing of a Abuse or Neglect Petition by Division for Children, Youth and Families (DCYF) or the local law enforcement agency.

In some instances in addition to the child being abused or neglected in accordance with RSA 169-C, criminal charges are sought against the parent or individuals having care and control of the child. In such a case the CASA/GAL would defer to the victim/witness advocate to assist the child through the criminal proceedings. The CASA/GAL would, however, be available for guidance and support as appropriate. The CASA/GAL would remain in contact with the victim/witness advocate in order to obtain information regarding the status of the criminal proceedings.

Whether the disclosure and investigation process is completed prior to the CASA/GAL's appointment, or subsequent to the appointment, the CASA/GAL should, as necessary for information gathering purposes relative to the 169-C case, have access to view the videotape/audiotape or transcript produced during the interview.

If during the course of the CASA/GAL's involvement with the child, the child disclosed sexual abuse, physical abuse or neglect, the CASA/GAL will support the child but will not attempt to obtain detailed information pertaining to the disclosure. The CASA/GAL will instead immediately report the information to DCYF for further investigation.

In the event that the CASA/GAL suspects a child has been abused and/or neglected and has reason to believe the child is in immediate danger, the CASA/GAL shall call the law enforcement agency in the jurisdiction where the abuse and/or neglect has occurred. In addition the CASA/GAL must make a report to DCYF Central Intake Office even if a report has already been made to law enforcement.

# THE ROLE OF EDUCATORS

## REPORTING BY THE EDUCATION PROFESSIONAL

**It is the school employee who suspects abuse and neglect, who must make the report directly to the Division for Children, Youth and Families (DCYF) Central Intake Office, consistent with New Hampshire state law RSA 169-C:29, regardless of any school policy that is contrary to the state mandatory reporting statute. Failure to comply with this statute may result in a misdemeanor charge.** This ensures that the report is made firsthand, in a timely and accurate manner, and minimizes the trauma to the child by eliminating the need for the child to repeatedly tell his/her story.

The school employee who suspects that a child has been abused or neglected will make an oral report immediately to DCYF Central Intake Office by telephone and then notify the school principal that a report has been made.

Each report shall, if known, contain:

- The name, age, and address of the child(ren) suspected of being abused or neglected.
- The name of the parent or caregiver responsible for the child's welfare.
- The nature and extent of suspected abuse/neglect.
- The identity of the person(s) suspected of being responsible for the abuse and neglect.
- Any other information that may be helpful to the assessment (e.g., possible threat to child's safety; school dismissal time).

When the reporter of the suspected abuse or neglect is an educator (teacher, guidance counselor, child study team member) the information sought may include:

- The child's progress and achievement in school.
- Observable behaviors and changes over time, including day-to-day behaviors, attitudes, social interactions with adults and peers.
- Characteristics of child's friends in school.
- Any history of observable injuries and any explanation provided by the child.
- Any unusual behaviors observed.
- Availability of psychological evaluations, diagnostic materials, and other tests.
- Circumstances precipitating the referral.
- Parental involvement.

In most cases, it will be requested that a school employee submit a written report to the DCYF Central Intake Office within 48 hours of making the oral report. A copy of the written report must be kept in a confidential file in the principal's office, apart from the student's academic or counseling files. The purpose of this report is primarily to assist school employees in accurately recalling what led them to suspect abuse or neglect,

should law enforcement, DCYF or the court need that information.

## **REPORTING TO LAW ENFORCEMENT**

If a school employee suspects a child has been abused and/or neglected and has reason to believe the child is in immediate danger, the employee **shall** call the law enforcement agency in the jurisdiction where the abuse and neglect has occurred. If the school has a Resource Officer on site, the notification may be made through that office. In addition, the **employee** must make a report to the DCYF Central Intake Office at the earliest opportunity, even if a report has already been made to law enforcement.

## **WHEN THE SUSPECTED ABUSER IS A SCHOOL EMPLOYEE**

Any school employee who suspects another school employee of abusing a student must report that suspicion directly to the DCYF Central Intake Office and the Bureau of Credentialing, New Hampshire Department of Education (Ed. 510.01(b)) and then the school principal. The principal will then inform the superintendent of schools. If the principal is the suspected abuser, the school employee who made the report to DCYF, should inform only the superintendent of schools. A copy of the written report must be sent to the superintendent of schools.

## **THE SCHOOL'S ROLE AFTER THE REPORT HAS BEEN MADE**

Based on the information obtained from the school employee making the referral, the DCYF Central Intake Office will make a determination as to whether or not the referral is credible and should be accepted. If accepted, the DCYF Central Intake Office makes a determination regarding level of risk to the child. If the abuse is likely to occur within 24 hours or if there is imminent danger to the child, the school employee shall contact local law enforcement in addition to reporting to DCYF. DCYF Central Intake Office contacts the appropriate District Office to advise of all high-risk reports. If DCYF Central Intake Office determines that the child does not appear to be in imminent danger, the referral will be sent to the appropriate district office for a response within 72 hours.

When the risk is high, the local district office will make every effort to send a Child Protection Service Worker (CPSW) out to see the child the same day the report is made. This initial meeting with the child often occurs while the child is still at school. It is **extremely** important that school employees report suspected child abuse or neglect **as early in the day as possible**. This will allow sufficient time for the child to be properly interviewed and to develop an intervention plan to assure the child's safety.

The law requires that DCYF notify law enforcement in cases of serious physical injury or sexual abuse of children. In some cases of abuse, when the alleged perpetrator does not live in the same household as the child and does not have ready access to the child, law enforcement may be the primary investigators. As a result, the CPSW may be accompanied by law enforcement, or law enforcement may come to the school alone to interview the child.



DCYF child protection workers and law enforcement investigators have the right to enter any school grounds and must identify themselves upon arrival. According to RSA 169-C:38, DCYF and law enforcement have the right and the authority to interview the child on school grounds. **To minimize the number of interviews with the child, DCYF and law enforcement may conduct a joint interview. RSA 169-C:38 IV-V requires audio/videotaping of all interviews of children in their entirety when in a public setting, including schools.**

## **WHEN THE CHILD IS INTERVIEWED AT SCHOOL**

School personnel must cooperate with DCYF by providing such information and assistance as suggested in the assessment process, including but not limited to the following:

- Arrange access to the child.
- Arrange for a private location for interviews.
- Take every precaution to protect the child's privacy and confidentiality.
- Make sure the child is emotionally prepared to return to the classroom before he or she does so.

**School personnel are not encouraged to be present during the interview process, unless the child specifically requests them to be present. If present, school personnel will be required to follow precise interview protocol in order to prevent the invalidation of the interview process. Failure to do so will result in school personnel being instructed to leave the interview. Participation in an interview could result in the school personnel being subpoenaed to provide testimony at any court proceedings that may result.**

Law enforcement and DCYF should inform school personnel involved in the case what information school personnel can and cannot share with parents about the interviews. Schools should also receive guidance about how best to support the child after the interview, including, how to handle the child's concerns about going home, parents finding out or any other concerns regarding the assessment. If school personnel are uncertain about how best to handle such concerns, they should ask the DCYF CPSW when they are at the school for the guidance, or contact the DCYF Assessment Supervisor at the district office as needed.

## **MULTIDISCIPLINARY TEAM (MDT) APPROACH WITHOUT A CHILD ADVOCACY CENTER (CAC)**

While the majority of cases will have the benefit of a local CAC, there will be circumstances when a MDT cannot access a CAC. When both the Division for Children, Youth and Families (DCYF) and law enforcement are required to assess and investigate the same incident, then a multidisciplinary team approach best serves the needs of all individuals, particularly the child and family.

### **STRATEGIZING THE JOINT EFFORT**

Once the reported allegations are shared and the determination has been made that a joint DCYF/law enforcement assessment is to be conducted, the Child Protection Service Worker (CPSW) and law enforcement investigator should discuss how best to proceed. Matters discussed should include:

- Available reports and other information and how to obtain them.
- Individuals involved (family members, the referrer, doctors, helping professionals), and the order in which to interview these persons.
- Location options for interviews (specially designed interview rooms, a DCYF office, a law enforcement agency, at the school, etc.).
- Roles each professional will have (DCYF as the supporter, law enforcement as the investigator).
- Procedures for post-assessment information sharing.

Ongoing dialogue between the law enforcement investigator and the CPSW is critical to best serve the child and the family.

### **CHILD DEVELOPMENT AND LANGUAGE**

It is very important for the interviewer to be familiar with the developmental characteristics of children from birth to adolescence. Sound knowledge in these areas will help the interviewer to comprehend a child's understanding of and responses to the interview process. These stages are guidelines. Children progress at their own rates. Trauma or other factors may impair a child's expression of developmental progress.

Children are not capable of adult reasoning and develop intellectual abilities over a period of years:

- Between birth and 2 years old a child learns about the world through repetition of their own reflexes and behaviors. Their play is about learning how to control their own movements and looking for responses to their movements. Speech begins around the age of two.
- Language increases between the ages of 2 and 4 years old and is egocentric. A child's play begins to change from simple motor play to symbolic play.

- Between the ages of 4 and 7 years old a child's speech becomes more social and less egocentric. The child can believe in magical things, such as Santa Claus and fairies. A child does not fully understand the concepts of increasing, decreasing, or disappearing. A child in this stage of development easily follows rules set by an authority.
- Between the ages of 7 and 11 a child begins to form organized, logical thought. The child can put things in a logical sequence and understand labeled categories, e.g. animals, people, numbers.
- From the ages of 11 to 15 years old a child's thought process becomes more abstract and less tied to concrete reality. The child can generate a theory with possible outcomes.

When sexual abuse is suspected it is important to understand the normative stages of sexual development in a child.

- Between birth and 4 years old a child exhibits self-exploration and self-stimulation and has limited peer contact.
- From 5 to 7 years old a child has increased peer contact and there may be experimental interactions between children, e.g. "show me yours and I'll show you mine." A child also becomes shy and inhibited about his/her body at this stage.
- Between the ages of 8 and 12 years old a child continues increased peer contact and experimental sexual interactions. A child in this age range moves from inhibition to disinhibition.
- For a child between the ages of 13 and 15 years old, peers are the most significant part of life. This is the beginning of developing romantic relationships and attempting sexual relationships.
- Between 16 and 18 years old, a child develops independence and may choose to have sexual relationships with peers.

It is helpful for an interviewer to understand how child maltreatment affects a child's development. Initially a child cannot understand abuse as specific to him or her.

- Between birth and age 5 a child does not understand emotional, physical, or sexual abuse. If sexual abuse is occurring at this stage of development, a child may cooperate, initiate the contact, and enjoy the touch.
- Between the ages of 6 and 11 a child feels guilty about any abuse that is occurring and feels responsible.
- When a child is between ages 12 and 15, s/he feels shame.

The difference between guilt and shame is the following: Guilt = I feel bad. Shame = I am bad.

School-age children and adolescents can be fearful of not being believed and of reprisal to them or other family members. They often care about or love the offender and may want to protect the offender. Also, children usually feel responsible for the abuse.

Beside a child's development, it is very important for the interviewer to understand a child's language development. Language is ambiguous and interviewers cannot take for granted that a child understands the questions being asked. "*How did it make you feel?*" Does "*feel*" mean emotions or to feel something on your body? Neither can an interviewer assume that the child's answers are understood because a child may have different meanings for words or may make up words. "*He stabbed me,*" may mean, "*He poked me.*"

Children want to please adults and will often try to answer questions when they may not understand the question or know the answer. Certain concepts and types of grammar are confusing to children. Between the ages of 7 and 11 they begin to understand the concept of size. "*Is he five feet tall or bigger?*" can be understood by an adolescent, but not necessarily by a younger child. Time and dates are not fully understood by children until 8 or 9 years old. An interviewer cannot assume that a child can respond to a question about "*how many times*" just because the child can count. It is important to check a child's understanding of prepositions using props, e.g. *on, in, out, over, under, beside, up, down*. An interviewer should use names of people instead of pronouns such as *he, she, him, her, they, them, it*, so that a child will understand who the question is about.

Taking to time to learn about a child's development and language can make the interview process easier for both the child and interviewer. Understanding a child's complete development will help an interviewer facilitate communication with a child to enhance credibility and accuracy. It is very important for the interviewer to be familiar with the developmental characteristics of children from birth to adolescence. Sound knowledge in these areas will help the interviewer to comprehend a child's understanding of and responses to the interview process.

For more information and a list of resources used in drafting this section, please see [Appendix R](#).

## **VIDEO/RECORDING OF INTERVIEWS**

When there is a joint recorded interview of a child pursuant to RSA 169-C:38, any interview, with or without parental permission, that is conducted in a public building such as a law enforcement agency, DCYF office, school, library, etc., must be videotaped "in its entirety", beginning with the interviewer's first introduction to the child. The videotape also preserves the child's facial expressions and gestures. If there is a question later of the interviewer's conduct or exact words used by the child, the videotape provides a verbatim account. The videotape is evidence and should be treated as such according to department guidelines.

Points to consider:

- The video equipment must be in working order and placed so that the camera can see both the child and the interviewer.

- The video equipment must be on when the person assisting the child or bringing the child to the interview introduces the child to the CPSW and/or the law enforcement investigator.
- Children are often uncomfortable with recording equipment and may be nervous about revealing abuse. However, the introduction of the equipment should be stated in a matter of fact fashion. Questions about the process and use of the tape should be answered directly and factually during the videotaped introduction.
- Children often are afraid that copies of the tape and their disclosure will be made and that they have no control over whom will watch the tape. Young children have also expressed a fear that the tape will be made available to the local video stores for rental. These fears can often be overcome by a factual discussion of the purpose and who will see them.

## **GUIDELINES FOR THE CHILD INTERVIEW WHEN A CAC IS NOT AVAILABLE**

Circumstances will arise for investigators to act in emergency situations and a CAC may not be available. The following section provides guidelines for these situations where an investigator is interviewing a child when a CAC is not available.

It is best to interview the child in a neutral, non-threatening location, private enough to minimize interruptions. It is advisable to avoid interviewing the child in the family home, particularly if this is where the alleged abuse occurred. Children are often interviewed in the hospital emergency room or at school. The interviewer should make every effort to find a space that is private to interview the child. A room that is too large or has too many toys can distract a child from discussing what occurred.

In order to gain an unbiased account and not overwhelm the child, interviewers should **make every attempt** to interview the child alone. Only if the child's reaction to the prospective interview or during the actual interview, makes it ***impossible*** to elicit any information, should consideration be given to asking a support person, an individual the child knows, trusts and may feel comfortable with, to sit in on the interview. Strict instructions to that support person should be made clear prior to the interview. The support person ***must not*** speak for the child or attempt to interfere with the interview process in any way. If this occurs the interviewer should consider ending the interview at that time.

### ***PREPARATION***

Prior to the interview, the interviewer should review any available information relevant to the case. As much information as possible should be obtained about the situation of the child, the nature of the incident, and the circumstances of the incident. The primary source is the initial reporter or the person to whom the child made the disclosure, though information may come from many sources. Any prior contacts that DCYF or law

enforcement may have had with the child or family members are also important information to consider.

### ***INTERVIEW PROCESS***

Interviews should be conducted on the basis of what is in the best interest of the child. Unnecessary interviews and too many interviewers are stressful to a child. Therefore, joint intervention is important. Prior to the interview, law enforcement and DCYF should determine which person should lead the interview. The other agency representative can be present or if possible, observe from another room. Prior to ending the interview process, the interviewer should leave the room and confer with the other agency representative for guidance, advice or suggestions regarding additional questions to pose, or matters to pursue.

Interviewers should understand young children's limited communication and comprehension skills. Because they may lack vocabulary skills, they may have different meanings for words than the interviewer. These children may assume that adults are always right. They may rely on adult cues and are not used to providing information. They have the tendency to want to please adults and may not question or challenge them. Children are typically taught that adults know everything and may believe the interviewer already knows about the abuse.

Suggestibility is the degree to which memory can be influenced by internal and external factors. Young children are most at risk of suggestibility, but they often require suggestive questions to trigger memory, because of normal child development and the psychological dynamics of sexual abuse. However, the more suggestive questions are relied on, the less credible the child's word becomes.

### ***CONTENT OF THE INTERVIEW***

Regardless of location, child interviews in which the law enforcement investigator or CPSW is attempting to determine if the child is the victim of abuse or neglect, it is recommended that the interview be recorded by visual and/or audio means, even when conducted with the permission of the parent or guardian. When recorded, the interview needs to be recorded in its entirety. (*See [Appendix P for RSA 169-C:38](#)*)

Whether or not a CAC is available, it is important to maintain consistency in how interviews are conducted. The following is a guide for conducting an organized and thorough interview:

- 1. Introduction** – After entering the room with the child, the lead interviewer should introduce him/herself and then state the date, time and location for the record. The interviewer should ask the child to give their name and age or birthday, in age-appropriate language. If there is any other person in the room s/he should identify him/herself.

2. **Rapport Building** – In an attempt to make the child more comfortable with the interview process, the interviewer should begin by asking non-threatening questions that are age appropriate. For pre-school age children, the interviewer might ask about pets, favorite games, movies or books, or names of family members. For school age children, including adolescents, the interviewer might ask about their school, teachers, their favorite things to do at school, pets or other age appropriate topic. This allows a child to narrate information and gives the interviewer an opportunity to assess the child’s developmental stage and language skills.
3. **Guidelines/Rules/Instructions** – To bridge/transition from rapport building into this portion of the interview, the interviewer might ask young children if they ride bikes (skate or snow boards, etc.) and if they do, do they have rules when they participate in that activity. They may advise they have to wear helmets or other protective equipment and follow rules. If the child is school age, the interviewer should ask if they have rules at school or in their classroom and ask them to give examples. If the child is older, ask if they have home rules. This is a natural segue to the interview guidelines/rules. The interviewer needs to establish the child’s understanding of the word truth and advise the child that there are some guidelines/rules to follow while talking:

- **Agree to only talk about the truth or things that really happened.**
- Advise that if they do not know the answer to a question, to tell the interviewer “I don’t know” as long as that is really the truth.
- Advise if they do not remember something, to tell the interviewer “I don’t remember” as long as that is really the truth.
- Give the child permission to correct the interviewer if the interviewer makes a mistake repeating what the child has said.
- Advise if they do not understand the question or it is too difficult to answer, the child should tell the interviewer, so the interviewer can ask it in a different way
- And no matter what, **no guessing** at an answer.

**NOTE:** Too many rules may confuse or shut down a child after having just built rapport. Therefore, the interviewer should use his/her professional judgment deciding which rules/guidelines are necessary for that child. Agreeing to tell the truth should always be covered.

4. **ASK: “Do you know why we are here to talk today?”** – Allow the child to respond in whatever way s/he is comfortable.
5. **Detail Gathering** – If the child advises that s/he knows why s/he is there, the interviewer should ask the child to **“tell me about it”**. If the child makes a disclosure about a single incident, encourage the child to tell the

interviewer as much about it as s/he can, since the interviewer was not present when it occurred. If the child indicates that there has been more than one incident, allow the child to provide as much detail as possible by focusing on the very last time something happened. After obtaining the details of the most recent event, have the child focus on the very first time something happened. After the detail gathering process, ask about any time(s) in between that was different, or that stands out in his/her mind. Again, gather as much detail as possible. Ask if the child was ever made to do something to the alleged perpetrator or anyone else. If so, have the child describe in detail. If the child has indicated that some type of sexual activity has occurred but has difficulty explaining what happened, the anatomical drawings can be introduced at this time. See guidelines for use of Anatomical Drawings ([Appendix Q](#))

Based upon the child's development or language skills, establish specific locations and/or addresses where the incidents occurred. Ask the child for descriptions of rooms and clothing worn by the child and the alleged perpetrator(s). Do not forget to ask about sensory descriptions: sights, smells, tastes and/or specific sounds associated with the abuse as it occurred.

Aim to establish a time period for the abuse. For young children, try to use significant events or holidays in their lives as reference points, for example, their birthday, Christmas, Easter, Chanukah, Halloween, or family vacation, etc. For older children, any of the above examples can be used in addition to their school experience. They may relate an incident of abuse with having a particular teacher, with what grade they were in and what school they attended.

Ask if the child was ever photographed or "made movies" during the incidents s/he described. Did they look at pictures or movies or computers with similar activities depicted? If information relative to the above is disclosed by the child, it may be useful in obtaining a Search Warrant for evidence.

Depending on the child's age and maturity level, consider having the child draw a sketch or diagram of the room or location where the alleged abuse occurred. If the child is able to indicate where major or large pieces of furniture were located, it may assist the child in giving the interviewer a more detailed description of what occurred. Any diagrams, produced during the course of the interview, are now evidence and should be treated as such. Ask the child to write his/her name according to their ability on the drawing. The diagram should also be marked with the date.

**NOTE:** Keep the questions simple, direct and open-ended. The interviewer should consistently ask the child about "What happened



next?” “What happened after that?” and “Then what happened?” and so on. **Leading questions should be avoided whenever possible.** Attempt to have the child be as specific as possible in order to know **Who, What, When, Where** and **How** as developmentally appropriate. Some **Why**-type questions may be necessary to ask, but be careful to ask them in a non-accusatory manner.

- 6. Wrap-up** – Ask the child if there is anything else s/he wants or needs to tell the interviewer. Advise the child that if there is something s/he wants to tell the interviewer after leaving, s/he should tell their non-offending parent/guardian and request that the interviewer be contacted so they can talk again. Ask if the child ever told anyone else about the physical or sexual activities that s/he just told the interviewer. If so, have the child identify whom s/he told. Also ask if anyone else was present during the abuse. Investigators should follow-up with each of the individuals identified by the child. Ask the child if s/he has questions for the interviewer. If the child asks questions totally unrelated to the interview content, consider ending the interview and the recording and answer the question(s) afterwards. End the interview and recording by announcing the time for the record.

**NOTE:** The recording is evidence in this investigation and needs to be treated as such.

**REMEMBER, DISCLOSURE IS A PROCESS, NOT AN EVENT.**

## **ANATOMICAL DOLLS**

Anatomical dolls should *only* be used by a properly trained professional due to their highly suggestible nature even when used with children with no history of abuse

## JUVENILE OFFENDERS

In all cases involving child sexual abuse, the allegations should be investigated thoroughly. Preteen and adolescent sexual involvement with younger siblings or other young children is beginning to be recognized as a serious offense beyond what was previously seen as curiosity, exploration or experimentation. Some dynamics of juvenile offenders can parallel those of adult offenders, such as the pattern of progression, anger, exploitation, power and control, and the use of bribes, threats, or coercion to maintain secrecy. Since accessibility and opportunity are prerequisites for offending, the convenience and familiarity of family routines, as well as babysitting responsibilities, provide an environment that may be taken advantage of by a youthful offender. Juvenile offenders have fewer numbers of victims and engage in less severe behaviors as compared to adult offenders. Currently, there is little evidence to support the assumption that the majority of juvenile sex offenders are destined to become adult offenders or that they engage in perpetration for the same reasons as adult offenders.

Though many adolescent sex offenders are not victims of sexual abuse themselves, in cases involving juvenile offenders, investigators should attempt to determine the separate issue of whether the offender was also a victim of abuse by someone else.

If the offender and the victim are both very young and immature, the behavior should be examined closely to determine whether the conduct resulted from childhood curiosity, experimentation, or sexually reactive behavior due to the child's own abuse. Children who are reacting to their own sexual abuse are not juvenile sex offenders and consideration should be given to being descriptive of the behavior, i.e., children with sexual behavior problems. In cases where the child with sexual behavior issues is under the age of seven years, delinquency petitions should not be filed; alternatively, by working with the New Hampshire Department of Health and Human Services (DHHS) and community providers, certain services may be provided to these young offenders in an attempt to end the behavior.

For older child offenders, factors for consideration in determining whether a juvenile delinquency petition should be filed include the following: Whether the offender was more than three years older than the victim; whether the offender used a weapon, force, threat of force or intimidation upon the victim; and whether the victim sustained serious physical or emotional injury from the abuse. The maturity, mental state, cognitive development and sophistication of the offender should also be considered.

In cases where the alleged offender is between the ages of 7 and 11 years, a referral should be made to specialized mental health treatment. A community diversion program or juvenile delinquency proceedings may need to be considered.

Adolescent offenders are different from adult offenders in that they are more responsive to treatment and are less likely to continue re-offending, especially when they receive treatment. For offenders between the ages of 11 and 17 years, a juvenile delinquency petition should be filed. Juvenile petitions should be filed for the conduct alleged. Sexual

offender treatment includes having youths be accountable for their offending behavior. Filing a Children in Need of Services (CHINS) petition for behavior that constitutes aggravated felonious sexual assault defeats the concept of offender accountability and compromises any effort to rehabilitate the alleged offender. Following an adjudication of delinquency, a mandatory sexual offender risk assessment of the juvenile should be ordered by the court for consideration at the subsequent dispositional hearing.

In cases of aggravated felonious sexual assault by juveniles over the age of 13, and in cases of aggravated felonious sexual assault or felonious sexual assault by juveniles over the age of 15, the County Attorney's Office may consider certifying the juvenile offender for adult criminal prosecution purposes (see RSA 628:1; and RSA 169-B:24).

## CONCLUSION

This Protocol is intended to be a “best practice” document. New Hampshire professionals investigating and treating children who are either suspected or confirmed victims of child abuse and neglect are encouraged to follow the guidelines outlined within. Because child abuse and neglect are community problems that require community solutions, there may be circumstances under which multidisciplinary team (MDT) professionals are not able to adhere to each and every recommendation contained within this document, particularly in communities without a Child Advocacy Center (CAC). Understanding there may be occasional limitations, this Protocol was written and approved by a group of multidisciplinary professionals representing all agencies/organizations involved in investigating and providing services to children who are either alleged or confirmed victims of abuse.

The CAC model, which emphasizes interagency collaboration, has been endorsed by the United States Department of Justice and government agencies throughout New Hampshire as a best practice approach in investigating cases of severe child abuse, particularly child sexual abuse. Because each CAC is developed and maintained by the center’s multidisciplinary team of professionals, no two CACs are exactly alike. Literally designed by and for the community, Child Advocacy Centers are fundamentally changing child abuse investigations throughout New Hampshire one community at a time.

It is the hope of the Attorney General’s Task Force on Child Abuse and Neglect, the Division for Children, Youth and Families and the New Hampshire Network of Children’s Advocacy Centers, that all New Hampshire children will soon benefit from the compassionate coordinated care that is the hallmark of a CAC program.

## APPENDIX A

### CHILD ABUSE AND NEGLECT MANDATORY REPORTING LAW

#### 1. Reporting is Mandatory

New Hampshire Law (RSA 169-C:29-30) requires that any person who has reason to suspect that a child under the age of 18 has been abused or neglected must report the case to: **New Hampshire Division of Children, Youth and Families - Central Intake Office 1-800-894-5533.**

#### 2. An Abused Child is one who has:

- a. Been sexually molested; or
- b. Been sexually exploited; or
- c. Been intentionally physically injured; or
- d. Been psychologically injured so that said child exhibits symptoms of emotional problems generally recognized to result from consistent mistreatment or neglect; or
- e. Been physically injured by other than accidental means.

#### 3. A Neglected Child means a child:

- a. Who has been abandoned by his parents, guardian, or custodian; or
- b. Who is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his physical, mental or emotional health, when it is established that his health has suffered or is very likely to suffer serious impairment; and the deprivation is not due primarily to the lack of financial means of the parents, guardian or custodian.

**Note:** A child who is under treatment solely by spiritual means through prayer, in accordance with the tenets of a recognized religion by a duly accredited practitioner thereof, shall not for that reason alone be considered to be neglected.

#### 4. Nature and content of Report

- a. Oral - immediately by telephone or otherwise.
- b. Written - within 48 hours if requested.
- c. Content - if known.
  1. Name and address of the child suspected of being neglected or abused.
  2. Name of parents or persons caring for child.
  3. Specific information indicating neglect or the nature of the abuse (including any evidence of previous injuries.)
  4. Identity of parents or persons suspected of being responsible for such neglect or abuse.
  5. Any other information, which might be helpful or is required by the bureau.

#### 5. Immunity from Liability

Anyone who makes a report in good faith is immune from any liability, civil or criminal. The same immunity applies to participation in any investigation by the bureau or judicial proceedings resulting from such a report.

#### 6. Privileged Communication

"The privileged quality of communication between a professional person and his patient or client, except that between attorney and client, shall not apply to a proceedings instituted pursuant to this chapter and shall not constitute grounds of failure to report as required by this chapter."

#### 7. Penalty

Violation of any part of the New Hampshire Child Protection Act, including failure to report is punishable by law. "Anyone who knowingly violates any provision of this subdivision shall be guilty of a misdemeanor." (RSA 169-C:39.) In New Hampshire, a misdemeanor is punishable by up to one year's imprisonment, a one thousand-dollar fine, or both.



## APPENDIX B

### NH SEXUAL ASSAULT, DOMESTIC VIOLENCE AND STALKING SUPPORT SERVICES

NH Statewide Domestic Violence Hotline: 1-866-644-3574    NH Statewide Sexual Assault Hotline: 1-800-277-5570

#### NH Coalition Against Domestic and Sexual Violence

PO Box 353, Concord, NH 03302-0353  
603-224-8893 (Office)

General Web Site: [www.nhcadsv.org](http://www.nhcadsv.org) and Teen Web Site: [www.reachoutnh.com](http://www.reachoutnh.com)

The NH Coalition is comprised of 14 member programs throughout the state that provide services to survivors of sexual assault, domestic violence, stalking and sexual harassment. You do not need to be in crisis to call. Services are free, confidential, and available to everyone regardless of gender, age, health status (including HIV-positive), physical, mental or emotional ability, sexual orientation, gender identity/expression, socio-economic status, race, national origin, immigration status or religious or political affiliation. The services include:

- Support and information, available in person and through a 24-hour hotline
- Accompaniment, support, and advocacy at local hospitals, courts, and police departments
- Assistance with protective/restraining orders and referrals to legal services
- Peer Support Groups
- Access to emergency shelter
- Information and referrals to community programs
- Community and professional outreach and education

#### RESPONSE to Sexual & Domestic Violence

54 Willow Street,  
Berlin, NH 03570  
1-866-644-3574 (DV crisis line)  
1-800-277-5570 (SA crisis line)  
603-752-5679 (Berlin office)  
603-237-8746 (Colebrook office)  
603-788-2562 (Lancaster office)

#### Turning Points Network

11 School Street  
Claremont, NH 03743  
1-800-639-3130 (crisis line)  
603-543-0155 (Claremont office)  
603-863-4053 (Newport office)  
[www.free-to-soar.org](http://www.free-to-soar.org)

#### Rape and Domestic Violence Crisis Center

PO Box 1344  
Concord, NH 03302-1344  
1-866-644-3574 (DV crisis line)  
1-800-277-5570 (SA crisis line)  
603-225-7376 (office)  
[www.rdvcc.org](http://www.rdvcc.org)

#### Starting Point: Services for Victims of Domestic & Sexual Violence

PO Box 1972  
Conway, NH 03818  
1-800-336-3795 (crisis line)  
603-356-7993 (Conway office)  
603-539-5506 (Ossipee office)  
[www.startingpointnh.org](http://www.startingpointnh.org)

#### Sexual Harassment and Rape Prevention Program (SHARPP)

University of New Hampshire  
Verrette House  
6 Garrison Avenue  
Durham, NH 03824  
1-888-271-SAFE (7233) (crisis line)  
603-862-3494 (office)  
[www.unh.edu/sharpp](http://www.unh.edu/sharpp)

#### Monadnock Center for Violence Prevention

12 Court Street  
Keene, NH 03431-3402  
1-888-511-6287 (crisis line)  
603-352-3782 (crisis line)  
603-532-6288 (Jaffrey office)  
603-352-3782 (Keene office)  
603-209-4015 (Peterborough office)  
[www.mcvprevention.org](http://www.mcvprevention.org)

#### New Beginnings Women's Crisis Center

PO Box 622  
Laconia, NH 03246  
1-866-644-3574 (DV crisis line)  
1-800-277-5570 (SA crisis line)  
603-528-6511 (office)  
[www.newbeginningsnh.org](http://www.newbeginningsnh.org)

#### WISE

79 Hanover Street, Suite 1  
Lebanon, NH 03766  
1-866-348-WISE (crisis line)  
603-448-5525 (local crisis line)  
603-448-5922 (office)

#### The Support Center at Burch House

PO Box 965  
Littleton, NH 03561  
1-800-774-0544 (crisis line)  
603-444-0624 (Littleton office)  
[www.tccap.org/supportcenter.htm](http://www.tccap.org/supportcenter.htm)

#### YWCA Crisis Service

72 Concord Street  
Manchester, NH 03101  
603-668-2299 (crisis line)  
603-625-5785 (Manchester office)  
603-432-2687 (Derry office)

#### Bridges: Domestic and Sexual Violence Support

PO Box 217  
Nashua, NH 03061-0217  
603-883-3044 (crisis line)  
603-889-0858 (Nashua office)  
603-672-9833 (Milford office)  
[www.bridgesnh.org](http://www.bridgesnh.org)

#### Voices Against Violence

PO Box 53  
Plymouth, NH 03264  
603-536-1659 (crisis line)  
603-536-3423 (shelter office)  
603-536-5999 (public office)  
[www.voicesagainstviolence.org](http://www.voicesagainstviolence.org)

#### A Safe Place

6 Greenleaf Woods, Suite 101  
Portsmouth, NH 03801  
1-800-854-3552 (crisis line)  
603-436-7924 (Portsmouth crisis line)  
603-436-4619 (Portsmouth office)  
603-330-0214 (Rochester crisis line)  
603-890-6392 (Salem crisis line)

#### Sexual Assault Support Services

7 Junkins Avenue  
Portsmouth, NH 03801  
1-888-747-7070 (crisis line)  
603-436-4107 (Portsmouth office)  
603-332-0775 (Rochester office)  
[www.sassnh.org](http://www.sassnh.org)





## APPENDIX C

### DEPARTMENT OF HEALTH AND HUMAN SERVICES DISTRICT OFFICES

<b>DISTRICT OFFICE</b>	<b>STREET/MAILING ADDRESS</b>	<b>TELEPHONE/FAX</b>
<b>BERLIN</b>	231 Main Street Berlin, New Hampshire 03570	752-7800 1-800-972-6111 FAX: 752-2230
<b>CLAREMONT</b>	17 Water Street Claremont, New Hampshire 03743	542-9544 1-800-982-1001 FAX: 542-1707
<b>CONCORD</b>	40 Terrill Park Drive, Unit 1 Concord, New Hampshire 03301-1025	271-6202 1-800-322-9191 FAX: 271-4085
<b>CONWAY</b>	73 Hobbs Street Conway, New Hampshire 03818-6188	447-3841 1-800-552-4628 FAX: 447-3588
<b>KEENE</b>	809 Court Street Keene, New Hampshire 03431-1712	357-3510 1-800-624-9700 FAX: 352-1542
<b>LACONIA</b>	65 Beacon Street West Laconia, New Hampshire 03247	542-4485 1-800-322-2121 FAX: 528-1088
<b>LITTLETON</b>	80 North Littleton Road Littleton, New Hampshire 03561-3814	444-6786 1-800-552-8989 FAX: 444-0782
<b>MANCHESTER</b>	195 McGregor Street Manchester, New Hampshire 03102-3762	668-2330 1-800-852-7493 FAX: 624-4014
<b>NASHUA</b>	19 Chestnut Street Nashua, New Hampshire 03061	883-7726 1-800-852-0632 FAX: 889-9639
<b>PORTSMOUTH</b>	30 Maplewood Avenue Portsmouth, New Hampshire 03801-3737	433-8326 1-800-821-0326 FAX: 433-8393
<b>ROCHESTER</b>	150 Wakefield Street, Unit 22 Rochester, New Hampshire 03867-1309	332-9120 1-800-862-5300 FAX: 332-8984
<b>SALEM</b>	154 Main Street Salem, New Hampshire 03079-3191	893-9763 1-800-852-7492 FAX: 890-3909
<b>STAFF DEVELOPMENT UNIT</b>	Dolloff Building, 3d Floor 117 Pleasant Street Concord, New Hampshire 03301	271-4961 1-800-852-3345 FAX: 271-4737



## APPENDIX D

### NEW HAMPSHIRE VICTIM/WITNESS ASSISTANCE PROGRAMS

Office of Victim/Witness Assistance  
Attorney General's Office  
33 Capitol Street  
Concord, NH 03301-6397  
271-3671

Belknap County Victim/Witness Program  
64 Court Street  
Laconia, NH 03246  
527-5440

Carroll County Victim/Witness Program  
PO Box 218  
Ossipee, NH 03864  
539-7476

Cheshire County Victim/Witness Program  
PO Box 612  
Keene, NH 03431  
355-3013

Coos County Victim/Witness Program  
55 School St., Suite 102  
Lancaster, NH 03584  
788-3812

Grafton County Victim/Witness Program  
3785 Dartmouth College Highway, Box 7  
North Haverhill, NH 03774  
787-2040

Hillsborough County North  
Victim/Witness Program  
300 Chestnut Street  
Manchester, NH 03101  
627-5605

Hillsborough County South  
Victim/Witness Program  
19 Temple Street  
Nashua, NH 03060  
594-3256

Merrimack County Victim/Witness Program  
4 Court Street  
Concord, NH 03301  
228-0529

Rockingham County Victim/Witness  
Program  
PO Box 1209  
Kingston, NH 03848  
642-4249

Strafford County Victim/Witness Program  
PO Box 799  
Dover, NH 03821-0799  
749-4215

Sullivan County Victim/Witness Program  
14 Main Street  
Newport, NH 03773  
863-8345

Victim's Assistance Commission  
NH Attorney General's Office  
33 Capitol Street  
Concord, NH 03301  
271-1284  
1-800-300-4500

United States Attorney's Office  
District of New Hampshire  
James C. Cleveland Federal Bldg.  
53 Pleasant St., Suite 312  
Concord, NH 03301  
225-1552

NH Department of Corrections  
Victim Services  
PO Box 1806  
Concord, NH 03302-1806  
271-1937



## APPENDIX E

### NEW HAMPSHIRE COUNTY ATTORNEY OFFICES

Belknap County Attorney  
64 Court Street  
Laconia, New Hampshire 03246  
(603) 527-5440

Carroll County Attorney  
PO Box 218  
Ossipee, New Hampshire 03864  
(603) 539-7769

Cheshire County Attorney  
PO Box 612  
Keene, New Hampshire 03431  
(603) 352-0056

Coos County Attorney  
55 School Street  
Lancaster, New Hampshire 03584  
(603) 788-3812

Grafton County Attorney  
3785 Dartmouth College Hwy.  
North Haverhill, New Hampshire 03774  
(603) 787-6968

Hillsborough County Attorney  
Northern District  
300 Chestnut Street  
Manchester, New Hampshire 03101  
(603) 627-5605

Hillsborough County Attorney  
Southern District  
19 Temple Street  
Nashua, New Hampshire 03060  
(603) 594-3250

Merrimack County Attorney  
4 Court Street  
Concord, New Hampshire 03301  
(603) 228-0529

Rockingham County Attorney  
PO Box 1209  
Kingston, New Hampshire 03848  
(603) 642-4249

Strafford County Attorney  
PO Box 799  
Dover, New Hampshire 03821-0799  
(603) 749-2808

Sullivan County Attorney  
14 Main Street  
Newport, New Hampshire 03773  
(603) 863-2560



## APPENDIX F

### NEW HAMPSHIRE CHILD ADVOCACY CENTERS

#### **The New Hampshire Network of Child Advocacy Centers**

100 Campus Drive, Suite 11  
Portsmouth, NH 03801  
603-422-8253 phone  
603-422-8240 fax  
[www.nhncac.org](http://www.nhncac.org)

#### **Belknap**

The Greater Lakes Child Advocacy Center  
121 Belmont Road  
Laconia, NH 03246  
603-524-5497

#### **Carroll**

The Child Advocacy Center of Carroll  
County  
56 Union Street  
Post Office Box 948  
Wolfeboro, NH 03894  
(603) 569-9840  
[www.carrollcounty.cac.org](http://www.carrollcounty.cac.org)

#### **Cheshire**

The Monadnock Region Child Advocacy  
Center  
24 Vernon Street  
Keene, NH 03431  
603- 352-0413

#### **Coos County**

Coos County Attorney  
55 School Street  
Suite 102  
Lancaster, NH 03584  
603-788-5559

#### **Grafton/Sullivan**

CAC of Grafton and Sullivan Counties at  
Dartmouth Hitchcock Medical Center  
1 Medical Center Drive  
Lebanon, NH 03756  
603-653-9012

#### **Hillsborough County**

Hillsborough County CAC  
2 Wellman Avenue  
Suite 110  
Nashua, NH 03060  
603-889-0321  
[www.cac-nh.com](http://www.cac-nh.com)

#### **Manchester Site**

960 Auburn Street  
Manchester, NH 03103  
603-623-2300

#### **Merrimack**

Merrimack County Attorney  
4 Court Street  
Concord, NH 03301  
603-228-0529

#### **Rockingham**

Child Advocacy Center of Rockingham  
County  
100 Campus Drive  
Suite 11  
Portsmouth, NH 03801  
603-422-8240  
[www.cacnh.org](http://www.cacnh.org)

#### **Derry Site**

43 B Birch Street  
Derry, NH 03038  
603-434-5565

#### **Strafford**

Strafford County Child Advocacy Center  
259 County Farm Road  
P.O. Box 799  
Dover, NH 03821  
603-516-8100





**APPENDIX G**

**CHILD ADVOCACY CENTER AUTHORIZATION FOR RELEASE OF INFORMATION FORM**

**CLIENT'S NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

I authorize the following agencies and/or individuals to exchange verbal and/or written information about my child for the purposes of investigation, prosecution, treatment and coordination of services:

Police Department(s) \_\_\_\_\_

County Attorney's Office and Victim Witness Program

Medical \_\_\_\_\_

Division of Children, Youth and Families

Child Advocacy Center

Other \_\_\_\_\_

Permission for exchange of information will continue until any criminal and civil dispositions of the case have occurred or until permission has been withdrawn. Permission may be withdrawn at any time through a signed, written statement.

I release the Child Advocacy Center and it's employees from any liability arising from the release of information to such persons/agencies, provided that said release of information is done substantially in accordance with applicable law/

I have read and understand the above statements and consent to disclose information among the agencies/individuals named above.

\_\_\_\_\_  
Signature of Client/Legal Guardian

\_\_\_\_\_  
Date



## **APPENDIX H**

### **HIPAA RELEASE FORM**

**THE HIPAA PRIVACY RULE REQUIRES AUTHORIZATIONS FOR PROTECTED HEALTH INFORMATION (PHI) CONTAIN A MINIMUM SET OF ELEMENTS:**

#### ***CORE ELEMENTS OF THE AUTHORIZATION (164.508C)***

A valid authorization **MUST** contain the following elements:

1. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion
2. The name or other specific identification of the person(s), or class of person, authorized to make the requested use or disclosure.
3. The name or the specific identification of the person(s), or class of person, to whom the covered entity may make the requested use or disclosure.
4. A description of each purpose of the requested use or disclosure. The statement “at the request of the individual” may be used.
5. An expiration date or event that relates to the individual or to the purpose of the use or disclosure. For research, the statement “end of the research study,” “none,” or “to create or maintain a database” is sufficient.
6. Signature and date of the individual or personal representative (with a description of the representative’s authority).

#### ***REQUIRED STATEMENTS (164.508C)***

In addition to the core elements, the authorization must contain statements adequate to place the individual on notice of **ALL** of the following:

1. A statement that the individual has the right to revoke the authorization in writing, except to the extent that it has already been relied upon.
2. (a) The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization.  
(b) The consequences to the individual of a refusal to sign the authorization.
3. A statement about the potential for the PHI to be re-disclosed by the recipient, and thus, no longer protected under the Privacy Rule.

**Authorization for Use/Disclosure of  
Protected Health Information (PHI) by (medical facility)**

PATIENT NUMBER: \_\_\_\_\_ NAME: \_\_\_\_\_

D.O.B. \_\_\_\_\_

**All Sections Of This Form Must Be Filled Out Completely Or It Will Not Be Accepted.**

I hereby authorize *medical facility* to use/disclose my individually identifiable health information as described below (which may include information concerning treatment for drug/alcohol abuse, mental health; HIV status; or genetic testing records, if applicable). I understand that my health care and the payment of my health care will not be affected if I do not sign this form.

I understand that if the recipient authorized to receive the information is not a covered entity, e.g. insurance company or health care provider; the disclosed information may no longer be protected by federal and state privacy regulations.

**Purpose of the use and/or disclosure:** Share information as needed for purposes of evaluating possible child maltreatment, recommending treatment, and case planning.

Description of information to be disclosed:

**In-patient** Relevant Dates: \_\_\_\_\_  
Unless otherwise specified disclosure includes Discharge Summary, Operative Records, Laboratory Report/Test Results, Consultation Reports, and Progress Note.

**Additional/Specific Information needed:** \_\_\_\_\_

**Out-patient** Relevant Dates or Provider Name: \_\_\_\_\_  
Unless otherwise specified disclosure includes Ambulatory Care Notes, Laboratory Report/Test Results, and Emergency Department Report.

**Additional/Specific Information needed:** \_\_\_\_\_

\_\_\_ Law Enforcement: \_\_\_\_\_ DCYF: \_\_\_\_\_  
\_\_\_ Crisis Services: \_\_\_\_\_ County Attorney: \_\_\_\_\_  
\_\_\_ Mental Health Services: \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_ Child Advocacy and Protection Program \_\_\_\_\_  
\_\_\_ Case Review Team: \_\_\_\_\_

I understand that I may be charged for copies of my medical records.  
I understand that this authorization will expire one year from the date of this authorization unless I otherwise specify. (Alternative date if desired): \_\_\_\_\_  
I further understand that I may revoke this authorization at any time by notifying *medical facility* in writing at *medical facility address*, except to the extent it has already been relied upon.

\_\_\_\_\_  
Signature of Patient or Personal Representative      Phone Number      Date

\_\_\_\_\_  
Printed name of Personal Representative      Legal Authority of Personal Representative

*At your request we will provide you a copy of this form.*

# APPENDIX I

## CHILD ADVOCACY CENTER: INTAKE/NOTICE OF INTERVIEW

*Confidential      Confidential      Confidential      Confidential      Confidential      Confidential*

**Name of CHILD:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **CAC File #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_  
**Gender:** M/F    **Pertinent Medical Information:** \_\_\_\_\_ **HUD Income Level:** -- \_\_\_\_\_

**Primary Contact for CHILD:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_  
**SUSPECT(s) name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Gender:** M/F

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Relationship to Child:** \_\_\_\_\_ **Date of Offense:** \_\_\_\_\_ **Location of Offense:** \_\_\_\_\_

**Investigating Law Enforcement Agency:** \_\_\_\_\_ **Officer assigned:** \_\_\_\_\_  
**Synopsis of Allegations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Referring Agency:** \_\_\_\_\_ **Referring Person:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Date of Referral to CAC:** \_\_\_\_\_

<b>AGENCY NOTIFICATION BY FAX ((REQUIRED))</b>	<b>DATE NOTIFIED BY WHOM (INITIALS)</b>	<b>PERSON NOTIFIED</b>
<b>DCYF</b>		
<b>LOCAL LAW ENFORCEMENT</b>		
<b>CO. ATTORNEY'S OFFICE</b>		
<b>CRISIS CENTER</b>		
<b>Other:</b>		

**DATE/TIME OF INTERVIEW:** \_\_\_\_\_

**PRE-INTERVIEW BRIEFING:** \_\_\_\_\_ **Location of Interview** \_\_\_\_\_









## **APPENDIX K**

### **CHILD ADVOCACY CENTER:** **CASE REVIEW FORM**

- Name of Child:
- Age of Child:
- Name of Perpetrator:
- Age of Perpetrator:
  
- Relationship between child and perpetrator:
  
- Interview Date:
  
- Interviewer:
  
- Police Agency/DCYF/County Attorney's:
  
- Type of Assault/Disclosure:
  
- DCYF/safety issues:
  
- Recommended Follow up:
  
- General Discussion:



**APPENDIX L**  
**CHILD ADVOCACY CENTER**  
**CONFIDENTIALITY, CODE OF CONDUCT AND RELEASE OF INFORMATION**  
**POLICY**

All employees, interns, volunteers, students, visitors and other agents at the CAC may have access to confidential information as a consequence to their employment by, or their affiliation with, the CAC. Such confidential information includes without limitation client-identifying information, privileged communications between CAC agents and CAC clients within the meaning of NH. RSA 330-A:32, medical records, employee-identifying information, payroll information, and information contained within the CAC's "master" Human Resources files.

Under no circumstances are staff to ever disclose or release any of this confidential information to a person who is not authorized to receive it, by law, or by virtue of a properly executed Release of Information form, or by verbal or written authorization of the Executive Director or his/her designee.

Should any individual violate the terms of this policy, they will face immediate dismissal, forfeiting their right of notice of termination of employment, internship, volunteership, or other relationship with CACRC. Any obligations on the part of the individual survive any termination of employment, internship, volunteership or other relationship with the CAC.

The CAC strives to provide services in a confidential environment in order to protect the privacy of clients and provide privacy for certain organizational matters. Breach of confidentiality is sufficient cause for administrative action up to and including dismissal.

- A. Information concerning a client of the CAC may NOT be released to any individual, including any relative of the client or to any agency without the written consent of the client or legal guardian unless required by law or court order, as per the CAC's "Protection of Confidentiality" procedures.
  
- B. CAC staff may release information without client/guardian consent in certain circumstances, some of which are described below. Staff should consult with his/her supervisor prior to such disclosure.
  - 1. Suspicion of abuse, neglect, or exploitation of a child, elder, or adult who is unable to take care of him/herself (RSA 161-D and RSA 169-C);
  - 2. Duty to warn or otherwise manage threats of violence to others (RSA 329:21) or substantial damage to real property (RSA 330-A:22);
  - 3. Court orders (RSA 330-A:19);

I have read and understand the above listed policy.

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Individual's Name Printed

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness



**APPENDIX M**  
**PHOTOGRAPH TEMPLATE**

**(8½ X 5 ½ paper)**

**FRONT**

\_\_\_\_\_ **POLICE DEPARTMENT**

**PHOTOGRAPHER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**INCIDENT:** \_\_\_\_\_

**ROLL #** \_\_\_\_\_



## APPENDIX N

### SENATE BILL 370-FN

#### CHAPTER 118 SB 370-FN – FINAL VERSION 2006 SESSION

AN ACT relative to multidisciplinary child protection teams.

SPONSORS: Sen. Gottesman, Dist 12; Sen. Foster, Dist 13; Sen. D'Allesandro, Dist 20; Sen. Clegg, Dist 14; Sen. Letourneau, Dist 19; Sen. Fuller Clark, Dist 24; Rep. Mooney, Hills 19; Rep. Knowles, Straf 6; Rep. Wall, Straf 7

COMMITTEE: Health and Human Services

#### ANALYSIS

This bill permits the department of health and human services to enter into agreements with other agencies and professionals to assist in investigating and evaluating reports of child abuse and neglect.

-----  
Explanation: Matter added to current law appears in ***bold italics***

•  
Matter removed from current law appears [~~in brackets and struck through.~~]

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

#### STATE OF NEW HAMPSHIRE *In the Year of Our Lord Two Thousand Six*

AN ACT relative to multidisciplinary child protection teams.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

118:1 New Section; Multidisciplinary Child Protection Teams. Amend RSA 169-C by inserting after section 34 the following new section:

169-C:34-a Multidisciplinary Child Protection Teams.

I. The department of health and human services may enter into formal cooperative agreements with appropriate agencies and organizations to create multidisciplinary child protection teams to assist with the investigation and evaluation of reports of abuse and neglect under this chapter.

II. Multidisciplinary child protection team members may include licensed physical and mental health practitioners, educators, law enforcement officers, representatives from the

local child advocacy center, social workers, and such other individuals as may be necessary to assist with the investigation and evaluation of reports of abuse or neglect.

III. The department may share information from its case records to the extent permitted by law with members of a multidisciplinary child protection team in order to assist the team with its investigation and evaluation of a report of abuse or neglect. Multidisciplinary child protection team members shall be required to execute a confidentiality agreement and shall be bound by the confidentiality provisions of RSA 169-C:25 and RSA 170-G:8-a.

IV. The department, in conjunction with the department of justice and the New Hampshire Network of Children's Advocacy Centers, shall develop a written protocol for multidisciplinary child protection team investigations. The purpose of the protocol shall be to ensure the coordination and cooperation of the agencies involved in multidisciplinary child protection team investigations, to increase the efficiency in the handling of these cases, and to minimize the impact on the child of the legal and investigatory process. The protocol developed shall be reviewed and, if necessary, revised not less than once every 3 years. The department shall forward a copy of the approved protocol to the speaker of the house of representatives, the senate president, and the governor by November 1 of the year in which they were approved and revised.

118:2 Effective Date. This act shall take effect 60 days after its passage.

Approved: May 11, 2006

Effective: July 10, 2006



## APPENDIX O

### OTHER RESOURCES

#### **The Northeast Regional Children's Advocacy Center**

4 Terry Drive  
Suite 16  
Newton, PA 18940  
800-662-4124 phone  
215-860-3112 fax  
[www.nrcac.com](http://www.nrcac.com)

#### **National Children's Alliance**

516 C Street, NE  
Washington, DC 20002  
202-548-0090  
[www.nca-online.org](http://www.nca-online.org)

#### **New Hampshire Network of Child Advocacy Centers – Publications**

- *A Handbook for Parents*; a comprehensive guide to Child Advocacy Centers, child abuse and the investigative process.
- *Talking with Your Child About Body Safety*; a brochure for parents and caregivers on how to talk to children about sexual abuse.
- *New Hampshire Child Advocacy Center Network* brochure, a statewide Child Advocacy Center information brochure.
- 

#### **National Children's Alliance – Publications**

- *Putting Standards into Practice: A Guide to Implementing NCA Standards for Children's Advocacy Centers, 2nd Edition*. National Children's Alliance. Washington, DC. 20002.
- *Best Practices for Establishing a Children's Advocacy Center Program, 3rd Edition*. National Children's Alliance. Washington, DC. 20002.



## APPENDIX P

### CHILD PROTECTION ACT

#### Section 169-C:34

#### **169-C:34 DUTIES OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. –**

I. If it appears that the immediate safety or well-being of a child is endangered, the family may flee or the child disappear, or the facts otherwise so warrant, the department shall commence an investigation immediately after receipt of a report. In all other cases, a child protective investigation shall be commenced within 72 hours of receipt of the report.

II. For each report it receives, the department shall promptly perform a child protective investigation to: (i) determine the composition of the family or household, including the name, address, age, sex and race of each child named in the report, and any siblings or other children in the same household or in the care of the same adults, the parents or other persons responsible for their welfare, and any other adults in the same household; (ii) determine whether there is probable cause to believe that any child in the family or household is abused or neglected, including a determination of harm or threatened harm to each child, the nature and extent of present or prior injuries, abuse or neglect, and any evidence thereof, and a determination of the person or persons apparently responsible for the abuse or neglect; (iii) determine the immediate and long-term risk to each child if the child remains in the existing home environment; and (iv) determine the protective treatment, and ameliorative services that appear necessary to help prevent further child abuse or neglect and to improve the home environment and the parents' ability to adequately care for the children.

III. The department may request and shall receive from any agency of the state or any of its political subdivisions or any schools, such assistance and information as will enable it to fulfill its responsibilities under this section.

IV. Upon notification by the department that the immediate safety or well-being of a child may be endangered, the court may, in its discretion, order a police officer, juvenile probation and parole officer, or child protection service worker to enter the place where the child is located, in furtherance of such investigation.

V. Notwithstanding any other provision of law to the contrary, the department may, pursuant to a voluntary service plan that is developed and provided for a minor and the minor's family by the department, offer voluntary services to families without making a determination of the person or persons apparently responsible for the abuse or neglect. The department shall adopt rules, pursuant to RSA 541-A, relative to the provision of voluntary services under this paragraph.

[Paragraph VI effective January 1, 2007.]

VI. At the first contact in person, any person investigating a report of abuse or neglect on behalf of the department shall verbally inform the parents of a child suspected of being a victim of abuse or neglect of the specific nature of the charges and that they are under no obligation to allow a social worker or state employee on their premises or surrender their children to interviews unless that social worker or state employee is in possession of a court order to that effect. Upon receiving such information, the parent shall sign a written acknowledgement indicating that the information required under this paragraph was provided

by the person conducting the investigation. The parent and department shall each retain a copy of the acknowledgment.

**Source.** 1979, 361:2. 1987, 402:12. 1994, 411:15-17. 1995, 310:175, 181. 2000, 294:9. 2001, 279:1, eff. Jan. 1, 2002. 2006, 276:1, eff. Jan. 1, 2007.

### **Section 169-C:35**

#### **169-C:35 CENTRAL REGISTRY. –**

I. There shall be established a state registry for the purpose of maintaining a record of founded reports of abuse and neglect. The registry shall be confidential and subject to rules on access established by the commissioner of the department under RSA 541-A.

II. Upon receipt by the department of a written request and verified proof of identity, an individual shall be informed by the department whether that individual's name is listed in the founded reports maintained in the central registry. It shall be unlawful for any employer other than those specified in RSA 170-E and RSA 170-G:8-c to require as a condition of employment that the employee submit his or her name for review against the central registry of founded reports of abuse and neglect. Any violation of this provision shall be punishable as a violation.

III. Founded reports of abuse and neglect shall be retained for a period of 7 years subject to an individual's right to petition for the earlier removal of his or her name from the central registry as provided in this section.

IV. Any individual whose name is listed in the founded reports maintained on the central registry may petition the district court to have his or her name expunged from the registry.

(a) A petition to expunge shall be filed in the district court where the abuse and neglect petition was heard. In cases where the department makes a finding but no petition is filed with the court, a petition to expunge shall be filed in the district court where the petition for the abuse and neglect could have been brought.

(b) A petition to expunge shall be filed on forms promulgated by the district courts and may include any information the petitioner deems relevant.

(c) When a petition to expunge is filed, the district court shall require the department to report to the court concerning any additional founded abuse and neglect reports on the petitioner and shall require that the department submit the petitioner's name, birth date, and address to the state police to obtain information about criminal convictions. The court may require the department to provide any additional information that the court believes may aid it in making a determination on the petition.

(d) Upon the receipt of the department's report, the court may act on the petition without further hearing or may schedule the matter for hearing at the request of either party. If the court determines that the petitioner does not pose a present threat to the safety of children, the court shall grant the petition and order the department to remove the individual's name from the central registry. Otherwise, the petition shall be dismissed.

V. When an individual's name is added to the central registry, the department shall notify individuals of their right to petition to have their name expunged from the central registry. No petition to expunge shall be brought within one year from the date that the petitioner's name was initially entered on the central registry. If the petition to expunge is denied, no further petition shall be brought more frequently than every 3 years thereafter.

**Source.** 1979, 361:2. 1983, 331:5. 1985, 367:1. 1993, 355:5. 1995, 310:173, 175, eff. Nov. 1, 1995. 2002, 111:1, eff. Jan. 1, 2003.

## Section 169-C:38

### 169-C:38 REPORT TO LAW ENFORCEMENT AUTHORITY. –

I. The department shall immediately by telephone or in person refer all cases in which there is reason to believe that any person under the age of 18 years has been: (a) sexually molested; (b) sexually exploited; (c) intentionally physically injured so as to cause serious bodily injury; (d) physically injured by other than accidental means so as to cause serious bodily injury; or (e) a victim of a crime, to the local law enforcement agency in the community in which the acts of abuse are believed to have occurred. The department shall also make a written report to the law enforcement agency within 48 hours, Saturdays, Sundays and holidays excluded. A copy of this report shall be sent to the office of the county attorney.

II. All law enforcement personnel and department employees shall cooperate in limiting the number of interviews of a child victim and, when appropriate, shall conduct joint interviews of the child. Employees of the department shall share with the investigating police officers all information in their possession which it is lawful for them to disclose to a law enforcement agency. Investigating police officers shall not use or reveal any confidential information shared with them by the department except to the extent necessary for the investigation and prosecution of the case.

III. No staff member of the department shall be held civilly or criminally liable for a telephone referral or a written report made under paragraph I.

IV. Law enforcement personnel or department employees who are trained caseworkers shall have the right to enter any public place, including but not limited to schools and child care agencies, for the purpose of conducting an interview with a child, with or without the consent or notification of the parent or parents of such child, if there is reason to believe that the child has been:

- (a) Sexually molested.
- (b) Sexually exploited.
- (c) Intentionally physically injured so as to cause serious bodily injury.
- (d) Physically injured by other than accidental means so as to cause serious bodily injury.
- (e) A victim of a crime.
- (f) Abandoned.
- (g) Neglected.

V. For any interview conducted pursuant to paragraph IV, the interview with the child shall be videotaped if possible. If the interview is videotaped, it shall be videotaped in its entirety. If the interview cannot be videotaped in its entirety, an audio recording of the entire interview shall be made.

**Source.** 1979, 361:2. 1986, 225:1. 1988, 237:1. 1994, 411:17. 1995, 310:175. 1998, 185:1, 2, eff. Jan. 1, 1999.



## APPENDIX Q

### ANATOMICAL DRAWINGS

Since many children do not know the proper terminology to identify the sexual parts of the body or how to describe sexual activities, anatomical drawings can be a useful aid during the interview process. During the interview, when it is necessary for the child to clarify what happened, drawings of the appropriate age and race of the child may be shown. The drawings can then be used to determine the child's terminology for all body parts. The child can mark the drawings on the locations where s/he was touched. Anatomical drawings for the alleged perpetrator may also be used. The child can be asked to circle the parts of the alleged perpetrator's body that touched the child, the child was asked to touch, or were shown to the child. The child should write his/her name according to their ability on each drawing used during the interview.

The instructions to the child may vary somewhat from case to case and should be adapted to suit the needs of each child interviewed. Such terms as "let's pretend" or "let's imagine" ***must be avoided*** when giving instructions to the child. It is better to say, "Does this look like your body when you don't have clothes on?" Additional suggestions for using anatomical drawings include:

- Invite narrative throughout use of the drawings. Use "Tell me about..." follow ups.
- If a child gives a narrative about a topic of concern at any point in the interview, follow up with open-ended statements such as "Tell me more about..."

The anatomical drawings are a tool that can be used to assist the child in providing the most detailed disclosure when they are having difficulty in explaining what happened to them.



**FORENSIC MENTAL HEALTH ASSOCIATES**

# **ANATOMICAL DRAWINGS**

**FOR USE IN THE INVESTIGATION AND  
INTERVENTION OF CHILD SEXUAL ABUSE**

**TEXT BY A. NICHOLAS GROTH, Ph.D.  
ILLUSTRATIONS BY THOMAS M. STEVENSON, JR.**

THIS SET OF ANATOMICAL DRAWINGS CONSTITUTE THE MASTERS FROM WHICH COPIES ARE DUPLICATED AS INDICATED FOR EACH INDIVIDUAL CASE.

**A FORENSIC MENTAL HEALTH ASSOCIATES PUBLICATION**

**— 1984 —**

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Published by Forensic Mental Health Associates  
3 Ireland Road, Newton Center, Massachusetts 02159

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Logo designed by Carson Ferri-Grant

Manufactured in the United States of America

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## ACKNOWLEDGEMENT

We would like to express our appreciation to Suzanne M. Sgroi, M.D. and Edwin O. Wenck for the advice, assistance, and encouragement extended to us in the preparation of this publication.

Additional copies of this publication may be ordered by sending \$15.00 for each copy plus \$2.00 for postage and shipping to FORENSIC MENTAL HEALTH ASSOCIATES, (Attention: H. Jean Birnbaum) 3 Ireland Road, Newton Center, MA 02159.

## INVESTIGATION OF CHILD SEXUAL ABUSE

The topic of human sexuality, by and large, remains an unaddressed issue in our society, especially in regard to children. As a result many, if not most, children do not know the proper terminology by which to identify the sexual parts or areas of the body or to describe sexual activities and interactions. In investigating suspected or known cases of child sexual abuse, the victim's terminology for sexual parts of the body may be so idiosyncratic or the description of the sexual activity so ambiguous that the investigator cannot clearly interpret what has transpired. Not only may the child's limited vocabulary or inaccurate terminology pose an obstacle to investigation, but also the assessment of sexual abuse may be impeded in cases where the child may be particularly shy or non-verbal, especially in regard to discussing sexual matters; or where the child is intellectually limited or developmentally disabled; or where the child suffers a physical handicap, such as a speech impediment or impaired hearing. It can be additionally distressing and victimizing to a child who wants to explain what has occurred but, for any of the above reasons, no one understands.

As an aid in overcoming such obstacles and to facilitate approaching the subject of sexual abuse activity in interviewing a young victim, Forensic Mental Health Associates, Inc. has commissioned this set of anatomical drawings by a recognized medical illustrator, Thomas M. Stevenson, Jr. Based on a concept developed in 1978 by Edwin O. Wenck, former Division Chief of the Sex Offense Task Force, of the Baltimore City State's Attorney's Office, and used with much success since then, our set of 32 line drawings consists of front and back anatomical views of white and black males and females at four chronological phases of development: pre-school, pre-adolescence, adolescence, and adulthood.

## HOW TO USE THESE DRAWINGS

After establishing rapport with the child these drawings may be introduced as an activity to clarify and/or document one's investigation: "*I want to better understand what went on (or what happened)*". We suggest you make copies of the drawings from the master set which the child and/or you can then mark up with a colored marker. You might introduce the drawings with some statement such as, "*I am going to show you some drawings (or coloring book pictures) of persons who are undressed. I would like you to look through them and pick out the one that most resembles (or looks like) you.*" After the child has made her/his selection: "*Now pick out for me the drawing that most looks like (the suspected/identified perpetrator).*" You might have the child put her/his name on the drawing that represents her/him and the name of the perpetrator on the respective drawing. You should put your name on these drawings as the examiner together with the date of the interview, the name of the child being interviewed, and name of the individual the drawing represents.

You might then use the drawings to clarify the child's terminology. For example, if the child states, "*He made me touch his 'thing'.*" you might say to the child: "*Would you please draw a circle around what you mean by his 'thing' on this picture of (the perpetrator).*" The interviewer can then label the body part circled on the drawing by the child the 'thing'. If the child has said, "*He played with me.*" and you determined that the "playing" involved touching, you might instruct the child to put an "X" on all the areas of the drawing of the child's body where the perpetrator touched or "played with" her or him. Or having established that physical contact occurred between the

offender and the victim, you might point to various body areas on the drawing and ask, "*Did he touch you here? Or here? Or here? etc.*"; and then indicate on the drawing where the child's response was affirmative and where it was negative. It may be necessary to establish whether or not the offender and/or the victim was undressed with regard to the sexual abuse. If either were partially or completely clothed, note this (perhaps sketch the clothes on the figure) and then determine whether the physical contact occurred over the clothing, or whether parts of the body were exposed, or whether the body areas were touched by putting hands inside the clothes.

Once the interview or series of interviews with the child has been completed, as many copies of the marked-up and labeled drawings as needed may be made and the original (marked) copies can be introduced as evidence in civil or criminal proceedings pertaining to the case. The instructions to the child may be varied somewhat from case to case and should be adapted to suit the special conditions of each specific child or individual situation. However, we would advise against using such terms as "*let's pretend*" or "*let's imagine*" in giving instructions to the child since it might then be argued that the results of the investigation reflect the imagination of the child or constitute a pretense on her/his part. It would be better to use instructions such as "*let's say this is you*" or "*consider this a drawing of (the perpetrator).*"

In addition to their help in providing clarification of the child's responses and documentation of her/his sexual victimization, these drawings can also be made use of in a number of other ways. Asking the child, "*Have you ever seen any drawings or pictures like these before?*" may allow you to explore the possibility of the child having been exposed to pornography or manipulated into being photographed in a sexual fashion. The figure drawings can be cut out and made into paper-dolls or the drawings themselves can be used as an intermediate step in introducing the child to anatomically correct dolls. Some children who will shy away from sexually explicit dolls are not as uncomfortable with the drawings,\* and the non-verbal child who experiences difficulty in articulating the doll play activity may be more comfortable in pointing to, or drawing circles around, or making X's on a drawing. Also, drawing and coloring are not as sex-role specific an activity to the same degree that playing with dolls is and, therefore, the drawings may be a more comfortable task for boy victims than doll play would be for them. The anatomical drawings may also be used to clarify free-hand artwork and/or puppet-play by a child who is known or suspected to have been sexually victimized much in the same fashion as they are used to clarify a child's verbal communication. Finally, the precedent of using such drawings to investigate and corroborate child sexual abuse has been established by a public prosecutor's office, the City of Baltimore State's Attorney's Office, and their use is court-acceptable, having been designed by a recognized or expert medical illustrator.

This set of drawings, then, is a tool to assist in investigation and intervention. It is not a substitute for clinical skill and experience. The responsible interviewer should be familiar with the psychology and characteristic behaviors of sexual offenders against children, the dynamics of such offenses, the impact on the victim, and the diversity of resulting symptomatic behaviors on the part of children who have been sexually abused. (See list of suggested readings on page 4). In the hands of such an examiner the drawings can help structure and order a systematic inquiry and develop a standard format for evaluation of known or suspected child sexual victimization.

\*Should a child react adversely to viewing these drawings, this could be regarded as clinical evidence of a sexually traumatized child. Edwin O. Wenck reports no such adverse reaction occurring in over 1000 cases in which similar drawings were used by the Sex Offense Task Force of the Baltimore City State's Attorney's Office.

# ANATOMICAL DRAWINGS

## ABOUT THE ILLUSTRATOR

**RESUME:** **THOMAS M. STEVENSON, JR.**  
**Date of Birth:** August 20, 1922  
**Marital Status:** Married  
**Children:** Four (2 boys and 2 girls)

**Work Experience:**  
1983-Present Retired from University employment; does free-lance art work.

1949-1983 Full-time employment at the University of Maryland in the School of Medicine:  
• Head, Graphic Art, School of Medicine  
• Director of Illustrative Services  
• Medical Illustrator and Instructor in Art  
Involved in all phases of in-plant art production, illustration, graphic design, schematics, posters, signs, displays, exhibits serving Baltimore City Campus, affiliated hospitals, State and Federal agencies.

### **Other Professional Experience:**

- Free lance art work, oriented primarily for medical subject matter. Displays, illustrations, etc. for Maryland and American Heart Associations; e.g., all of the early original art work associated with teaching closed chest and mouth to mouth resuscitation, distributed internationally.
- Illustrated one complete textbook on clinical anatomy.; co-authored a paper on jaundice.
- Illustration renderings for many articles written for publication by physicians and other medical personnel.
- Illustrative material for law firms involved in medical litigation.

### **Education:**

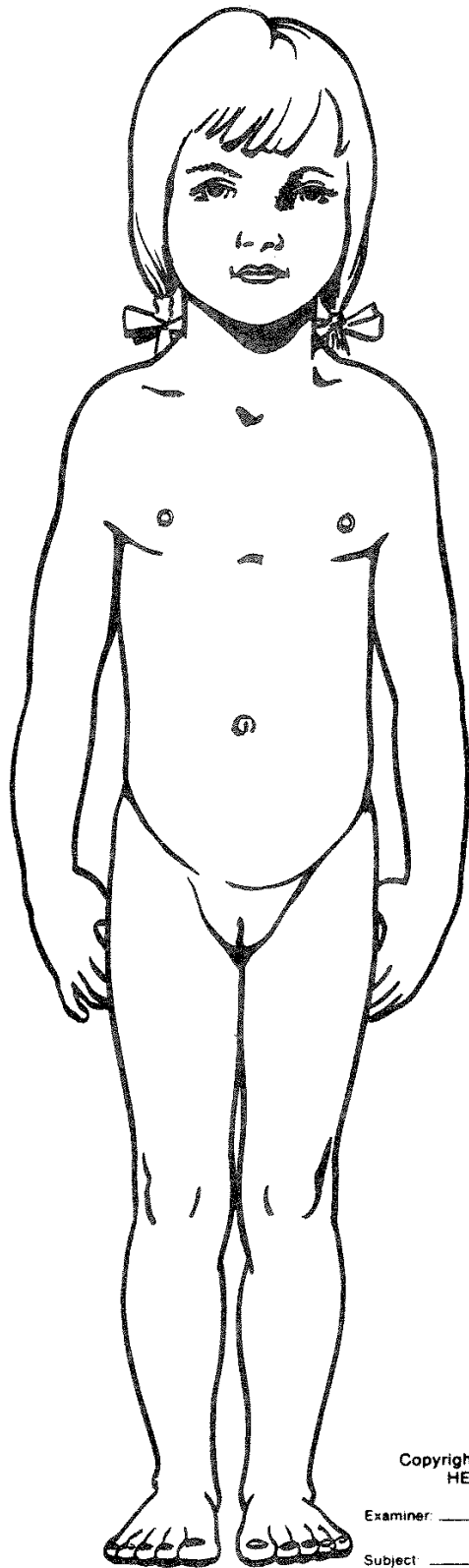
- Graduate of Virginia Public School System.
- National Art School, Washington, D.C.: Commercial Illustrating
- University of Maryland, Special Student: Medical Illustration, Anatomy, Histology, Moulding and Casting, Photography.
- Maryland Art Institute: Sculpturing, Modeling, Portrait Drawing, Painting, Still Life, Life Sketching.

### **Awards:**

- University of Maryland, School of Medicine, 1966. Certificate for valued assistance in Biomedical Engineering.
- Technical and comprehensive illustrations contributed directly to the development of an artificial kidney.
  - Art work contributed to the development of a prototype hyperbaric chamber used for treatment of shock resulting from trauma.

### **Professional Memberships**

**or Affiliations:** Association of American Medical Illustrators.  
National Biological Photographers Association.  
Maryland Industrial Photographers Association.  
Baltimore Art Directors League.



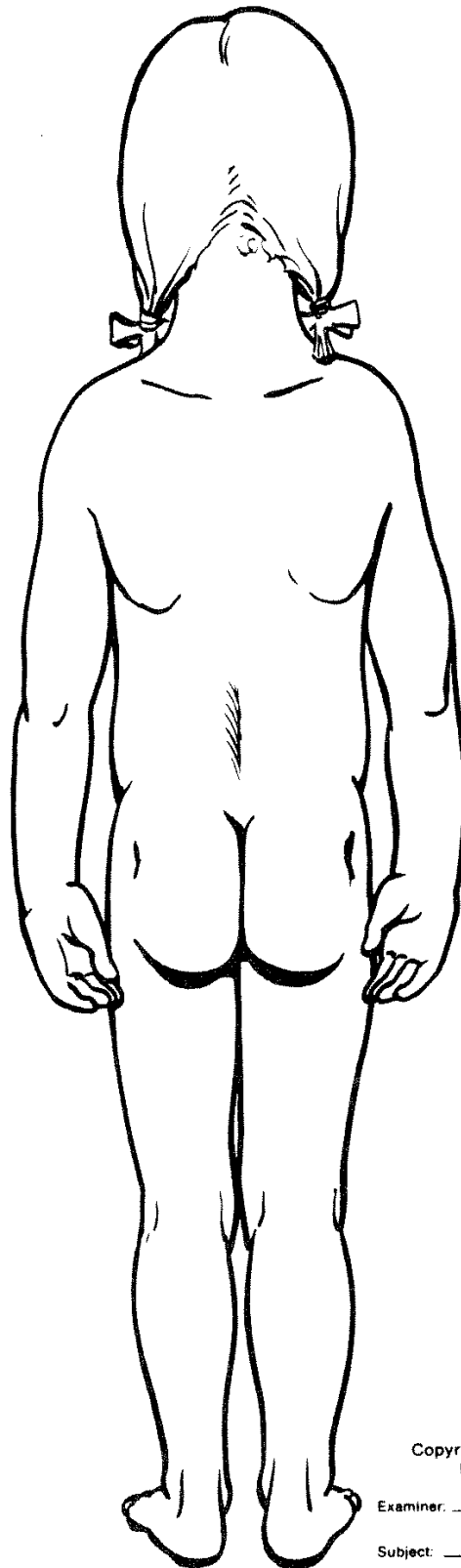
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Subject: \_\_\_\_\_

Person Represented By This Drawing \_\_\_\_\_

Figure 1: White, pre-school, female child (front view)



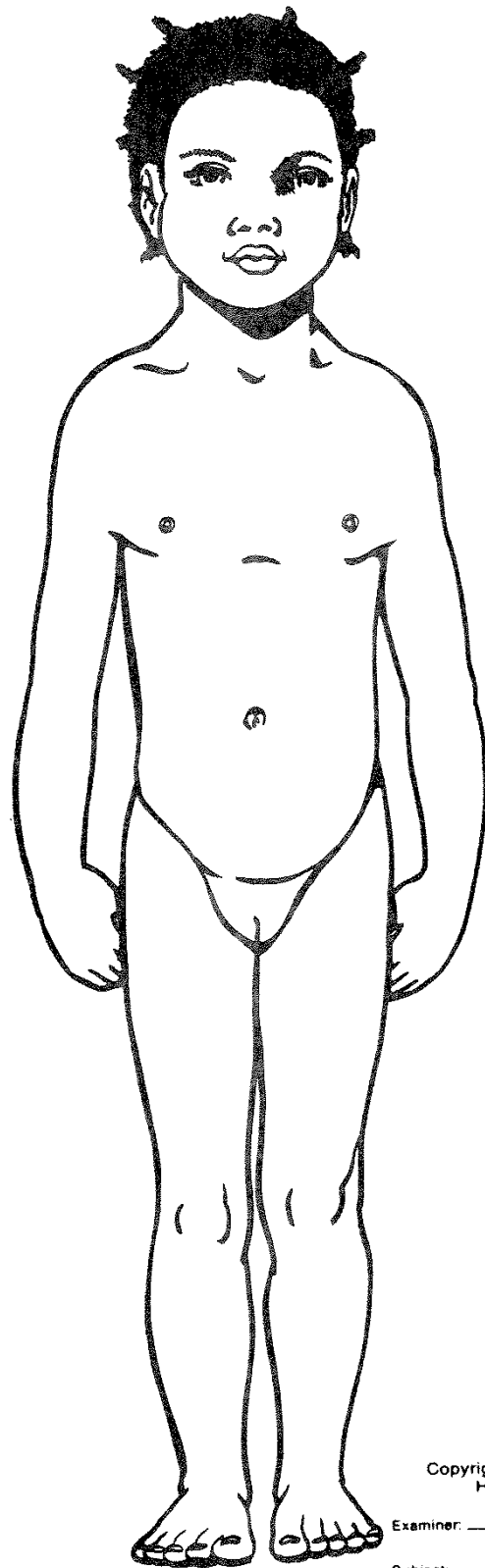
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Figure 2: White, pre-school, female child (back view)



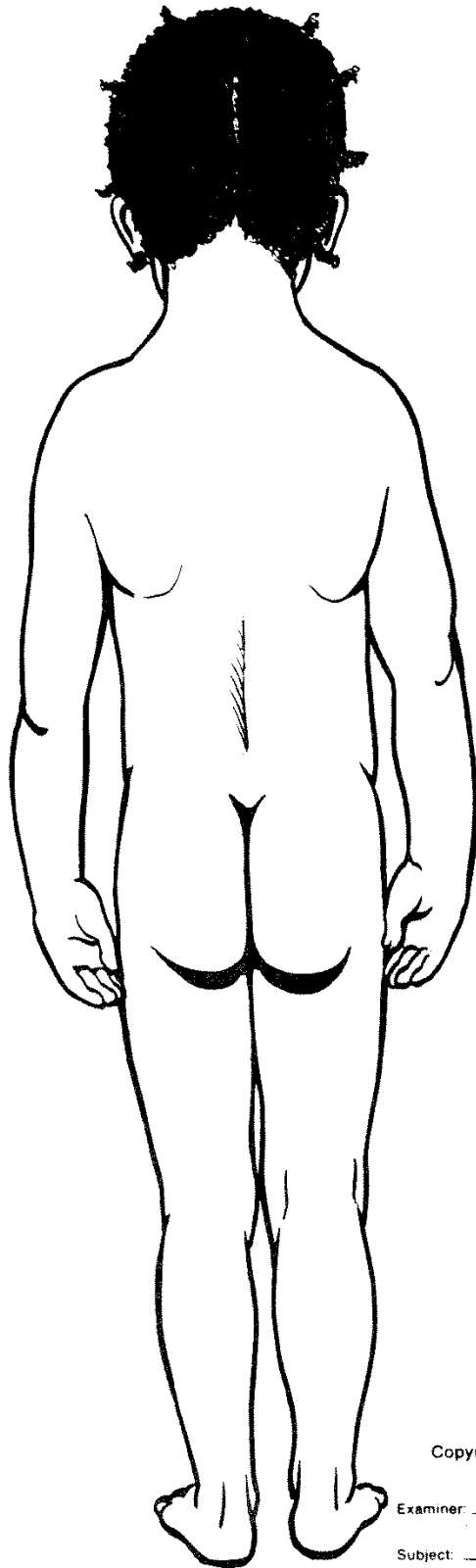
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Person Represented By This Drawing \_\_\_\_\_

Figure 3: Black, pre-school, female child (front view)



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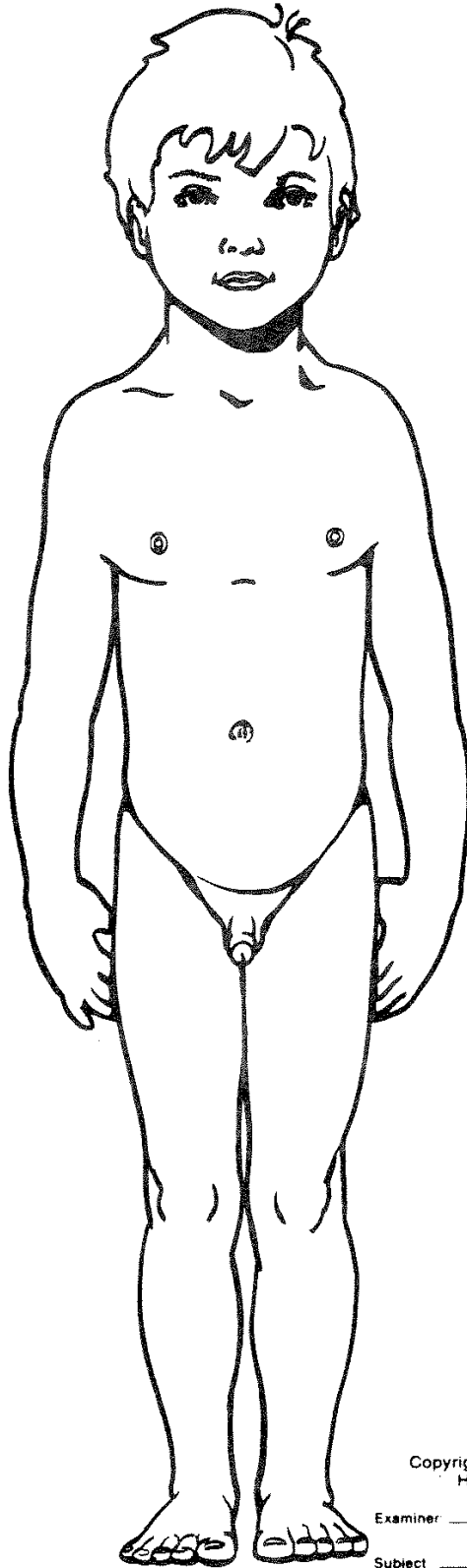
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Subject: \_\_\_\_\_

Person Represented By This Drawing \_\_\_\_\_

Figure 4: Black, pre-school, female child (back view)





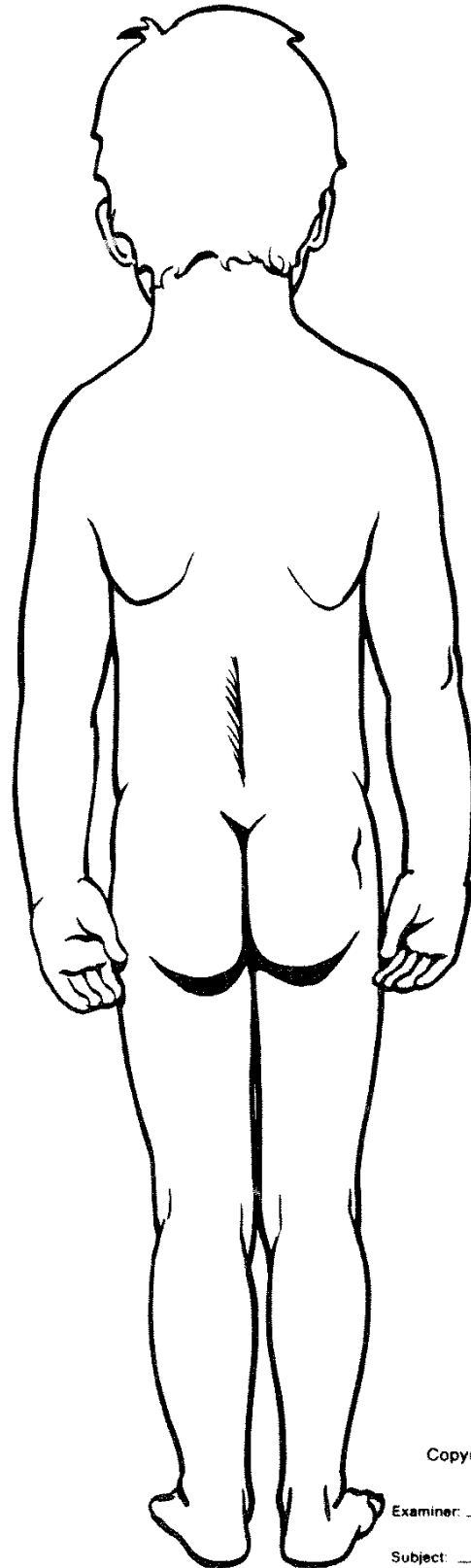
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Subject \_\_\_\_\_

Person Represented By This Drawing \_\_\_\_\_

Figure 5: White, pre-school, male child (front view)



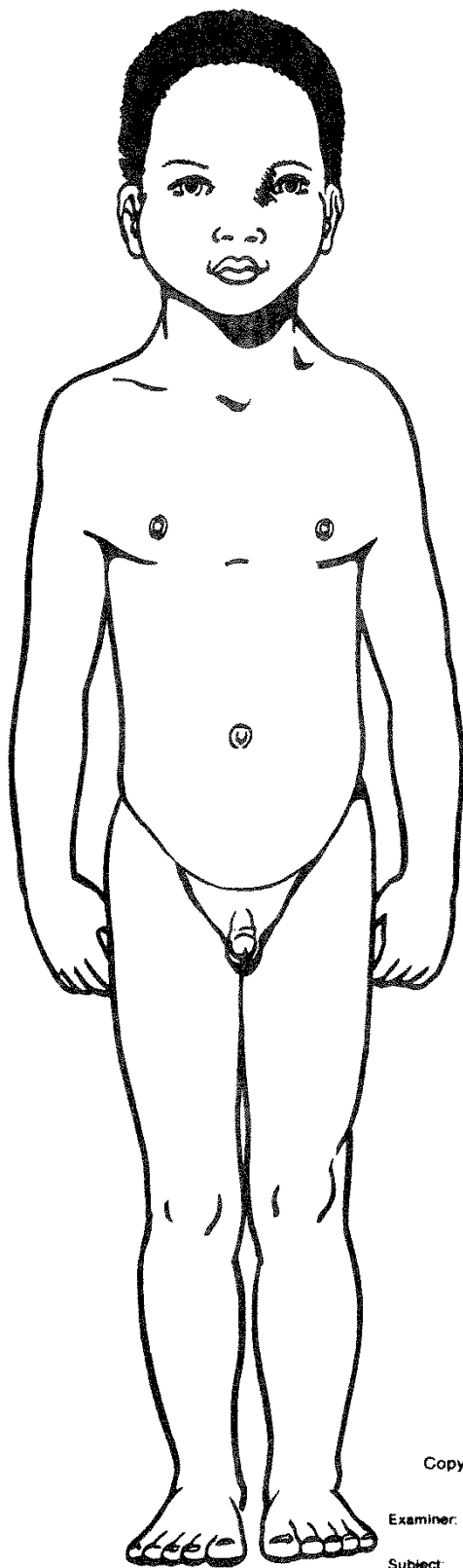
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Person Represented By This Drawing: \_\_\_\_\_

Figure 6: White, pre-school, male child (back view)



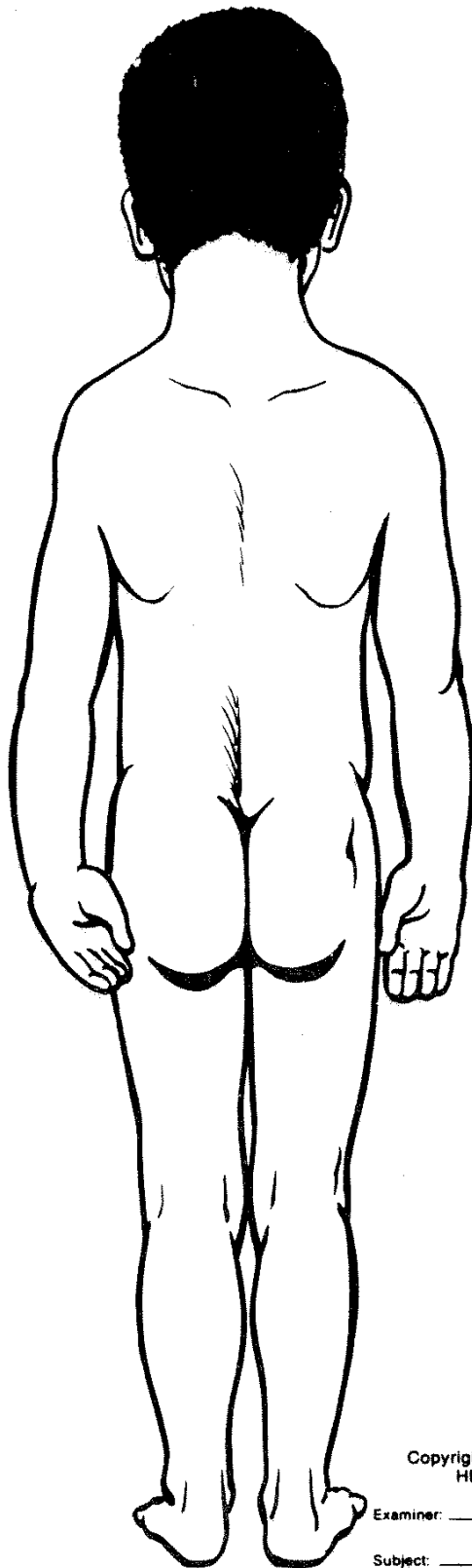
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Subject: \_\_\_\_\_

Person Represented By This Drawing: \_\_\_\_\_

Figure 7: Black, pre-school, male child (front view)



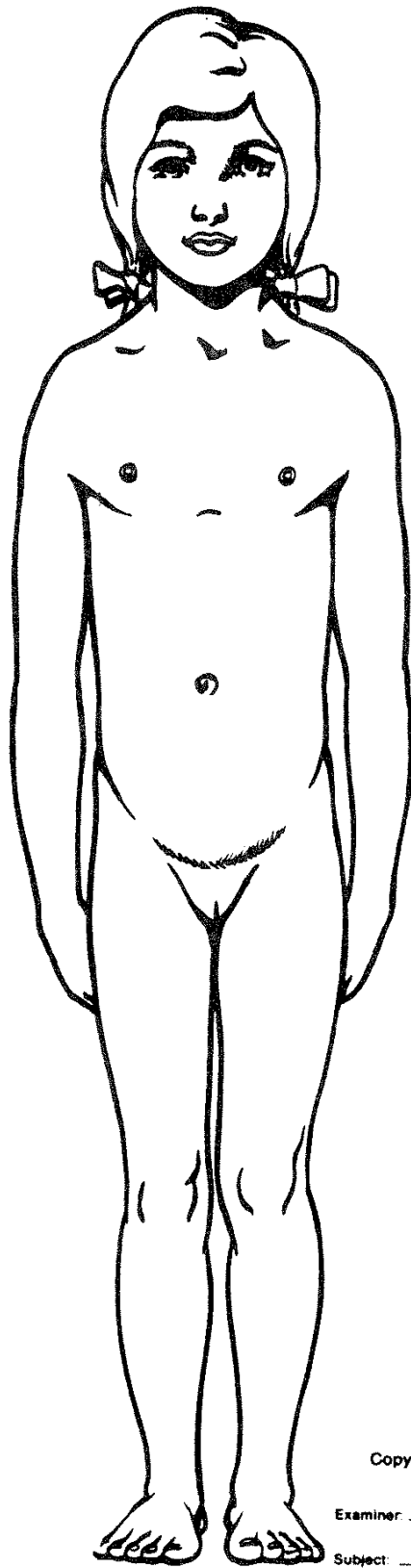
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Subject: \_\_\_\_\_

Person Represented By This Drawing: \_\_\_\_\_

Figure 8: Black, pre-school, male child (back view)



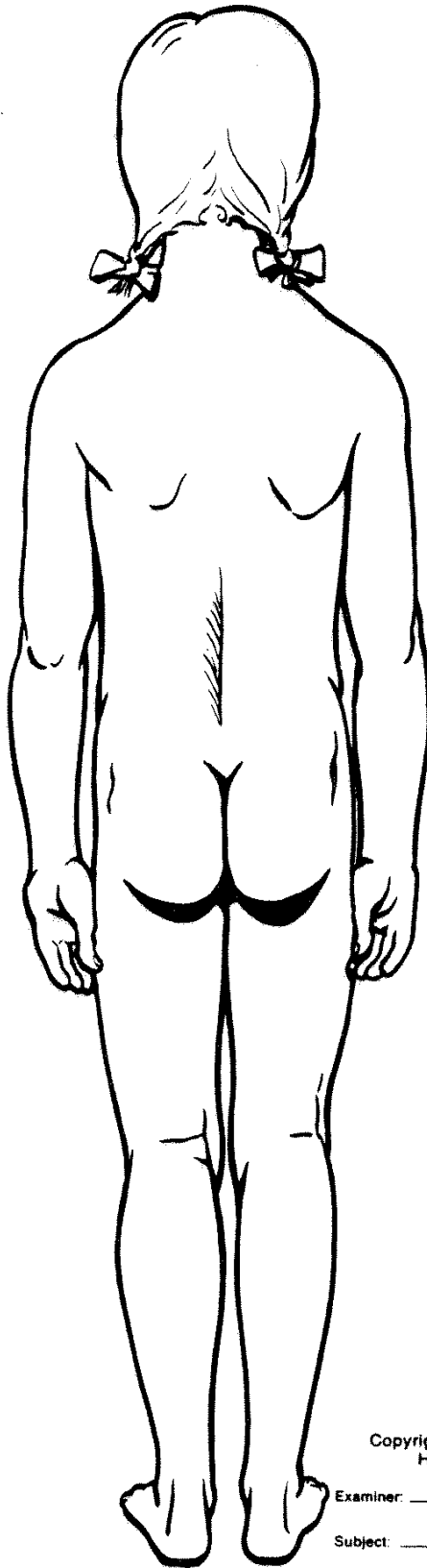
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Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Subject: \_\_\_\_\_

Figure 9: White, grammar-school, female child (front view)

Person Represented By This Drawing \_\_\_\_\_



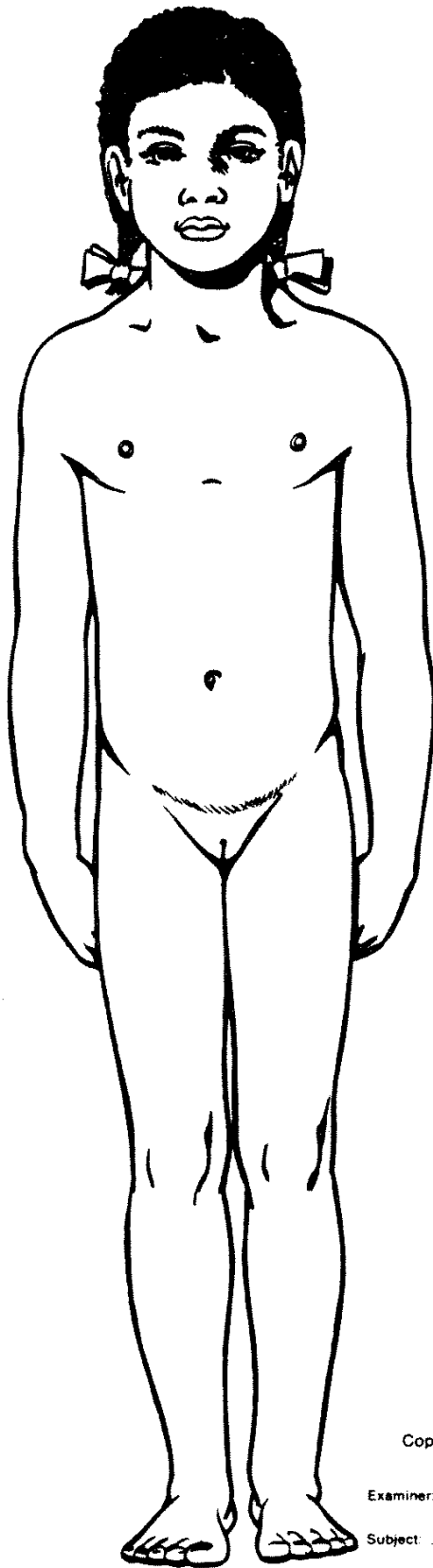
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Subject: \_\_\_\_\_

Person Represented By This Drawing: \_\_\_\_\_

Figure 10: White, grammar-school, female child (back view)



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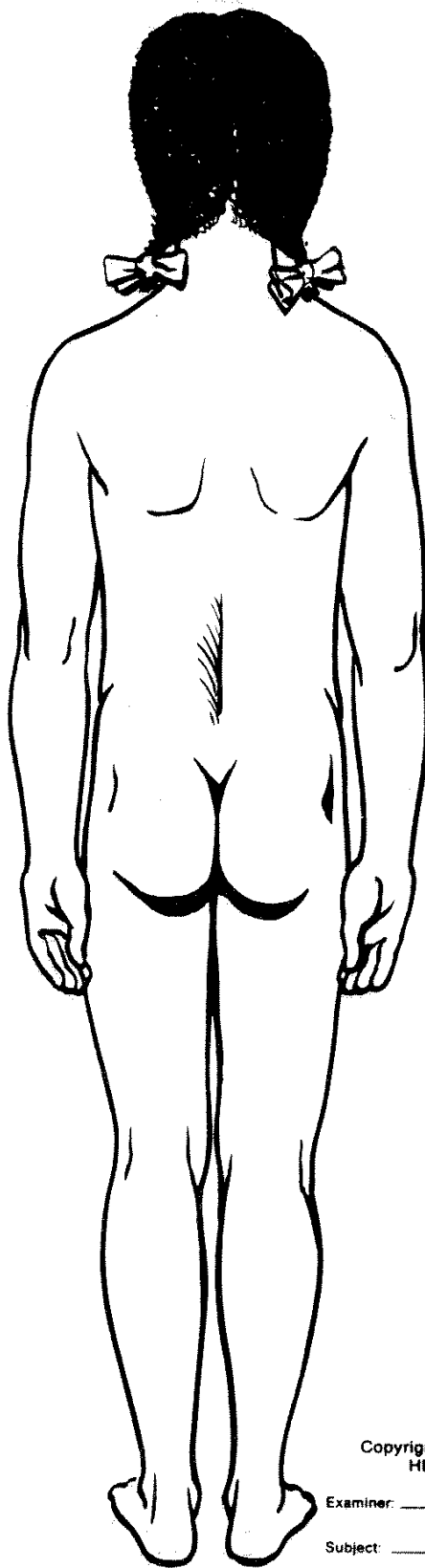
Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Subject: \_\_\_\_\_

Person Represented By This Drawing: \_\_\_\_\_

Figure 11: Black, grammar-school, female child (front view)





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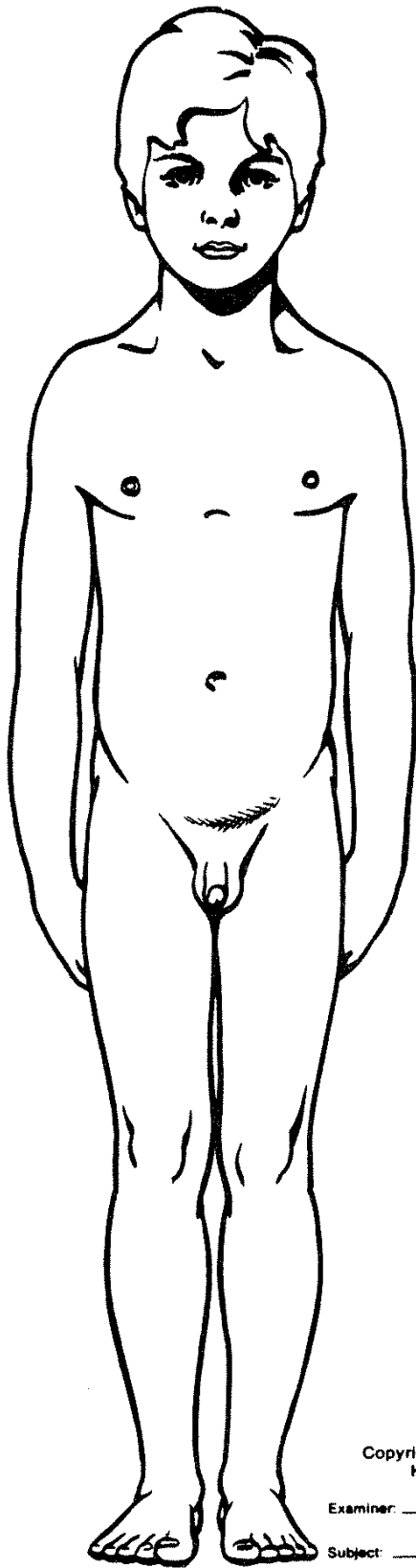
Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Subject: \_\_\_\_\_

Person Represented By This Drawing: \_\_\_\_\_

Figure 12: Black, grammar-school, female child (back view)





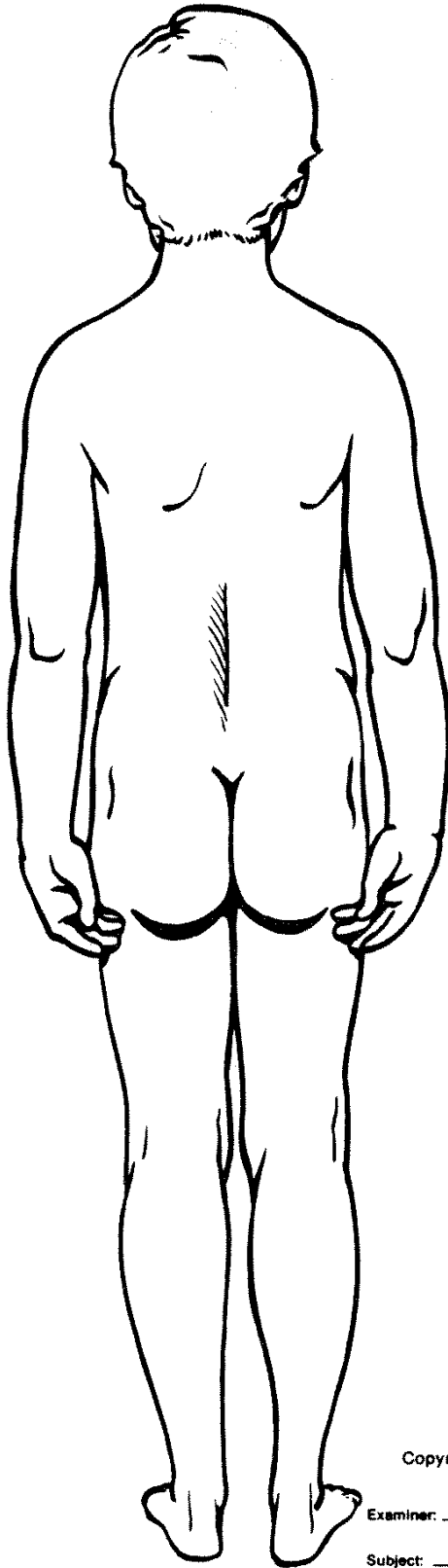
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Subject: \_\_\_\_\_

Person Represented By This Drawing: \_\_\_\_\_

Figure 13: White, grammar-school, male child (front view)



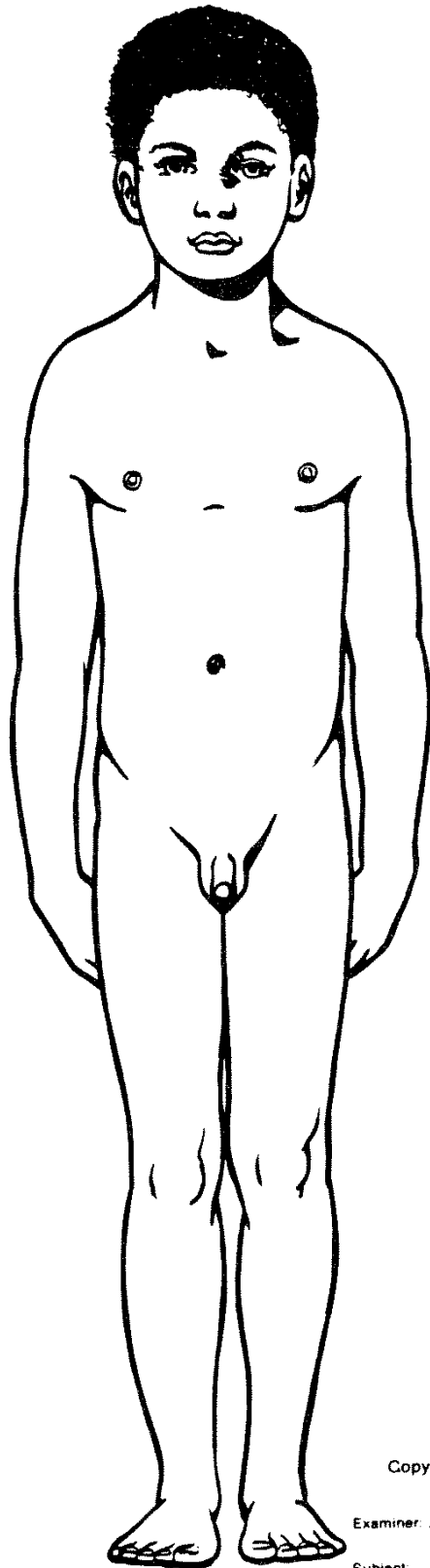
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Subject: \_\_\_\_\_

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Figure 14: White, grammar-school, male child (back view)



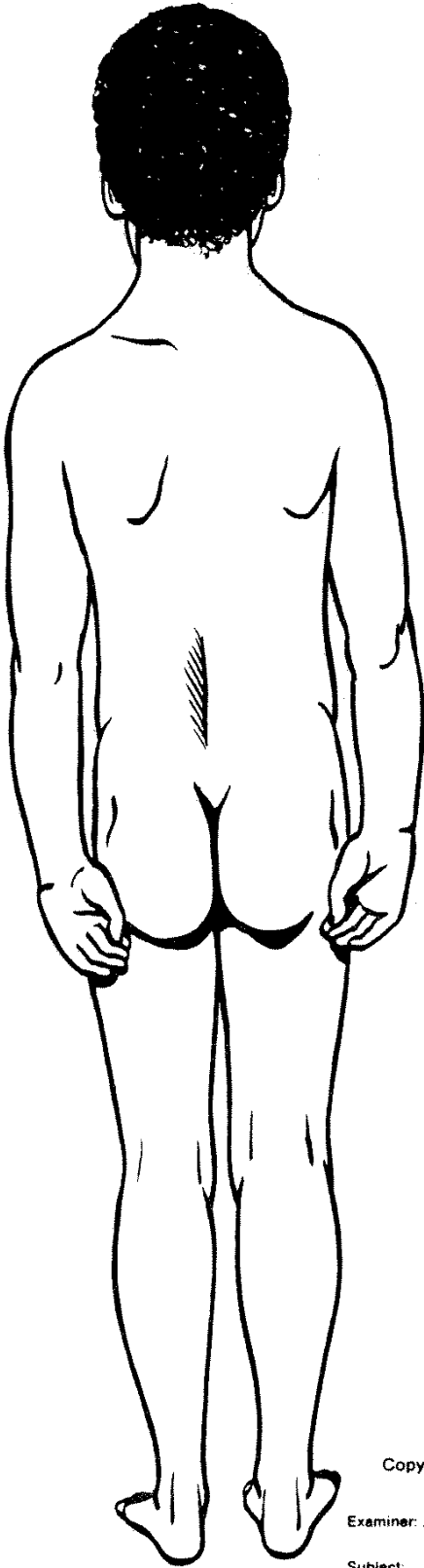
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Subject \_\_\_\_\_

Person Represented By This Drawing \_\_\_\_\_

Figure 15: Black, grammar-school, male child (front view)



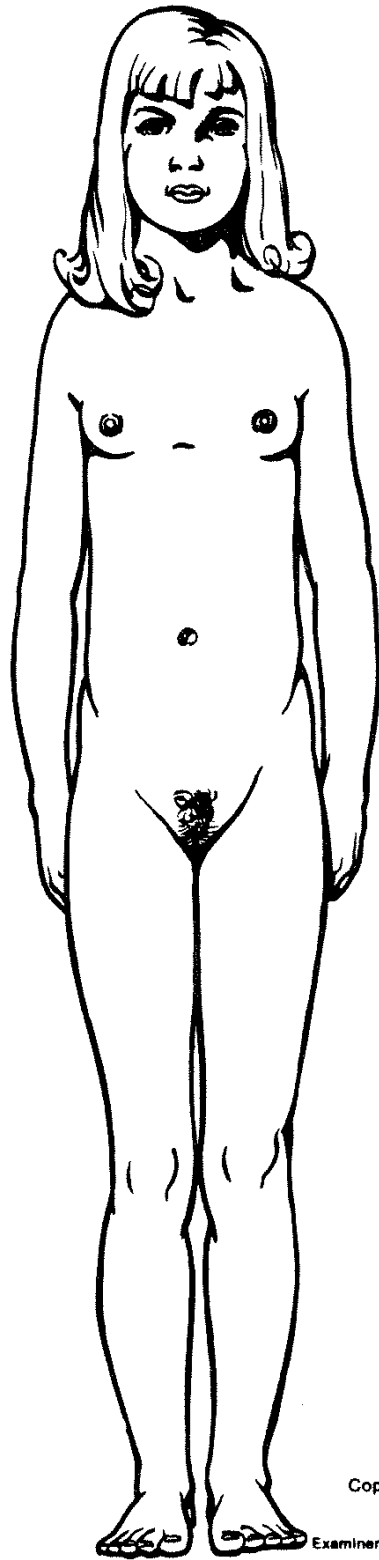
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Subject: \_\_\_\_\_

Person Represented By This Drawing: \_\_\_\_\_

Figure 16: Black, grammar-school, male child (back view)



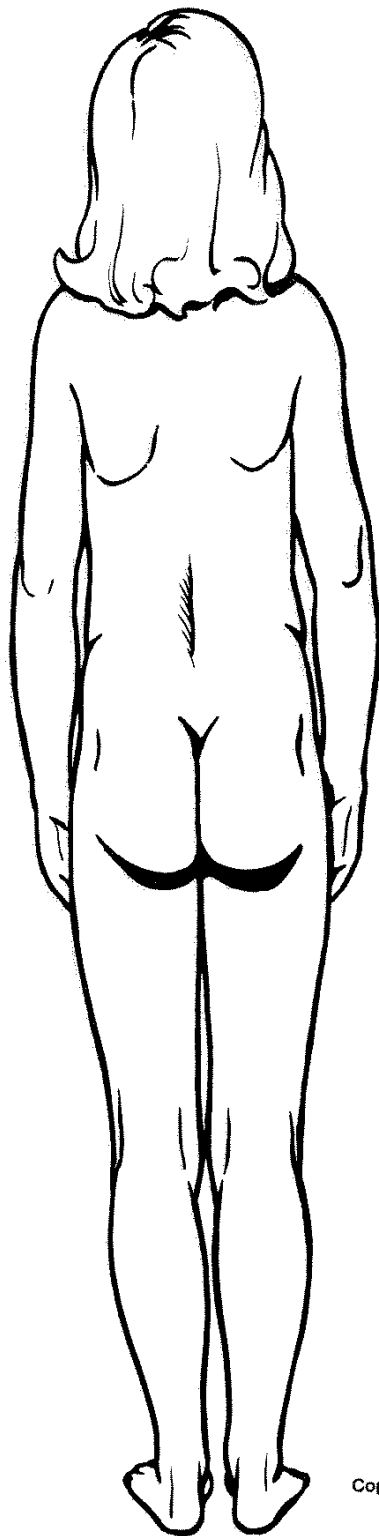
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Subject: \_\_\_\_\_

Person Represented By This Drawing: \_\_\_\_\_

Figure 17: White, teenage, female (front view)



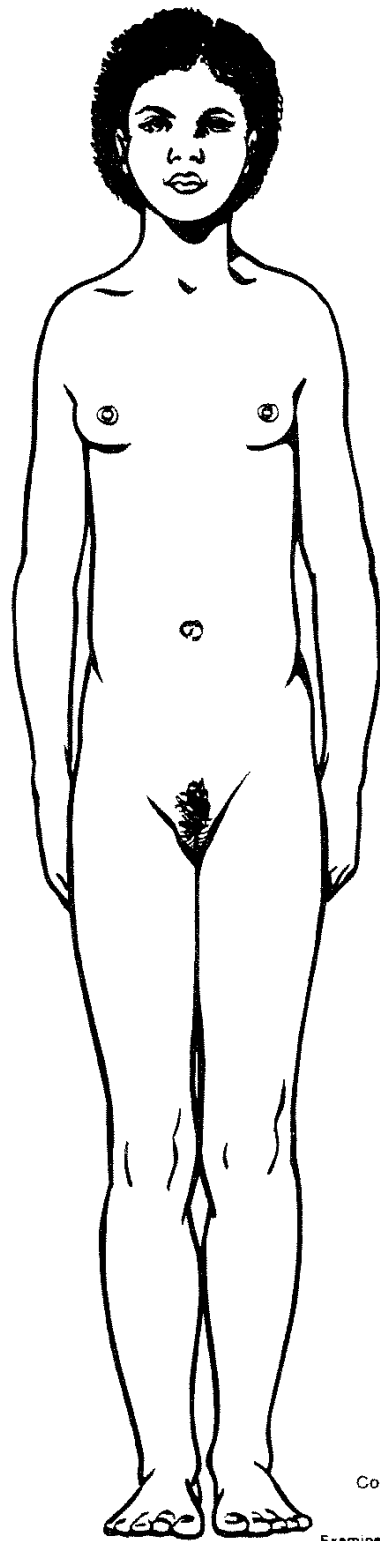
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Subject: \_\_\_\_\_

Person Represented By This Drawing: \_\_\_\_\_

Figure 18: White, teenage, female (back view)



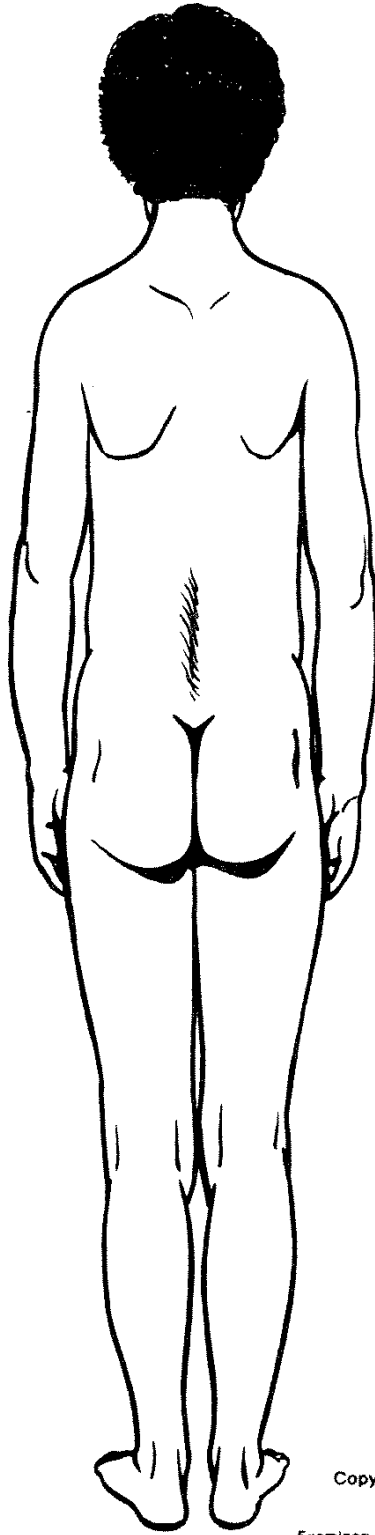
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Person Represented By This Drawing \_\_\_\_\_

Figure 19: Black, teenage, female (front view)



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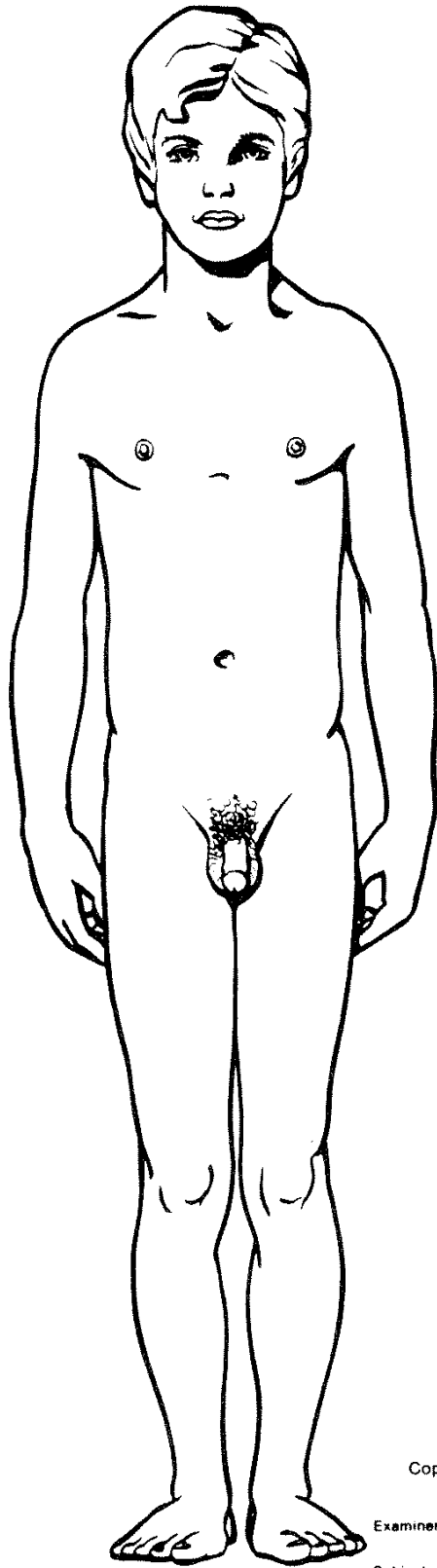
Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Subject: \_\_\_\_\_

Person Represented By This Drawing: \_\_\_\_\_

Figure 20: Black, teenage, female (back view)





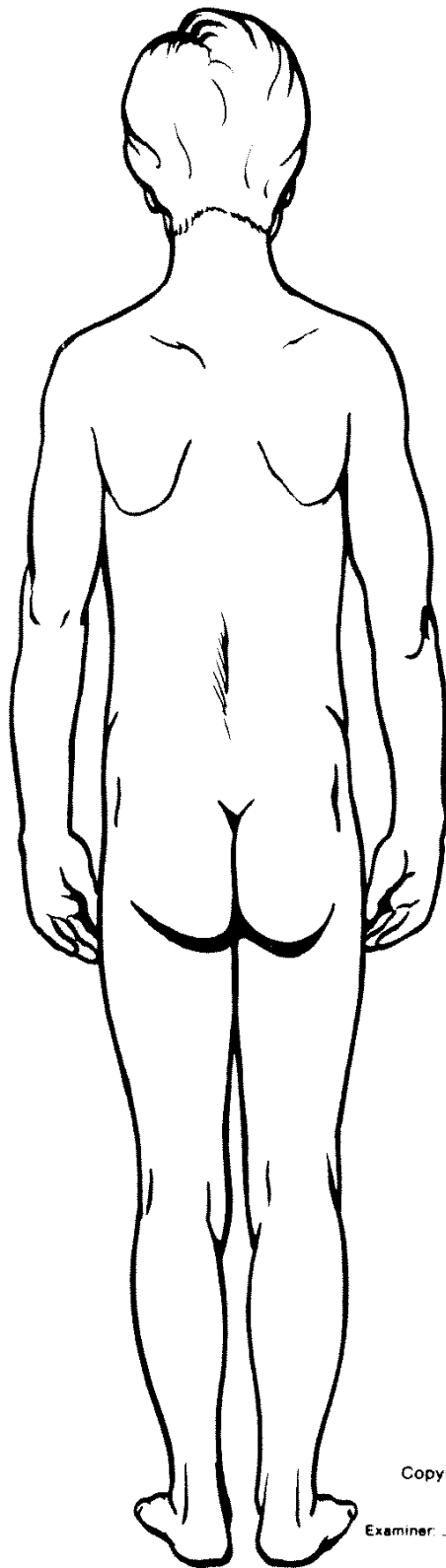
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Subject: \_\_\_\_\_

Person Represented By This Drawing \_\_\_\_\_

Figure 21: White, teenage, male (front view)



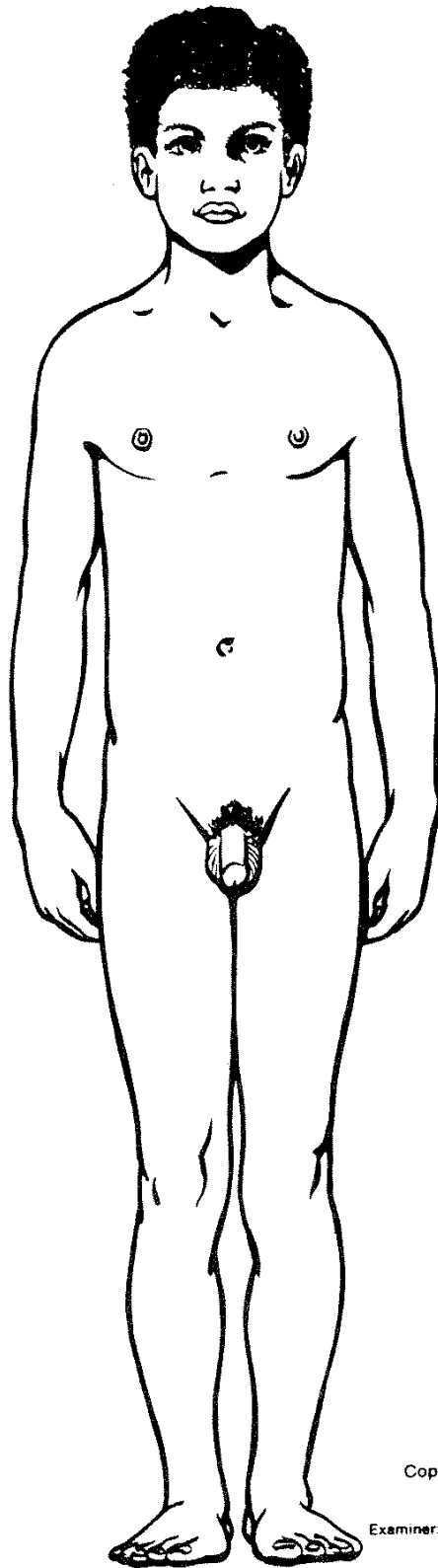
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Person Represented By This Drawing \_\_\_\_\_

Figure 22: White, teenage, male (back view)



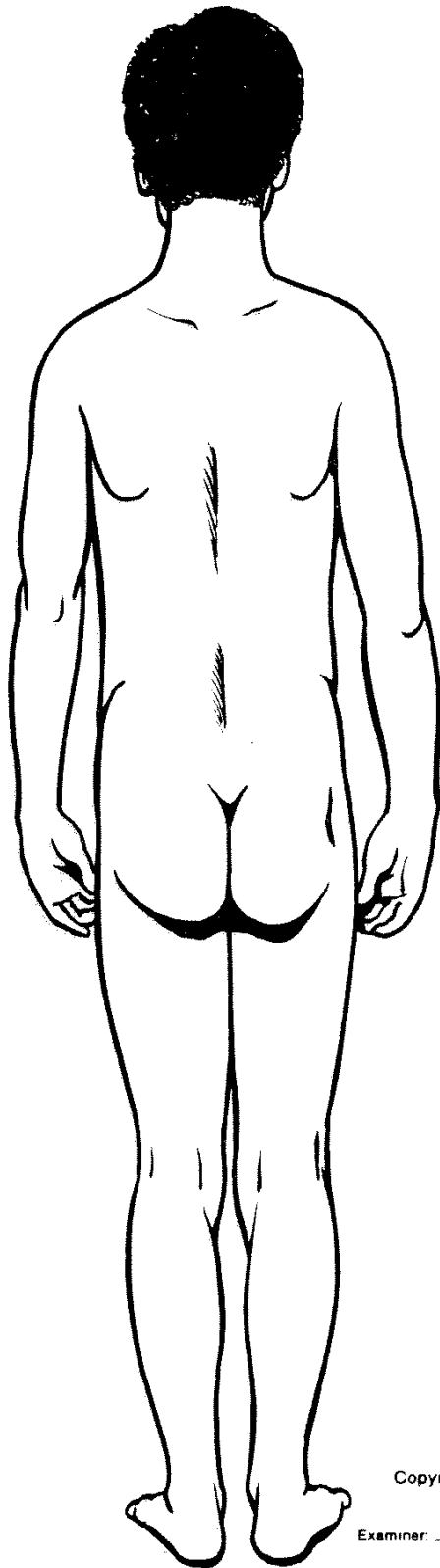
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Person Represented By This Drawing \_\_\_\_\_

Figure 23: Black, teenage, male (front view)



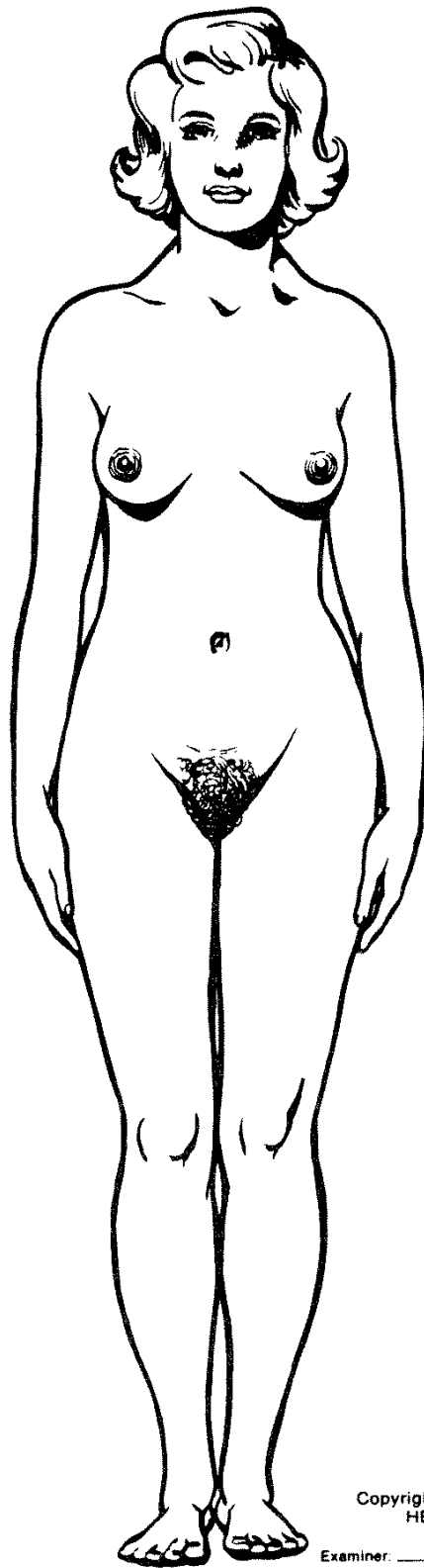
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Subject: \_\_\_\_\_

Person Represented By This Drawing \_\_\_\_\_

**Figure 24: Black, teenage, male (back view)**



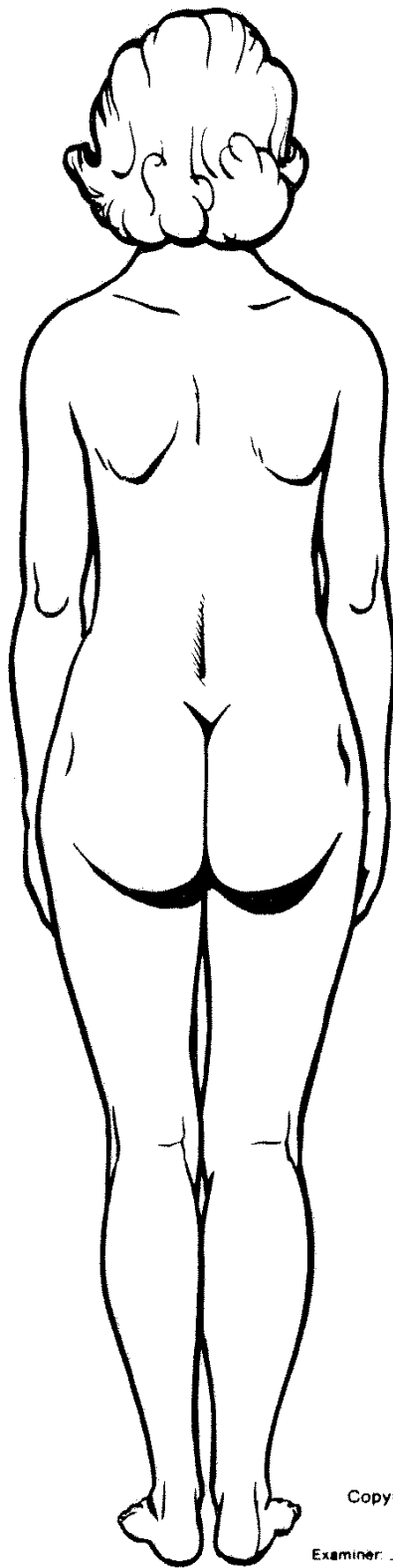
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Subject: \_\_\_\_\_

Person Represented By This Drawing: \_\_\_\_\_

Figure 25: White, adult, female (front view)



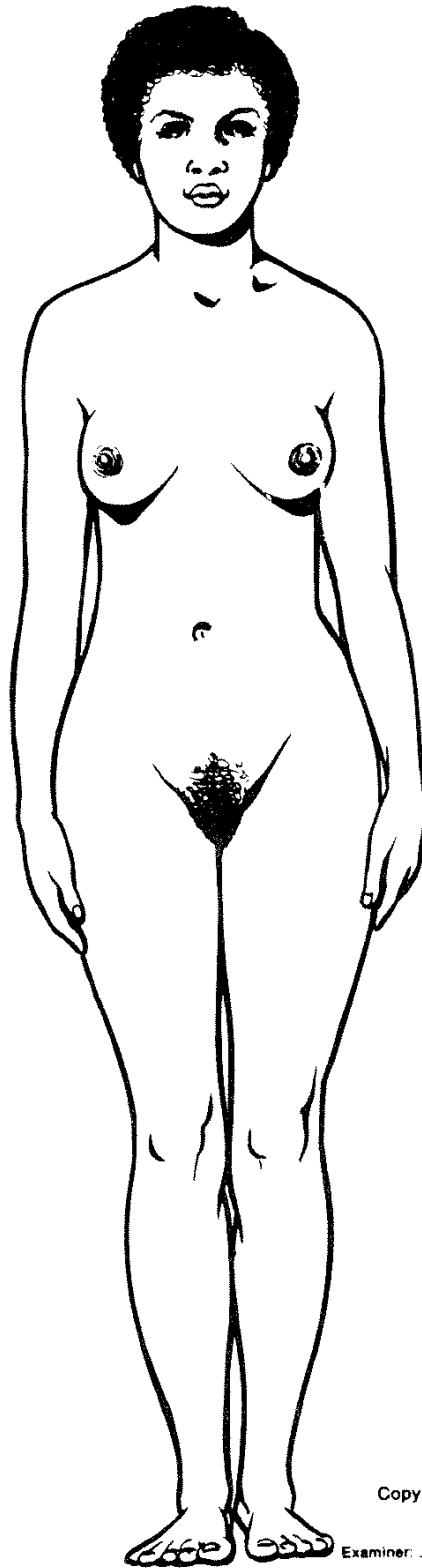
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Subject: \_\_\_\_\_

Person Represented By This Drawing: \_\_\_\_\_

Figure 26: White, adult, female (back view)



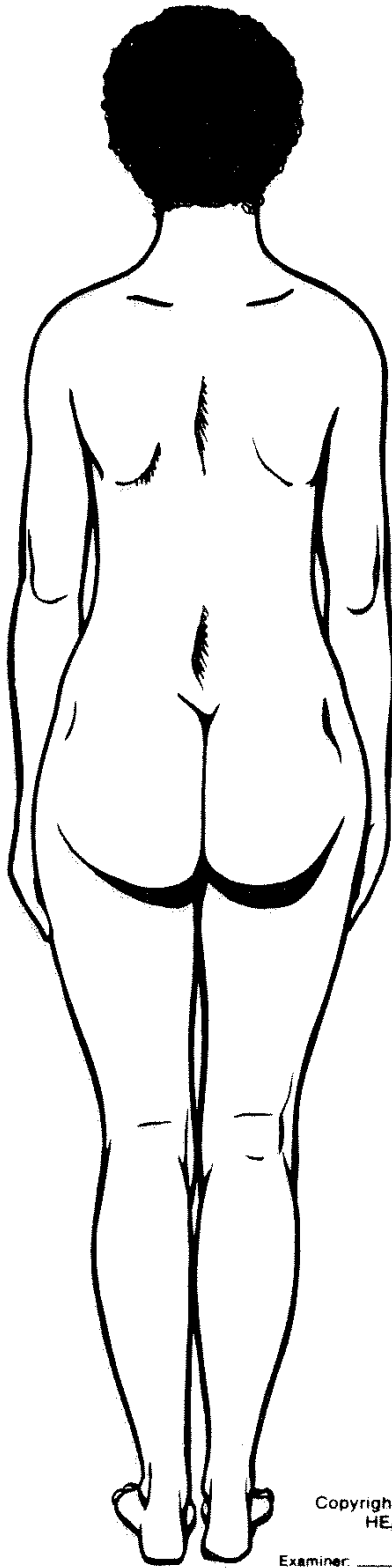
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Subject \_\_\_\_\_

Person Represented By This Drawing: \_\_\_\_\_

Figure 27: Black, adult, female (front view)



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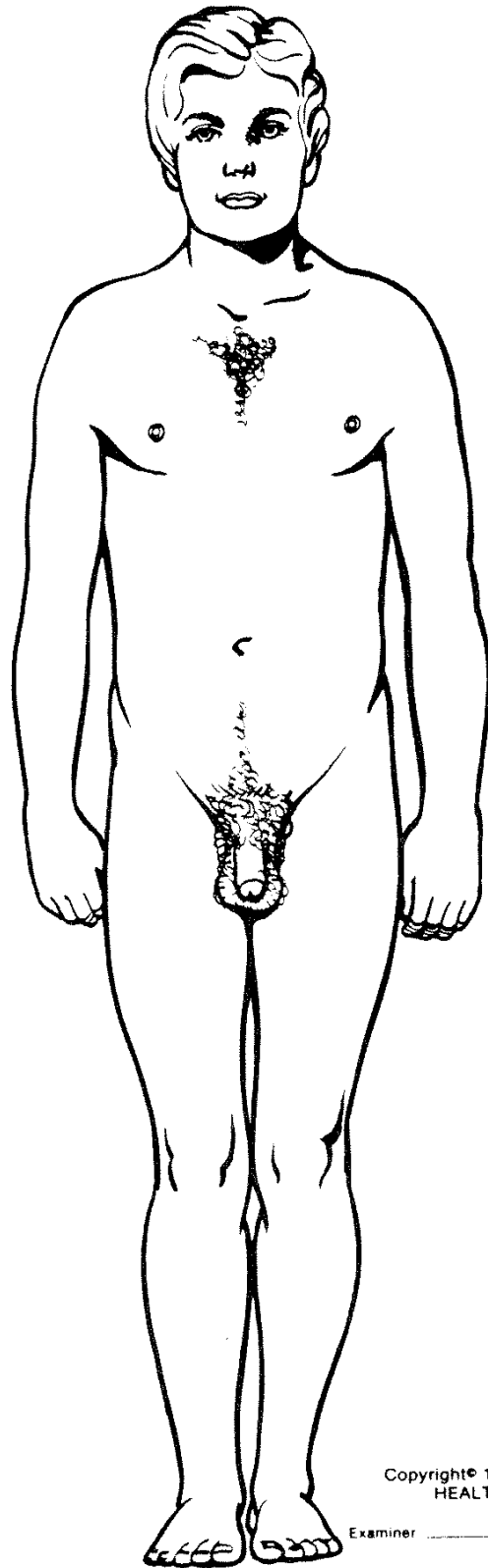
Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Subject: \_\_\_\_\_

Person Represented By This Drawing: \_\_\_\_\_

Figure 28: Black, adult, female (back view)





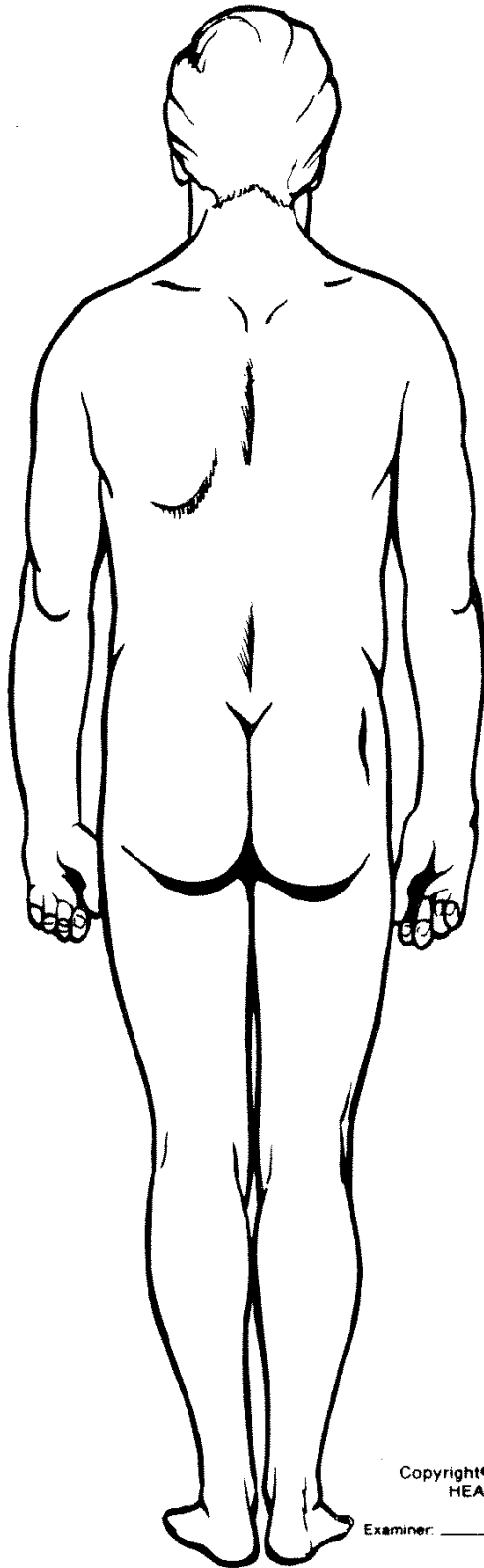
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Subject \_\_\_\_\_

Person Represented By This Drawing \_\_\_\_\_

Figure 29: White, adult, male (front view)



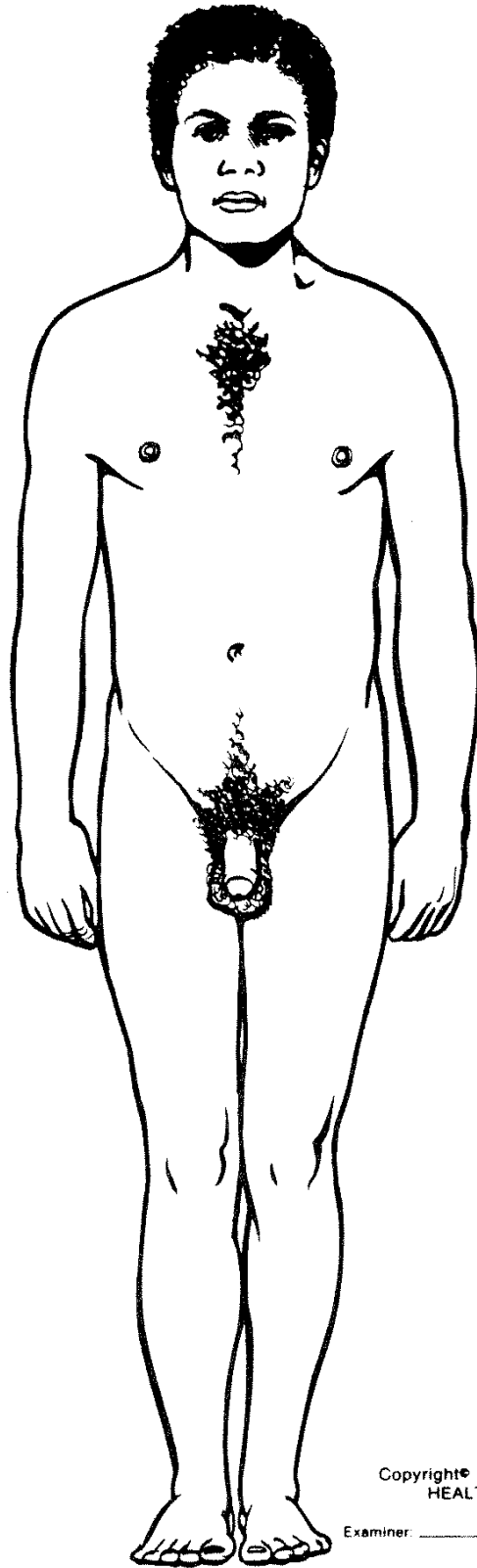
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Subject: \_\_\_\_\_

Person Represented By This Drawing \_\_\_\_\_

Figure 30: White, adult, male (back view)



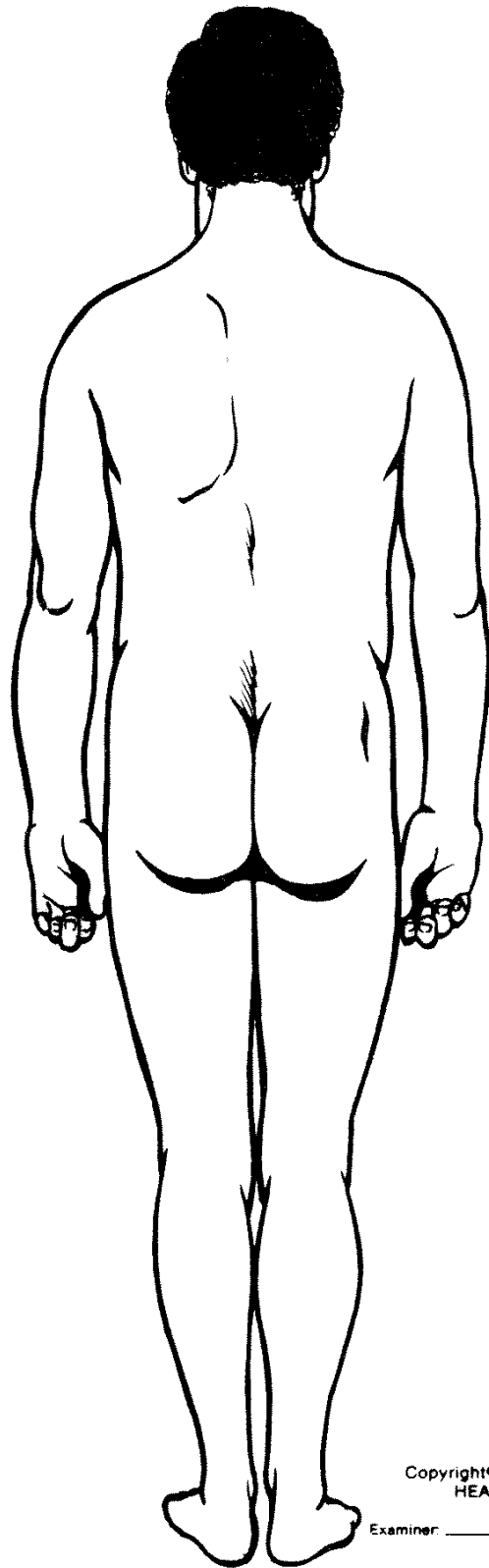
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Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Subject \_\_\_\_\_

Person Represented By This Drawing \_\_\_\_\_

Figure 31: Black, adult, male (front view)



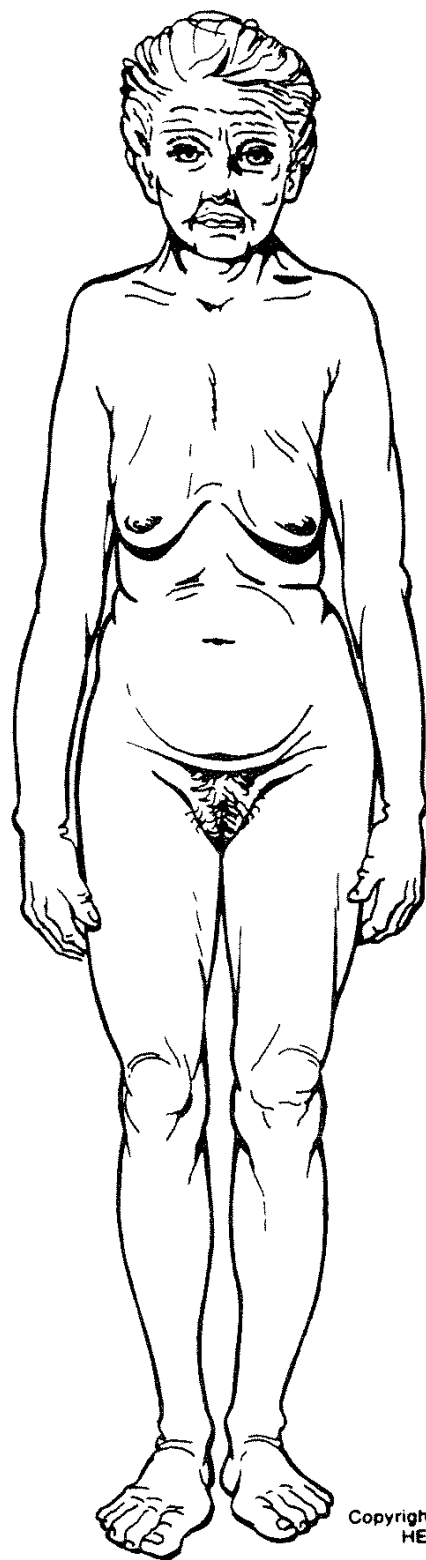
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Subject: \_\_\_\_\_

Person Represented By This Drawing: \_\_\_\_\_

Figure 32: Black, adult, male (back view)



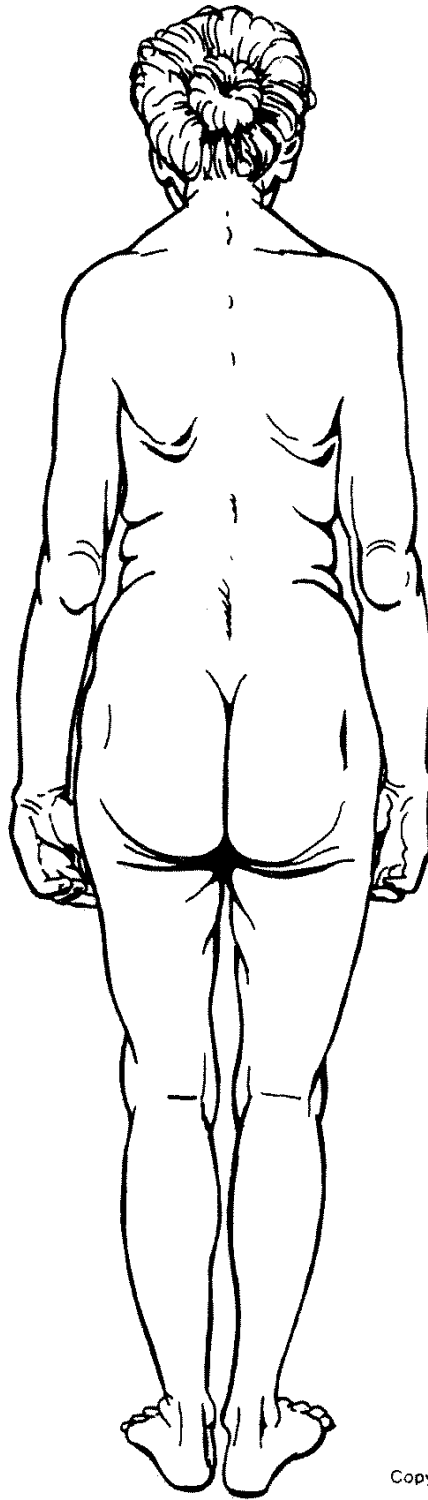
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Subject: \_\_\_\_\_

Person Represented By This Drawing: \_\_\_\_\_

Figure 33: White, elderly adult, female (front view)



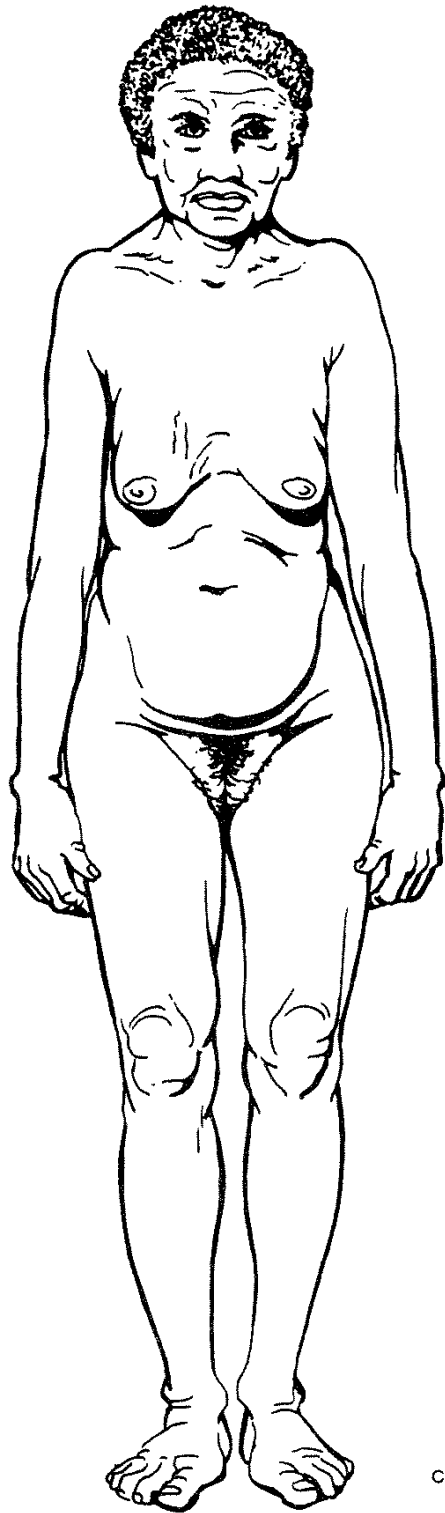
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Subject \_\_\_\_\_

Person Represented By This Drawing \_\_\_\_\_

Figure 34: White, elderly adult, female (back view)



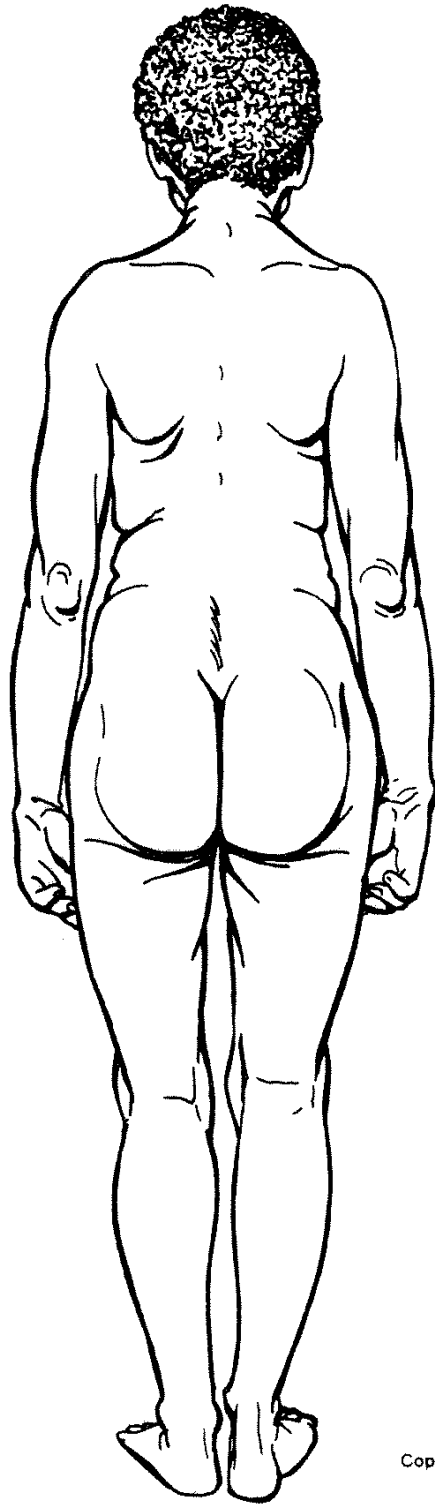
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Person Represented By This Drawing: \_\_\_\_\_

Figure 35: Black, elderly adult, female (front view)



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Subject: \_\_\_\_\_

Person Represented By This Drawing \_\_\_\_\_

Figure 36: Black, elderly adult, female (back view)



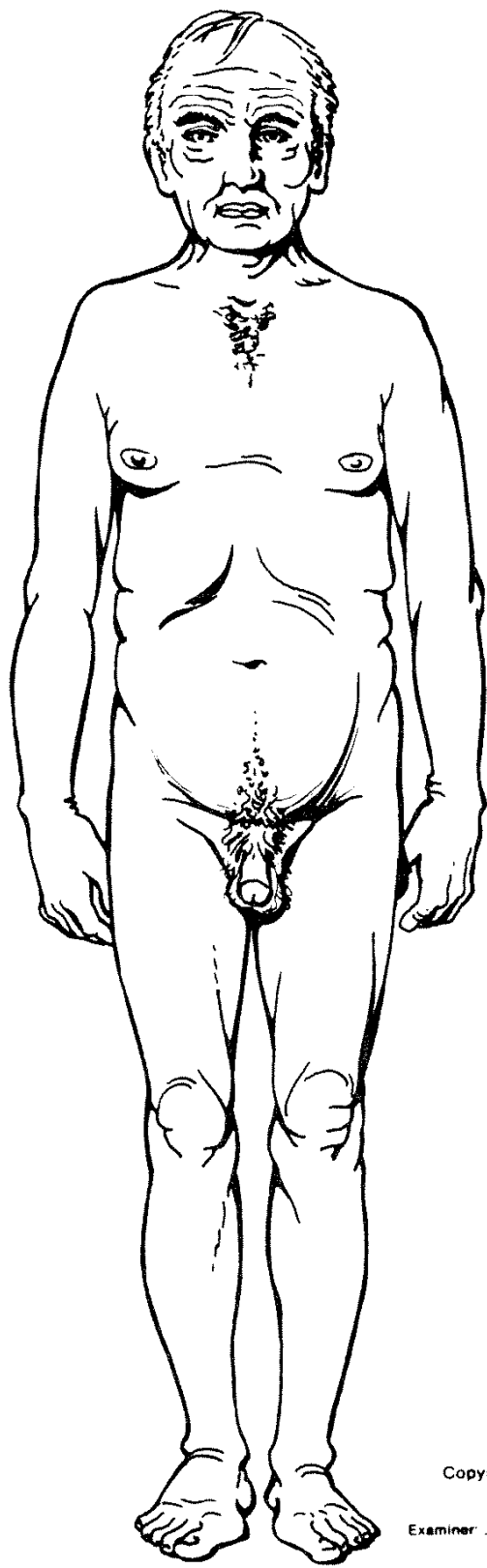


Figure 37: White, elderly adult, male (front view)

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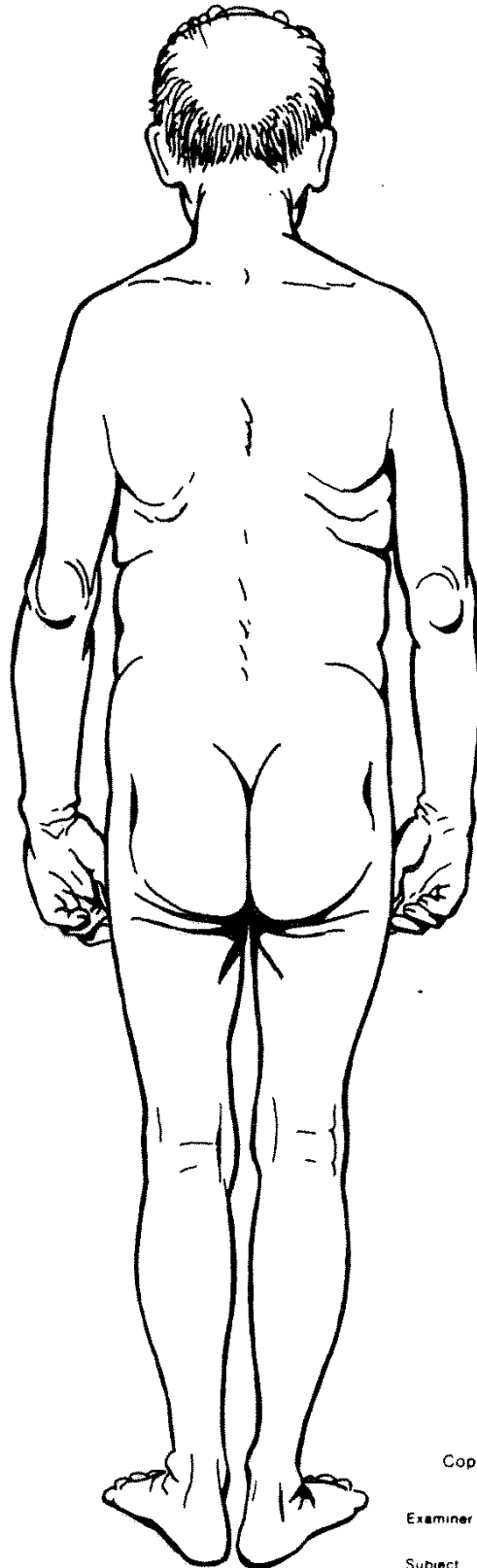


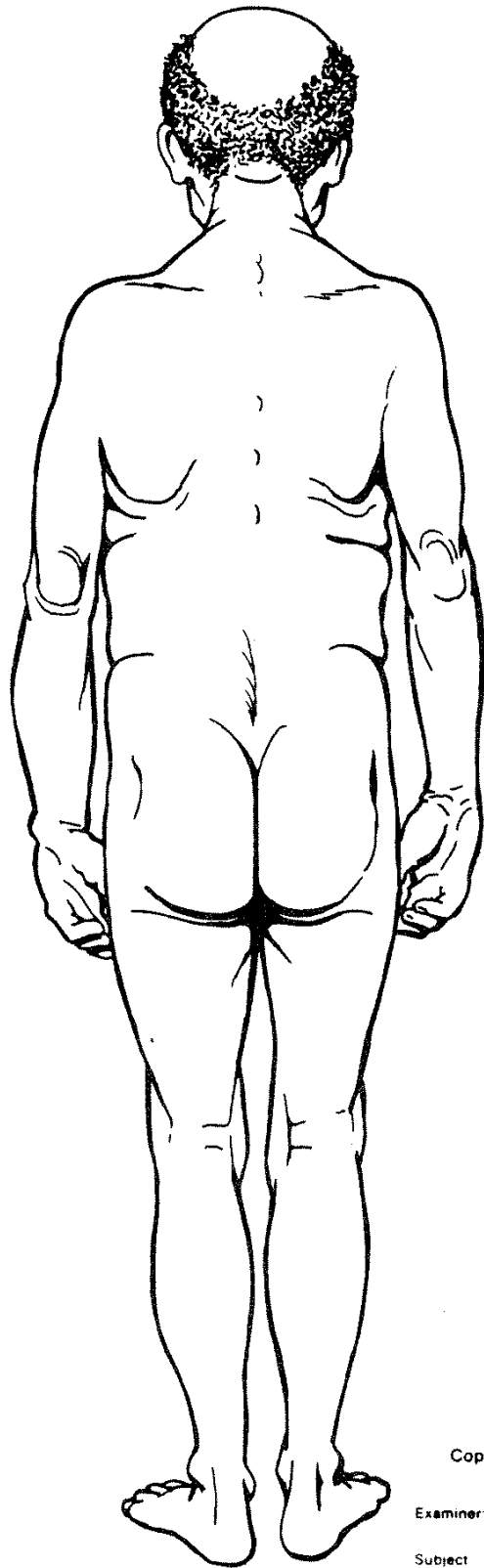
Figure 38: White, elderly adult, male (back view)

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Subject \_\_\_\_\_

Person Represented By This Drawing \_\_\_\_\_



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Subject \_\_\_\_\_

Person Represented By This Drawing \_\_\_\_\_

Figure 39: Black, elderly adult, male (front view)

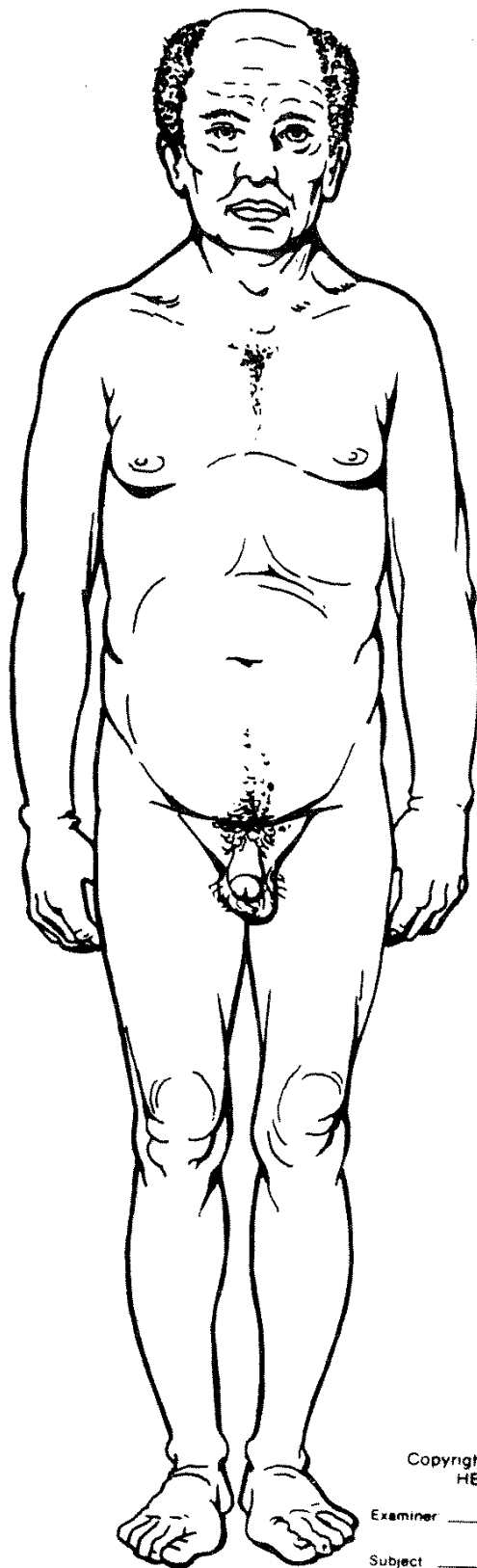


Figure 40: Black, elderly adult, male (back view)

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Subject: \_\_\_\_\_

Person Represented By This Drawing: \_\_\_\_\_

These **ANATOMICAL DRAWINGS** are featured in the following:

#### **VIDEO**

"JAMIE", Investigative interview of a nine-year old male victim of child sexual abuse; one in a series of videotapes on "Investigative Interviewing Techniques in Child Sexual Abuse Cases", produced by The Chesapeake Institute, Inc., 10605 Concord Street, Suite 105, Kensington, MD 20895, (301) 949-5000, 1986, Color, 40 minutes.

"Systematic Assessment of Sexual Abuse in Pre-schoolers" produced by Phil Kaufman, M.S., and Pamela Kirk, M.S., Pro-Tech Sexual Abuse Consultants, P.O. Box 91300, Anchorage, Alaska 99509, 1-800-722-7872. This one-hour video explores prerequisites for assessor competency, systematic format for longitudinal assessments, use of assessment tools, developmental limitations, and contents of evaluation reports; 1986, Color, 60 minutes.

#### **JOURNAL**

"Interviewing the Sexually Abused Child: Principles and Techniques" by Susan J. Kelley in the Journal of Emergency Nursing, Volume 11, Number 5, September/October 1985, pp. 234-241.

"Reference Guide and Glossary for CHILD SEXUAL ABUSE AND NEGLECT INVESTIGATIONS" compiled and edited by The Child Abuse Council, Inc., Family Protection Team, State of Florida (Department of Health and Rehabilitative Services), 418 West Platt, Tampa, FL 33606, 1986.

#### **RECOMMENDED READINGS**

**SEXUAL ASSAULT OF CHILDREN AND ADOLESCENTS** by Ann W. Burgess, A. Nicholas Groth, Lynda L. Holmstrom, and Suzanne M. Sgroi; Lexington, MA.: Lexington Books, 1978, provides a basic introduction to the subject of child sexual abuse in regard to the victim and offender from a multi-disciplinary perspective

**MEN WHO RAPE: The Psychology Of The Offender** by A. Nicholas Groth with H. Jean Birnbaum; N.Y.: Plenum, 1979, provides information about forcible sexual assault in regard to the dynamics of the offense, the motivations of the offender, and the impact on the victim and includes a special section on child rape

**A HANDBOOK OF CLINICAL INTERVENTION IN CHILD SEXUAL ABUSE** by Suzanne M. Sgroi; Lexington, MA.: Lexington Books, 1982, provides useful information in regard to the investigation, identification, validation, intervention, and treatment of child sexual abuse.

#### **ABOUT THE AUTHOR**

##### **A. NICHOLAS GROTH, Ph.D.**

A. Nicholas Groth, Ph.D., is the Founder and Executive Director of Forensic Mental Health Associates, a private enterprise that provides education, consultation, and training in regard to sexual assault. He is the consultant to the Institute for Child Sexual Abuse Intervention at St. Joseph College in West Hartford, Connecticut. Dr. Groth is the founder and former director of the Sex Offender Program at the Connecticut Correctional Institution in Somers and is presently consultant to the Sex Offender Treatment Program at the Wyoming Honor Farm in Riverton.

A clinical psychologist, Dr. Groth has specialized in the area of sexual assault and has worked with both victims and offenders in a variety of institutional and community-based settings since 1966. He is the author of **MEN WHO RAPE: The Psychology of The Offender** (Plenum, 1979), the co-author of **SEXUAL ASSAULT OF CHILDREN AND ADOLESCENTS** (Lexington Books, 1978), and has also written numerous book chapters and journal articles. His works have been translated into Swedish, French, Italian, and German. Dr. Groth is the recipient of the Stephen Shafer Award for Outstanding Research from the National Organization for Victim Assistance (NOVA). He has served as a member of the Advisory Board to the National Center for the Prevention and Control of Rape (NIMH) in Washington, D.C., and as a training instructor for the Massachusetts Criminal Justice Training Council, the Connecticut Justice Academy, and the F.B.I. Training Academy in Quantico, Virginia.

Dr. Groth has lectured both nationally and internationally and has appeared on the **TODAY** show, **GOOD MORNING AMERICA**, **CBS MORNING NEWS**, **20/20**, and the **DONAHUE** show. He was also technical consultant for the 1983 **ABC-TV** movie, **THE FACE OF RAGE**, which was based in part on his work with convicted sex offenders and victims of sexual assault



## FORENSIC MENTAL HEALTH ASSOCIATES

Sexual assault — rape, incest, and child molestation — is one of the most serious problems confronting our society today. It is a crime that requires the complex interaction of many community services and demands the development of professional competence on the part of these service providers. It is an interpersonal offense and, therefore, in order to deal effectively with this issue the needs of both parties, the victim and the offender, must be addressed. In order to effectively combat sexual assault there is a need for basic research to enhance our knowledge about this problem, for community education to dispel the myths and misconceptions surrounding it, for skills training to better equip criminal justice and human service providers to deal with this problem, and for direct services to address the needs of both sexual offenders and their victims.

**FORENSIC MENTAL HEALTH ASSOCIATES** is a private enterprise committed to promoting research, education, training, consultation, assessment, and treatment in regard to the victims and perpetrators of sexual abuse. Its primary objective is to provide specialized knowledge in regard to the dynamics of the offender and the impact on the victim, thereby improving the capacity of professionals to address the problem of sexual assault. This education and training is directed toward better equipping individuals who work in the mental health, criminal justice, health care, social welfare and protective service systems, as well as crisis center workers, teachers, clergy, and other human service providers whose work brings them into contact with sexual offenders and victims of rape, incest, and child molestation to deal more effectively with such clients.

**Forensic Mental Health Associates** offers continuing education and training through

- Professional Seminars and Workshops
- Inservice Staff Training
- Public Speaking & Community Education
- Referral Sources
- Publications
- Book Sales

Education and training is provided through the format of lecture presentation, role-playing demonstration, audio-visual (slides and videotapes), illustration, team teaching, case consultation, and the like.

### STAFF

**A. NICHOLAS GROTH, Ph.D.**

*Director*  
RR #1 Box 404  
Lakeside Beach  
Webster, MA 01570  
(508) 943-2381

**DOROTHY MOLIS**

*Administrator*  
29 Linwood Street  
Webster, MA 01570  
(508) 943-3581

**H. JEAN BIRNBAUM, B.A.**

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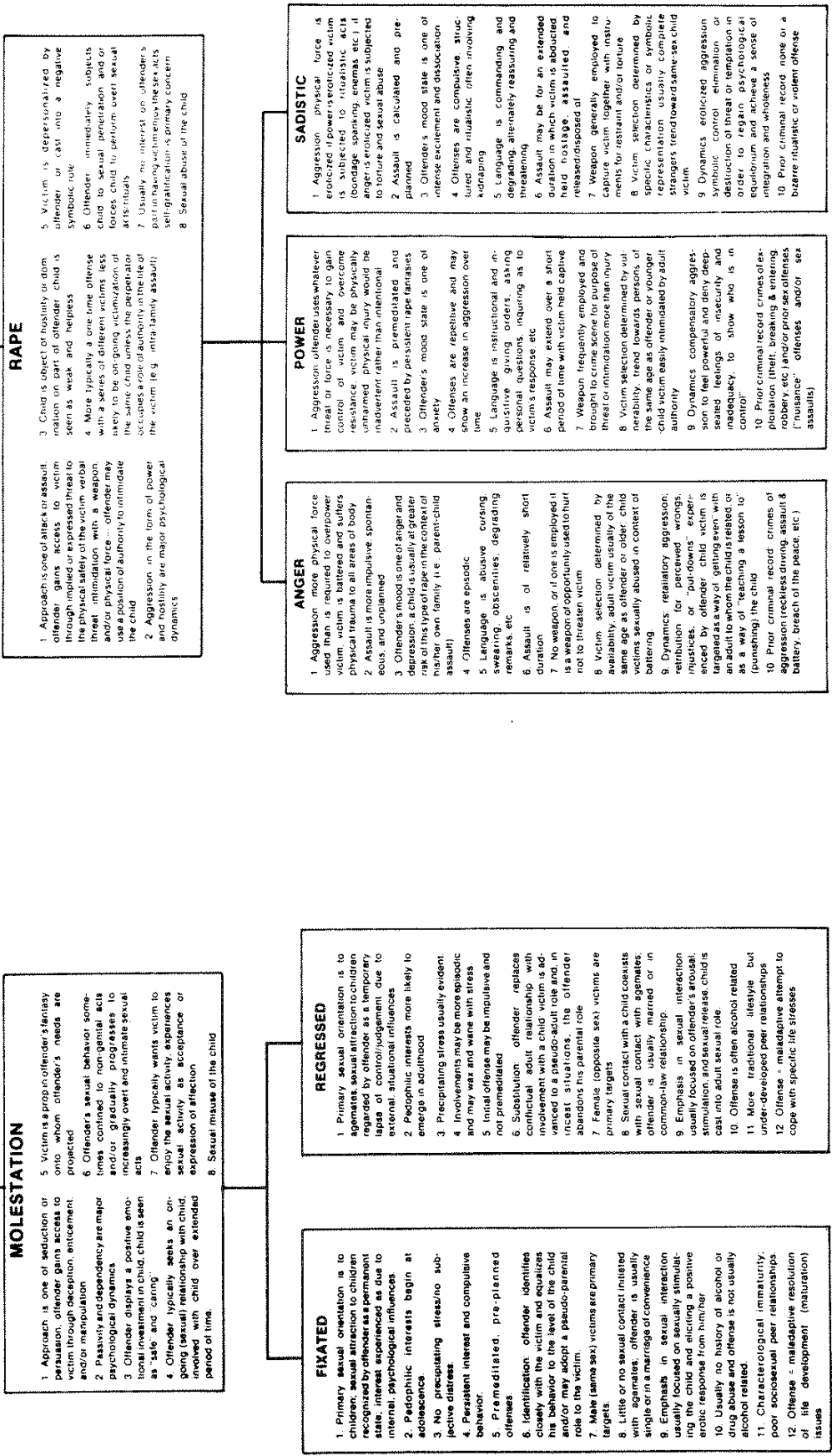
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Lakeside Beach  
Webster, MA 01570  
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## SEXUAL OFFENDERS AGAINST CHILDREN

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Adapted from:  
A. Nicholas Groth et al. **SEXUAL ASSAULT OF CHILDREN AND ADOLESCENTS** Lexington, MA Lexington Books, 1978

A. Nicholas Groth with H. Jean Briard  
**MEN WHO RAPE: The Psychology of the Offender** N.Y. Plenum 1979







## APPENDIX R RESOURCES

Ginsburg, H. P., & Opper, S. (1988). *Piaget's Theory of Intellectual Development*. 3rd Ed. N.J.: Prentice Hall.

Johnson, T.C. (1999) *Understanding Your Child's Sexual Behaviors: What's Natural and Healthy*. CA: New Harbinger Publications.

Piaget, J. (1960). *The Child's Conception of The World*. N.J.:Littlefield, Adams & CO.

Piaget, J. (1952). *The Origins of Intelligence in Children*. N.Y.:The Norton Library, WW Norton & Co, Inc.

Sexuality of Children, written and revised by The Institute for Human Services for the New Hampshire DHHS, Division for Children, Youth, Families, Staff Development Partnership; 03/07

Understanding Child Sexual Abuse, Edward L. Rowen, 2006, MS: University Press

Child Sexual Abuse, Beverly Gome Schwartz (Ed), Albert P Cardarelli (Ed), Jonathan M. Horowitz, 1990, CA: Sage Publications

Handbook on Questioning Children: A Linguistic Perspective, Anne Graffam

Walker, 1999, American Bar Association Comm. Undergrad

Sandra K. Hewitt, *Assessing Allegations of Sexual Abuse in Preschool Children*, 1999, CA: Sage Publications

Eliana Gil and Toni Cavanagh Johnson, *Sexualized Children, Assessment and Treatment of Sexualized Children and Children Who Molest*, 1993, MD: Launch Press

Just Before Dawn, Jan Hindman, 1989, OR: Alexandria Associates

The Child Witness, Nancy Walker Perry and Lawrence S. Wrightsman, 1991, CA: Sage Publications



## APPENDIX S

### NEW HAMPSHIRE VICTIM BILL OF RIGHTS

#### **21-M:8-k Rights of Crime Victims. –**

I. As used in this section:

(a) ""Victim" means a person who suffers direct or threatened physical, emotional, psychological or financial harm as a result of the commission or the attempted commission of a crime. ""Victim" also includes the immediate family of any victim who is a minor or who is incompetent, or the immediate family of a homicide victim.

(b) ""Crime" means a violation of a penal law of this state for which the offender, upon conviction, may be punished by imprisonment for more than one year or an offense expressly designated by law to be a felony.

II. To the extent that they can be reasonably guaranteed by the courts and by law enforcement and correctional authorities, and are not inconsistent with the constitutional or statutory rights of the accused, crime victims are entitled to the following rights:

(a) The right to be treated with fairness and respect for their dignity and privacy throughout the criminal justice process.

(b) The right to be informed about the criminal justice process and how it progresses.

(c) The right to be free from intimidation and to be reasonably protected from the accused throughout the criminal justice process.

(d) The right to be notified of all court proceedings.

(e) The right to attend trial and all other court proceedings the accused has the right to attend.

(f) The right to confer with the prosecution and to be consulted about the disposition of the case, including plea bargaining.

(g) The right to have inconveniences associated with participation in the criminal justice process minimized.

(h) The right to be notified if presence in court is not required.

(i) The right to be informed about available resources, financial assistance, and social services.

(j) The right to restitution, as granted under RSA 651:62-67 or any other applicable state law, or victim's compensation, under RSA 21-M:8-h or any other applicable state law, for their losses.

(k) The right to be provided a secure, but not necessarily separate, waiting area during court proceedings.

(l) The right to be advised of case progress and final disposition.

(m) The right of confidentiality of the victim's address, place of employment, and other personal information.

(n) The right to the prompt return of property when no longer needed as evidence.

(o) The right to have input in the probation presentence report impact statement.

(p) The right to appear and make a written or oral victim impact statement at the sentencing of the defendant or, in the case of a plea bargain, prior to any plea bargain agreement. No victim shall be subject to questioning by counsel when giving an impact statement.

(q) The right to be notified of an appeal, an explanation of the appeal process, the time, place and result of the appeal, and the right to attend the appeal hearing.

(r) The right to be notified of, to attend, and to make a written or oral victim impact statement at the sentence review hearings and sentence reduction hearings. No victim shall be subject to questioning by counsel when giving an impact statement.

(s) The right to be notified of any change of status such as prison release, permanent interstate transfer, or escape, and the date of the parole board hearing, when requested by the victim through the victim advocate.

(t) The right to address or submit a written statement for consideration by the parole board on the defendant's release and to be notified of the decision of the board, when requested by the victim through the victim advocate.

II-a. (a) In any case where the victim informs the court that he or she requires assistance in making an oral or written impact statement permitted under this section, the court shall allow the victim to designate a representative to write or speak on the victim's behalf.

(b) The victim's impact statement shall not be limited to the injuries, harm, or damages noted in the information or indictment, but may include all injuries, harm, and damages suffered as a result of the commission or attempted commission of the crime whether or not the injuries, harm, or damages were fully determined or discovered at the time the information or indictment was filed.

III. Nothing in this section shall be construed as creating a cause of action against the state, a county or municipality, or any of their agencies, instrumentalities, or employees. Nothing in this section shall be construed as creating any new cause of action or new remedy or right for a criminal defendant.

**APPENDIX T**  
**CHAPTER 173-C**  
**CONFIDENTIAL COMMUNICATIONS BETWEEN VICTIMS AND**  
**COUNSELORS**

**173-C:1 Definitions.** – In this chapter:

I. "Confidential communication" means information transmitted between a victim, as defined in paragraph VI, of an alleged sexual assault, alleged domestic abuse, alleged sexual harassment, or alleged stalking, and a sexual assault or domestic violence counselor in the course of that relationship and in confidence by means which, so far as the victim is aware, does not disclose the information to a third person. The presence of an interpreter for the hearing impaired, a foreign language interpreter, or any other interpreter necessary for that communication to take place shall not affect the confidentiality of the communication nor shall it be deemed a waiver of the privilege. The term includes all information received by the sexual assault or domestic violence counselor in the course of that relationship.

II. "Domestic violence center" means any organization or agency which would qualify as a direct service grantee under RSA 173-B:21.

III. "Domestic violence counselor" means any person who is employed or appointed or who volunteers in a domestic violence center who renders support, counseling, or assistance to victims of domestic abuse or attempted domestic abuse, who has satisfactorily completed 30 hours of training in a bona fide program which has been developed by a center as defined in RSA 173-C:1, II.

IV. "Rape crisis center" means any public or private agency, office, or center that primarily offers assistance to victims of sexual assault and their families and provides all the following services:

- (a) Crisis intervention to victims of sexual assault 24 hours per day.
- (b) Support services to victims of sexual assault by trained volunteers during the hospital examination, police investigation, and court proceedings.
- (c) Referral of victims of sexual assault to public and private agencies offering needed services.
- (d) The establishment of peer counseling services for the victims of sexual assault.
- (e) The development of training programs and the standardization of procedures for law enforcement, hospital, legal and social service personnel to enable them to respond appropriately to the needs of victims.
- (f) The coordination of services which are being provided by existing agencies.
- (g) Education of the public about the nature and scope of sexual assault and the services which are available.
- (h) Development of services to meet the needs of special populations, for example, children, the elderly, and minorities.
- (i) Court advocacy through the criminal justice system.

V. "Sexual assault counselor" means any person who is employed or appointed or who volunteers in a rape crisis center who renders support, counseling, or assistance to victims of sexual assault or attempted sexual assault, who has satisfactorily completed 30 hours of training in a bona fide program which has been developed by a rape crisis center as defined in RSA 173-C:1, IV.

VI. "Victim" means any person alleging sexual assault under RSA 632-A, domestic abuse as defined in RSA 173-B:1, stalking under RSA 633:3-a, or sexual harassment as defined under state or federal law, who consults a sexual assault counselor or a domestic violence

counselor for the purpose of securing support, counseling or assistance concerning a mental, physical, emotional, legal, housing, medical, or financial problem caused by an alleged act of sexual assault or domestic abuse, stalking, or sexual harassment, or an alleged attempted sexual assault or domestic abuse.

**173-C:2 Privilege. –**

I. A victim has the privilege to refuse to disclose and to prevent any other person from disclosing a confidential communication made by the victim to a sexual assault counselor or a domestic violence counselor, including any record made in the course of support, counseling, or assistance of the victim. Any confidential communication or record may be disclosed only with the prior written consent of the victim. This privilege terminates upon the death of the victim.

I-a. The privilege and confidentiality under paragraph I shall extend to:

- (a) A third person present to assist communication with the victim.
- (b) A third person present to assist a victim who is physically challenged.
- (c) Co-participants in support group counseling of the victim.

II. Persons prevented from disclosing a confidential communication or record pursuant to paragraph I shall be exempt from the provisions of RSA 631:6.

**173-C:3 Assertion or Waiver of Privilege. –** The privilege may be claimed or waived in all civil, administrative, and criminal legal proceedings, including discovery proceedings, by the following persons:

I. The victim or an attorney on the victim's behalf.

II. The guardian of the victim, if the victim has been found incompetent by a court of competent jurisdiction.

III. A minor victim who is emancipated, married, or over the age of 15, unless, in the opinion of the court, the minor is incapable of knowingly waiving the privilege. A guardian ad litem shall be appointed in all cases in which there is a potential conflict of interest between a victim under the age of 18 and his parent or guardian.