

**Protocol for the  
Multidisciplinary  
Investigation & Prosecution  
of Alleged Cases of  
Child Emotional, Physical  
and Sexual Abuse  
& Sexual Exploitation**

**Alapaha Judicial Circuit  
State of Georgia, Third Edition**

**2014**

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# 1. The “Protocol”

## 1.1 What Is A Protocol For The Investigation And Prosecution Of Alleged Cases Of Child Abuse (“Protocol”)

The protocol is a written document outlining in detail the procedures to be used in investigating and prosecuting cases arising from alleged **child abuse** and the methods to be used in coordinating treatment programs for the perpetrator, the family, and the child. The protocol shall also outline procedures to be used when child abuse occurs in a household where there is violence between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household. O.C.G.A. §19-15-2 (e)

The **purpose of the protocol** shall be to *ensure coordination and cooperation* between all agencies involved in a child abuse case so as to *increase the efficiency of all agencies* handling such cases, to *minimize the stress created for the allegedly abused child* by the legal and investigatory process, and to *ensure that more effective treatment is provided* for the perpetrator, the family, and the child, including counseling. O.C.G.A. 19-15-2 (f)

## 1.2 What Is A Sexual Abuse And Sexual Exploitation Protocol

The sexual abuse and sexual exploitation protocol is a written document outlining in detail the procedures to be used in investigating and prosecuting cases arising from alleged **sexual abuse and sexual exploitation** and the procedures to be followed concerning the obtainment of and payment for sexual assault examinations. O.C.G.A. §19-15-2 (k)

***This Protocol serves as both the Child Abuse and the Sexual Abuse & Sexual Exploitation Protocol described in both 1.1 and 1.2 above.***

Your local Protocol should be **filed** with the Division of Family and Children Services of the Department of Human Services and the Office of the Child Advocate for the Protection of Children and a copy should be furnished to each agency in the county handling the cases of sexually abused or exploited children

## **1 The Protocol Committee**

### **2.1 Establishing the Child Abuse Protocol Committee -O.C.G.A. 19-15-2(a)**

The chief superior court judge of the circuit in which the county is located shall establish a protocol committee as provided in subsection (c) of O.C.G.A. 19-15-2 and shall appoint an interim chairperson who shall preside over the first meeting and the chief superior court judge shall appoint persons to fill any vacancies on the protocol committee. Thus established, the protocol committee shall thereafter elect a chairperson from its membership. The protocol committee shall be charged with developing local protocols for the investigation and prosecution of alleged cases of child abuse.

### **2.2 Responsibility of the Protocol Committee**

The protocol committee *shall*:

- 1) be charged with developing local protocols for the investigation and prosecution of alleged cases of child abuse. (O.C.G.A. 19-15-2 (b))
- 2) adopt a written protocol and a written sexual abuse and sexual exploitation protocol.
- 3) meet at least twice annually for the purpose of evaluating the effectiveness of the protocol and modifying and updating the same. O.C.G.A. §19-15-2 (g)
- 4) have new member training within 12 months of their appointment by the OCA;
- 5) prepare an Annual Report due the first day of July each year. O.C.G.A. §19-15-2 (i).

The report shall evaluate (1) the extent to which investigations of child abuse during the 12 months prior to the report have complied with the protocols of the protocol committee, (2) recommend measures to improve compliance, and (3) describe which measures taken within the county to prevent child abuse have been successful.

The report shall be transmitted to the county governing authority, the fall term grand jury of the judicial circuit, the Panel (f/k/a the Georgia Child Fatality Review Panel), and the chief superior court judge. Although not mandated, the Office of the Child Advocate requests the report be filed with their office as well.

(See, Sample Annual Report in Appendix)

### **2.3 Mission**

The mission of the Protocol Committee is to *ensure coordination and cooperation* of the various agencies, organizations and individuals, as they work with cases of abuse in the course of their duties:

To write, review and establish the protocol document, outlining in detail the procedures

to be used in investigating and prosecuting cases arising from alleged child abuse and the methods to be used in coordinating treatment programs for the perpetrator, the family, and the child;

To coordinate the efforts of all agencies that investigate, review, treat and manage cases of alleged child abuse;

To facilitate and support agencies, organizations and individuals whose efforts are directed toward abuse prevention.

#### **2.4 Membership – O.C.G.A. 19-15-2 c(1)**

Each of the following individuals, agencies, and entities listed in a)- k) shall designate a representative to serve on the protocol committee. This means, for example, that the “sheriff” and “district attorney” and not themselves required to serve on the protocol committee but can instead assign a representative from their respective offices to be a member on the protocol committee. Preferably the representative assigned will be one who is working with or involved in child abuse and exploitation cases.

The current Protocol Committee consists of *representatives* designated from:

- a) The sheriff;**
- b) The county department of family and children’s services;**
- c) The district attorney for the judicial circuit;**
- d) The juvenile court judge;**
- e) The chief magistrate;**
- f) The county board of education;**
- g) The county mental health organization;**
- h) The chief of police of a county in counties which have a county police department**
- i) All City Police Department Chiefs;**
- j) The county public health department, which shall designate a physician to serve on the protocol committee,**
- k) The coroner or county medical examiner,**
- l) Children’s Advocacy Center (CAC),**
- m) Court Appointed Special Advocate (CASA);**
- n) Family Connections/Collaborative (as awareness and prevention representative)**

In addition, the law requires that the chief superior court judge designate a representative from a local citizen or advocacy group which focuses on child abuse awareness and prevention.

The membership of the Alapaha Judicial Circuit Child Abuse Protocol Committee satisfies these statutory requirements and includes other members selected by the Protocol Committee for their expertise in related fields of medicine, advocacy and management.

The law also requires each committee to elect or appoint a chairperson responsible for ensuring that written protocol procedures are followed by all agencies.

## **2.5 Access to Records and Confidentiality**

The Protocol Committee shall have reasonable access to records concerning reports of child abuse. O.C.G.A. §49-5-41 (a)(8) & (c)(5)

### **Use of information and records of protocol committees (O.C.G.A. 19-15-6)**

Members of a protocol committee shall not disclose what transpires at meeting nor disclose any information.

A person who presents information to a protocol committee or who is a member of any such body shall not be questioned in any civil or criminal proceeding regarding such presentation or regarding opinions formed by or confidential information obtained by such person as a result of serving as a member of any such body. This subsection shall not be construed to prohibit any person from testifying regarding information obtained independently of a protocol committee. In any proceeding in which testimony of such a member is offered the court shall first determine the source of such witness's knowledge.

Information acquired by and records of a protocol committee shall be confidential, shall not be disclosed, and shall not be subject to the Open Records Act, or subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding.

Records and other documents which are made public records by other law(s) shall remain public records notwithstanding their being obtained, considered, or both, by a protocol committee. Additionally, notwithstanding any other provisions of law, information acquired by and documents, records, and reports of the child abuse protocol committees *applicable to a child who at the time of his or her death* was in the custody of a state department or agency or foster parent shall not be confidential and shall be subject to Article 4 of Chapter 18 of Title 50, relating to open records.

A member of a protocol committee shall not be civilly or criminally liable for any disclosure of information made by such member as authorized by this Code section.

### **Meetings and proceedings of committees or subcommittees-O.C.G.A. 19-15-5(a)**

A protocol committee in the exercise of its duties shall be closed to the public and shall not be subject to Chapter 14 of Title 50, relating to open meetings.

**NOTE:** The Protocol Committee is different from the Review Committee (f/k/a Georgia Child Fatality Review Committee). The Review committee reviews any sudden or unexplained death of

a child under the age of 18, not Child Abuse, Sexual Abuse or Sexual Exploitation. *See* Appendix G for the Statute governing the Review Committee.

### **3 Reporting Procedures**

The purpose of the mandated reporter law is to provide for the protection of children whose health and welfare are adversely affected and further threatened by the conduct of those responsible for their care and protection. It is intended that the mandatory reporting of such cases will cause the protective services of the state to be brought to bear on the situation in an effort to prevent further abuses, to protect and enhance the welfare of these children, and to preserve family life wherever possible.

#### **3.1 Mandated Reporters - O.C.G.A. §19-7-5 (c) (1)**

The following persons having reasonable cause to believe that a child has been abused shall report or cause reports of that abuse to be made as provided by law:

- (A) Physicians licensed to practice medicine, physician assistants, interns, or residents;
- (B) Hospital or medical personnel;
- (C) Dentists;
- (D) Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43;
- (E) Podiatrists;
- (F) Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 26 of Title 43 or nurse's aides;
- (G) Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;
- (H) School teachers;
- (I) School administrators;
- (J) School guidance counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;
- (K) Child welfare agency personnel, as that agency is defined pursuant to [Code Section 49-5-12](#);
- (L) Child-counseling personnel;
- (M) Child service organization personnel;

(N) Law enforcement personnel; or

(O) Reproductive health care facility or pregnancy resource center personnel and volunteers.

(2) If a person is required to report child abuse because that person attends to a child pursuant to such person's duties as an employee of or volunteer at a hospital, school, social agency, or similar facility, that person shall notify the person in charge of the facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made. An employee or volunteer who makes a report to the designated person pursuant to this paragraph shall be deemed to have fully complied the law. Under no circumstances shall any person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, to whom such notification has been made exercise any control, restraint, modification, or make other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.

### **3.2 Other Reporters (O.C.G.A. § 19-7-5(d))**

Any other person, other than those specified, who has reasonable cause to believe that a child is abused may report or cause reports to be made.

### **3.3 Definitions - O.C.G.A. § 19-7-5(b)**

(1) "Abortion" shall have the same meaning as set forth in [Code Section 15-11-681](#).

(2) "Abused" means subjected to child abuse.

(3) "Child" means any person under 18 years of age.

(4) "Child abuse" means:

- (A) Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child;
- (B) Neglect or exploitation of a child by a parent or caretaker thereof;
- (C) Sexual abuse of a child; or
- (D) Sexual exploitation of a child.

However, no child who in good faith is being treated solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall, for that reason alone, be considered to be an "abused" child.

(5) "Child service organization personnel" means persons employed by or volunteering at a business or an organization, whether public, private, for profit, not for profit, or voluntary, that provides care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter

to children.

- (6) "Clergy" means ministers, priests, rabbis, imams, or similar functionaries, by whatever name called, of a bona fide religious organization.
- (7) "Pregnancy resource center" means an organization or facility that:
  - (A) Provides pregnancy counseling or information as its primary purpose, either for a fee or as a free service;
  - (B) Does not provide or refer for abortions;
  - (C) Does not provide or refer for FDA approved contraceptive drugs or devices; and
  - (D) Is not licensed or certified by the state or federal government to provide medical or health care services and is not otherwise bound to follow federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, or other state or federal laws relating to patient confidentiality.
- (8) "Reproductive health care facility" means any office, clinic, or any other physical location that provides abortions, abortion counseling, abortion referrals, or gynecological care and services.
- (9) "School" means any public or private pre-kindergarten, elementary school, secondary school, technical school, vocational school, college, university, or institution of postsecondary education.
- (10) "Sexual abuse" means a person's employing, using, persuading, inducing, enticing, or coercing any minor who is not that person's spouse to engage in any act which involves:
  - (A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;
  - (B) Bestiality;
  - (C) Masturbation;
  - (D) Lewd exhibition of the genitals or pubic area of any person;
  - (E) Flagellation or torture by or upon a person who is nude;
  - (F) Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;
  - (G) Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;
  - (H) Defecation or urination for the purpose of sexual stimulation; or
  - (I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

"Sexual abuse" shall not include consensual sex acts involving persons of the opposite sex when the sex acts are between minors or between a minor and an adult who is not more than five years older than the minor. This provision shall not be deemed or construed to repeal any law concerning the age or capacity to consent.

- (11) "Sexual exploitation" means conduct by any person who allows, permits, encourages, or requires that child to engage in:
  - (A) Prostitution, as defined in [Code Section 16-6-9](#); or
  - (B) Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in [Code Section 16-12-100](#).

### 3.4 Procedure for Reporting Child Abuse (O.C.G.A. § 19-7-5(e))

**Reports are taken by DFCS Centralized Intake System, 24 hours a day, 7 days a week at 1-855-GACHILD / 1-855-422-4453. (911# Law Enforcement)**

-Call DFCS CICC intake, Law Enforcement or the district attorney within 24 hours;

-DFCS will then notify law enforcement or the district attorney;

-Include the names and addresses of the child and the child's parents or caretakers, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and any other information in establishing the cause of the injuries and the identity of the perpetrator.

\*Photographs of the child's injuries to be used as documentation in support of allegations by hospital staff, physicians, law enforcement personnel, school officials, or staff of legally mandated public or private child protective agencies may be taken without the permission of the child's parent or guardian. Such photographs shall be made available as soon as possible to the chief welfare agency providing protective services and to the appropriate police authority.”

- *See suggested Template in Appendix 8-J for filing a written report*

### 3.5 Department of Family and Children’s Services (DFCS)

- DFCS and Law Enforcement will accept notifications of abuse allegations received by one another and communicate in cases involving the following circumstances:
  - Any form of sexual abuse involving a child.
  - Any form of sexual exploitation of a child.
  - Any substance abuse in the home, including by parents or children.
  - Any form of physical assault by a parent, stepparent or other caretaker.
  - Any form of physical abuse involving a child.
  - Any form of severe emotional abuse.
  - Any severe neglect involving a child for which DFCS requests assistance.
  - Any refusal by a family to allow a DFCS worker to see the child victim in any abuse or neglect investigation or response .
  - The presence of any serious injury on a child for which the explanation offered is inadequate to explain the injury.
  - Any physical abuse where there have been previous confirmed reports by DFCS.
  - Any referral of abuse diagnosed by a physician.
  - Any form of Munchausen by Proxy/ Pediatric Condition Falsification and Factitious Disorder by Proxy.
  - Any suspicious death of a child.
- Reports assigned for investigation will be given the following response times:

- Immediate to 24 hours: the child is in **immediate danger**
- Within 5 calendar days: non-emergency reports - conduct interviews to determine whether maltreatment has occurred and if the child remains at risk. If at any time the DFCS investigator discovers the child is in **immediate danger** or there is evidence that a criminal act may have occurred, the investigator will immediately call the law enforcement agency having jurisdiction and request assistance or notification.
- In non-emergency removal of children from the home there should be a meeting to inform the parents why the child is being removed, what they need to do in regard to the 72 hour hearing and that they have a right to legal counsel. This will also give DFCS the opportunity to make the removal less traumatic on the child.
- Should the DFCS investigator and supervisor determine that the child(ren) must be removed from the home in order to meet the safety needs, this can be accomplished in two ways:
  - 1) DFCS may request the assistance of law enforcement which has the authority to take immediate action in taking a child into protective custody.
  - 2) DFCS may contact their Special Assistant Attorney General (SAAG) and seek from the Juvenile Court an emergency order for shelter care signed by a Judge or an authorization for shelter care signed by a Juvenile Court Intake Officer granting DFCS immediate temporary custody until a hearing is convened within 72 hours.
- All incidents of child death, serious injury of children with open social service cases, and any other alleged incident of abuse or neglect in foster homes will be assessed by the Field Program Specialist (FPS) plus/ in addition to another county within the region, to avoid any appearance of a conflict of interest within DFCS.
  - If the FPS is not available, the county may request that another county conduct the investigation.
- After Hours-Reports are taken 24 hours a day, 7 days a week by calling 1-855-GACHILD / 1-855-422-4453

### **3.6 Law Enforcement**

#### **A. Law Enforcement will:**

- Initiate an investigation and CPS report immediately for children who are at imminent risk and within five days on all other referrals.
- Determine if the allegation of sexual abuse, physical abuse, emotional abuse or neglect is founded by probable cause, and if the crime occurred in the jurisdiction of the agency.
- Handle child abuse cases in a priority manner depending on the severity of the abuse being referred.
- Be familiar with the “Protocol” and make every attempt to follow the protocol.

- Have at least one officer with advanced training in the area of child abuse investigation. This officer should be used as a resource for all the officers in the agency and should assist with the more severe cases of child abuse reported to their agency, if necessary.
- Ensure that an interview is to be conducted by a trained interviewer preferably at the local Child Advocacy Center.
- File a report with DFCS when a referral of child abuse is received from any source other than DFCS.
- Notify DFCS immediately if the abuse occurred in the child's home or in a caretaker situation.
  - o In cases of child-on-child abuse, DFCS should be notified.
- **Law enforcement agrees to work jointly with DFCS in situations including but not limited to cases listed in Section 3.5 above and upon request by DFCS.**

B. **Law Enforcement Staffing Referrals with DFCS** - Early and continued communication between DFCS and Law Enforcement (LE) is imperative to avoid separate and parallel investigations.

To optimize this interagency communication, Law Enforcement should consider:

- Appointing one or more individuals to receive referrals daily from DFCS.
- Meet or correspond with DFCS weekly to staff referrals, or as often as deemed necessary.
- Check their local files and criminal histories of suspects whenever possible prior to making a decision on the disposition of a referral.
- Notify DFCS if their records contain a past history of child abuse, domestic violence or physical assaults, and a joint decision should be made on how LE will assist.
- Inquire of the DFCS caseworker what action was taken by DFCS.
- In conjunction with DFCS investigator and supervisor, determine if law enforcement assistance is necessary.

*Please refer to Appendix 8-D for legal statute regarding the requirements for Law Enforcement to take emergency custody of a child under O.C.G.A. §15-11-133.*

### 3.7 Medical Personnel

Medical personnel should respond to suspected abuse and neglect cases as outlined for each type of cases in Appendix 8-C(1). It should be emphasized that according to O.C.G.A. § 19-7-5(e), an oral report should be made to DFCS within 24 hours; however, a timely referral is critical in a multidisciplinary approach and immediate reporting to DFCS is desirable. Reports are taken 24 hours a day, 7 days a week by calling 1-855-GACHILD / 1-855-422-4453

#### A. *Procedures for Emergency Custody by a Physician*

The desired procedure whenever abuse is suspected is to notify DFCS by calling 1-855-GACHILD / 1-855-422-4453 or reporting the suspected abuse to law enforcement; however, in some circumstances events may evolve too quickly for a physician to pause to contact

DFCS or law enforcement in order to protect a child who is at risk of “imminent danger.”

The department will take custody of the child within 6 hours of the receipt of written notification that the juvenile court has transferred custody of the child to DFCS.

The physician must make efforts to inform the parents of the decision to take custody.

The physician will contact the DJJ intake officer and inform the officer the child’s life is in danger or Law Enforcement can take the child into custody and promptly take the child before the DJJ intake officer for custody to be transferred to DFCS.

**The elements necessary for emergency custody to be taken by the physician are:**

A physician has *reasonable cause* to believe that such child:

is in a circumstance or condition that presents an **imminent danger** to such child's life or health as a result of suspected abuse or neglect;

or

has been abused or neglected and there is **not sufficient time** for a court order to be obtained for temporary custody of such child before such child may be removed from the presence of the physician.

***Please refer to Appendix 8-C(2) for full statute regarding the legal requirements for a physician to take emergency custody of a child under O.C.G.A. §15-11-131.***

**B. Physician Liability**

Any hospital or physician acting in good faith and in accordance with accepted medical practice in the treatment of the child shall have immunity from any liability, civil or criminal, that might be incurred or imposed as a result of taking or failing to take any action authorized herein.

**3.8 Public Health**

*{See Appendix-M for contact information.}*

- The staff member shall immediately orally notify DFCS of suspected cases of abuse, pursuant to O.C.G.A. § 19-7-5(e). In no case shall the report be made more than 24 hours from the time staff member has reason to believe the child has been abused.
- The incident as reported or observed shall be documented in the child’s medical record.
- The child’s attending physician shall be notified and advised of the incident.
- The report to protective services shall contain the following information: child’s name, address, age, race, parent’s names, care provider, children involved, as appropriate, and nature of the allegation. See Appendix 8-G for optional form to assist in the written reporting process.
- A copy of the written report shall be maintained in the child’s record.
- The child’s right to confidentiality should be respected. Information regarding diagnosis, current condition, and prognosis should be shared only as necessary in response to

pertinent questions posed by protective services personnel. No release of information is required to make this report.

- The staff member should not verbally disclose to the parents/guardians or legal custodians of the child that a report is being made to protective services until the safety of the child has been established.
- When a report is made, a therapeutic approach shall always be utilized, presenting protective services as a “help” for families, not a punishment.
- Reports of suspected abuse and/or neglect made to appropriate protective services or police agencies in good faith render the reporter immune from civil or criminal liability.
- An incident report should be completed by a public health staff member for each suspected/actual incident of abuse.

### 3.9 Public and Private Schools

*{See Appendix-M for contact information. }*

If information exists to cause a staff member to reasonably believe a child is a victim of abuse or neglect, an oral report should be made to DFCS immediately pursuant to O.C.G.A. § 19-7-5(e). In no case shall the report be postponed more than 24 hours from the time staff member has reason to believe abuse has occurred.

1. A classroom teacher or other school staff who suspects abuse or neglect should immediately notify the appointed designee. Teachers are encouraged to document their suspicion of child abuse in writing as well as confirming with the appointed designee that a report was made.
2. The appointed designee should immediately cause a report to be made to the Department of Family and Children Services (DFCS). Reports shall contain:
  - a. the names and addresses of the child and the parent/guardian, if known
  - b. the child’s age
  - c. the nature and extent of suspected abuse/neglect
  - d. any other information that the designee believes would be helpful (**See Appendix 8-I for optional form.**)
3. A brief report is to be sent to the Student Services Department at the Central Office by the appointed designee.
4. No employee shall contact a parent/guardian regarding the interview of their student in child abuse/neglect referrals.
5. DFCS or law enforcement will be allowed to conduct a brief, preliminary interview as necessary on school grounds. Every effort will be made to provide a private area for abuse investigations to be conducted.
6. *Charges against teachers abusing children (see Appendix 8-H). School staff should NOT conduct their own detailed interview of the child and that the staff should only question the child enough to determine if a report is necessary.*

## **Reporting Abuse Occurring in the School Setting**

*Because of the inherent employment and public trust issues involved in cases involving allegations of abuse in the school setting, this section is designed to supplement the foregoing Protocol. Procedures apply to both special needs and typical students unless otherwise indicated. In cases involving special needs children that do not take place in the school setting, professionals should be informed by the best practices involving these children with communication difficulties that are outlined in this section.*

### **Reporting:**

1. Each school district in this state and each Regional Educational Services Agency (“RESA”) or other agency operating a public school shall designate a specified position within the district’s central office (the “reporting officer”) to receive all reports of child abuse in the educational setting that are alleged to have occurred to a student of that district. The name, phone number, facsimile number, and email address of the designated individual or position shall be visibly posted in each principal’s office, shall be posted on the district’s website, and shall be prominently featured in the student-parent handbook along with standard forms and detailed instructions for making a complaint of child abuse in the educational setting.
2. In addition to the reporting responsibilities set forth in OCGA § 19-7-5, each school district and each RESA or other agency operating a public school shall require all Paraprofessionals, Substitutes, Teachers, Family Service Coordinators, School Nurses, School Social Workers and Counselors, Administrators, Secretaries, and all other staff to forward to the reporting officer all allegations of child abuse in the educational setting received from a student, parent or legal guardian, caregiver, volunteer, or mandated reporter (as that term is defined by OCGA § 19-7-5). Such report shall be made in writing on the form approved by the district. Any report of child abuse in the educational setting received by such staff must be forwarded to the reporting officer as soon as possible but in no case later than 24 hours from the time it is received.
3. Each school district and each RESA or other agency operating a public school shall develop a form for recording allegations of child abuse in the educational setting. The form shall be in substantial compliance with the form featured in Appendix 9.6. Each school district shall disseminate the form to all principals, shall include a copy of the form in its parent-student handbooks, and shall post a printable and downloadable copy of the form on its district website.
4. Upon receipt of a report of child abuse in the educational setting, the reporting officer of a school district shall immediately take the following actions:

Forward the written report to the Division of Family and Children Services, for immediate review by a trained specialist, who will in turn report to law enforcement and the district attorney, as appropriate. Immediately after making the referral to DFCS, the reporting officer will confer with law enforcement prior to notifying the

- parents/guardians of the alleged victim about the referral to DFCS as well as the nature of the allegations of abuse in the school setting. The appropriate medium for this notification is the written report of abuse, redacted as necessary to protect confidentiality.
- Determine, based on school district policies, whether the allegations contained in the report on their face and/or any information received from a subsequent investigation performed by DFCS and/or law enforcement suggest the need to remove the alleged offender from contact with the alleged victim and/or from contact with students. Such recommendation and the reasons therefore must be made in writing to the school district's superintendent. Nothing in this policy shall prohibit a school superintendent or school board from taking immediate personnel action against a school system employee upon receipt of a complaint.
5. Upon receipt of a report of child abuse in the educational setting, the reporting officer of a RESA or other agency operating a public school that serves students enrolled in a school district shall immediately take the following actions:
- Forward the written report to the Department of Family and Children Services for immediate review by a trained specialist, who will in turn report to law enforcement and the district attorney, as appropriate. Immediately after making the referral to DFCS, the reporting officer will confer with law enforcement prior to notifying the parents/guardians of the alleged victim about the nature of the allegations of abuse in the school setting. An appropriate medium for this notification is the written report of abuse, redacted as necessary to protect confidentiality.
  - Determine, based on school district policies, whether the allegations contained in the report on their face and/or any information received from a subsequent investigation performed by DFCS and/or law enforcement suggest the need to remove the alleged offender from contact with the alleged victim and/or from contact with students. Such recommendation and the reasons therefore must be made in writing to the school district's superintendent. Such recommendation and the reasons therefore must be made in writing to the school district's superintendent and to the executive director of the RESA or other agency.
6. Centralized intake Reports
- Parents or other concerned individuals who are not mandated reporters, should report alleged abuse to centralized intake.
  - Mandated reporters are required to report alleged abuse pursuant the law and local policy but should additionally utilize the centralized intake to report abuse.
  - Upon receiving a report, Centralized intake staff will disseminate the report of alleged abuse to appropriate local authorities, to include: law enforcement with appropriate jurisdiction, local DFCS, the appropriate regional DFCS Specialist, the local district attorney, the PSC and the local school superintendant. Centralized intake staff will confirm that the guardians/parents of the alleged victim have been notified of the nature of the allegations of abuse.

**B. Recommendations for School Authorities:**

1. School authorities should consider taking some or all of the following steps to protect

both the alleged victim and the alleged perpetrator during the course of the investigation:

- immediate removal of the teacher or the child (with measures taken to ensure the student will receive appropriate instruction) from one another's presence;
  - instructions to any potential witness to the allegations that their cooperation with the investigation is required and will not be penalized.
2. School authorities should consider taking some or all of the following steps to protect both teachers and students in special needs classrooms:
- inclusion of a two-way mirror in special needs classrooms so that parents can observe class time without disrupting the educational process, particularly in classrooms that include non-verbal children;
  - mandating training specific to approaches to managing dangerous or disruptive situations with children that provide alternatives to seclusion, restraint and physical management for all personnel working in special needs classrooms;
  - consider banning the practice of restraint and seclusion of special needs children.

**All mandated reporter training of school personnel should include training on indicators of abuse which occurs in the school setting and appropriate reporting methods in addition to training on recognizing signs of abuse that occurs outside the school setting.**

### **3.10 Department of Juvenile Justice**

*{ See Appendix-M for contact information. }*

When any employee believes or becomes aware of any suspected neglect, physical, emotional or sexual abuse of a child under the age of eighteen (18), that employee shall immediately report such neglect or abuse to the DFCS. The report shall contain the following:

- the names and addresses of the child and the parent/guardian, if known,
- the child's date of birth,
- the nature and extent of the suspected abuse/neglect and
- any other information that the employee believes would be helpful

See Appendix 8-H for suggested written report template.

### **3.11 Mental Health Services**

*{ See Appendix-M for contact information. }*

If a child discloses sexual abuse or severe physical abuse during psychotherapy or counseling, the mental health provider should NOT attempt a forensic interview. The provider should not question the child in detail about the alleged abuse or attempt to use anatomically correct dolls for investigative purposes. Instead, a referral to DFCS or law enforcement should be made immediately. The mental health provider should reassure the child and prepare him/her for a possible forensic interview by a third party.

Any member of the staff who receives information concerning child abuse or neglect is to report as follows:

- Therapists should report directly to DFCS or law enforcement.
- Clerical staff or other support staff should report the incident or information directly to supervisory staff, to be reported to DFCS within 24 hours.
- Reports are to be made by phone with a written follow-up if requested by DFCS.

(See Appendix 8-H for optional form to assist in this process.)

The report should be made immediately. An immediate response from DFCS is required prior to the child's departure if danger of further abuse and neglect is suspected.

Information necessary for agency's investigation of the abuse or neglect is to be shared.

## **4 Investigative and Assessment Procedures**

### **4.1 By Department of Family and Children's Services**

*{ See Appendix-M for contact information. }*

#### **A. Investigation of Accepted Reports**

- Report all suspicions of physical abuse, sexual abuse, sexual exploitation, severe neglect and substance abuse by caretaker to law enforcement. A joint decision is made as to law enforcement's involvement in the initial contact. If law enforcement does not participate in the initial contact, notify law enforcement if their assistance is needed based on additional information received after contact.
- Meet regularly with representatives from law enforcement to discuss/review all reports. A weekly scheduled meeting is ideal.
- Refer severe physical and all sexual abuse to the Children's Advocacy Center or other designated location for an interview and/or therapy.
- Refer sexual exploitation to the **Georgia Cares (formerly known as Georgia Cares Connection)** and/or the Children's Advocacy Center.
- Make initial contact with the child and family in other cases of reports of physical abuse. Contact law enforcement immediately if marks/bruises are severe. In cases where medical treatment is indicated or the cause of injury cannot be determined, seek a medical opinion.
- Contact law enforcement if needed for securing parental cooperation, access to child or protection of the child.

#### **B. Interviewing Children at School:**

- When planning to conduct a preliminary interview at school, the DFCS case manager or law enforcement may contact the school counselor prior to being on site for the interview. The counselor will be responsible for arranging the preliminary interview.

#### **C. Investigations To Determine If Removal Warranted**

In reports where maltreatment has been indicated and the risk to the child is low, moderate

or high, the CPS case manager may develop a safety plan to reduce the risk to the child in the least restrictive way possible. The plan must be agreed to and signed by the caretaker. If caretaker does not agree, law enforcement or Juvenile Court assistance may be requested for protection. (Law enforcement, protective custody or Juvenile Court Order will be requested in cases of imminent danger. If no imminent danger, a petition for dependency will be filed with Juvenile Court.)

- Cases determined to be low-risk will be closed and case manager will refer the family to community resources.
- Cases determined to be moderate to high risk where a safety plan is signed and agreed to by caregiver, will be opened for services. DFCS will provide on-going child protective services. If caretaker later refuses to follow plan and risk to child increases, law enforcement and/or Juvenile Court assistance may be sought.
- In all cases of sexual abuse or sexual exploitation with non-believing and/or non-cooperating non-offending parents, DFCS will file a petition in Juvenile Court for protection/cooperation and/or custody.

(See Section 6 for Judicial Proceedings)

When the case has been accepted by DFCS, protocol for DFCS will be followed.

#### **D. Investigations of Commercially Sexually Exploited Children**

In order to set the Commercial Sexual Exploitation of Children (hereinafter referred to as CSEC)/ Domestic Minor Sex Trafficking (hereinafter referred to as DMST) apart from other forms of child abuse/exploitation, and in order to have clarity with regard to the range of incidents or situations to which DFCS policy is applicable, commercial sexual exploitation is defined as follows:

*Sexual abuse/prostitution of a child by an adult or older juvenile involving payment in cash, food, shelter or other forms of value to the child or a third person; involving treatment of the child as a sexual and commercial object in activities such as prostitution, adult entertainment, pornography, and other forms of transactional sex where a child engages in sexual activities.*

##### **1. Initial Assessment**

It is very important that an initial assessment carefully consider whether a possible victim of commercial sexual exploitation should be taken into care or placed back in the home.

It is very common for the child victim of commercial sexual exploitation to have runaway from home on multiple occasions prior to being discovered as a victim. It logically follows that the child may be running away from either mental, physical, and/or sexual abuse at home. It is critical to assess whether the parents and/or guardians were involved in any way in the commercial sexual exploitation of the child.

If not, the situation may include a parent who has done everything they know how to in order to protect the child. However, the child may also continue to runaway in order to be with his or her “pimp/trafficker” that has a stronger influence over than the child than the parent.

All case managers should investigate the circumstances of the commercial sexual exploitation of the child and the child's mental state carefully during the assessment phase of the case and well before making reunification plans with the parents and/or guardians.

Once there is sufficient information gained that the parents are **not** part of any sexual exploitation of the child, the case manager should then work closely with the parent and/or guardians in providing the appropriate CSEC/DMST, specific resources to the child and family throughout the case.

However, a request by Law Enforcement for the Division to not make contact with the parents for the safety of the child should be respected. Revealing confidential Law Enforcement investigatory information to possible suspects could easily place the Child that has been recovered or other children that have yet to be recovered in danger. The Juvenile Court should be fully advised of this request when applying for a Shelter Care Order.

**(CPS staff/case managers should familiarize themselves the Indicators/Risk Factors found in Appendix 8-C & Common CSEC/DMST Street Terminology found in Appendix 8-D)**

## **2. Required Steps and Time Frames**

Upon receipt of a report of suspected maltreatment involving a case where the child may be a victim of commercial sexual exploitation, CPS staff will immediately:

1. Assess the safety of the child taking into account the physical and/or psychological indications that a child may be a victim of commercial sexual exploitation. (See Appendix 8-C Indicators)

2. Notify Georgia Cares.

It is recommended that a referral to Georgia Cares be made. Collaboration between the Division of Children and Family Services and Georgia Cares can help to properly addressing the needs of and coordinate services to children who are victims of commercial sexual exploitation.

A referral to Georgia Cares will result in a trained person conducting a face to face meeting to ask additional screening questions of the child in a non-judgmental way. A CSEC/DMST Service Coordinator who coordinates services for the Child will be assigned. Referrals to Georgia Cares is recommended when there is a child in DFCS custody who has been arrested for prostitution.

**(The Georgia Cares Referral Form can be found in Appendix 8-L)**

### **Georgia Cares Contact Information**

The Georgia Cares website, 24 hour telephone contact number, and contact persons are as follows:

Phone: 404-602-0068

Fax to: 404-371-1030

Website: [www.gacares.org](http://www.gacares.org)

Email to: [referrals@gacares.org](mailto:referrals@gacares.org)

Administrative inquiries to [admin@gacares.org](mailto:admin@gacares.org)

## **3. Medical Attention**

The child should be brought to the local Emergency Room for medical evaluations for the health of the child. If the child is recovered within the Metro-Atlanta area, the Child should always be taken to the Children's Healthcare of Atlanta's Emergency Department.

(See Section 4.4 for more information on Obtainment of a Forensic Medical Exam/Sexual Assault Exam)

#### 4. Forensic Interview

If the child is cooperative, attempt to coordinate a forensic interview of the child by a trained forensic interviewer as soon as practical. Staff must coordinate a CSEC/DMST specific forensic interview through local resources headed by the local Children's Advocacy Center if one is in your area.

The child should not be subjected to multiple interviews with different parties whenever feasible as this will increase the trauma.

If the child is denying victimization, and/or is not cooperative, it may be better to delay the forensic interview until some trust has been established with the child.

(See, Section 4.3 Forensic Interview Procedures)

#### 5. Local Law Enforcement

If the initial referral does not come from law enforcement, DFCS should always contact law enforcement within 24 hours and provide them with all information gathered from both intake and the initial investigation.

#### 6. Georgia Bureau of Investigation, Child Exploitation and Computer Crimes Unit

All case managers are to contact the GBI Child Exploitation and Computer Crimes Unit within 24 hours when a child is suspected of being a victim of commercial sexual exploitation, or discovered in the course of involvement with DFCS.

The Georgia Bureau of Investigation has established the Child Exploitation and Computer Crimes Unit to specifically target Commercial Sexual Exploitation. Accordingly, Case workers should contact a GBI Special Agent who can advise the caseworker on where to fax or email any materials of a written nature that the caseworker may supply.

During regular business workdays please call 404-270-8870 and ask for the Child Exploitation and Computer Crimes Unit Agent on call.

On nights, weekends, and holidays call the GBI communications center at 404-244-2600 or 1-800-282-8746 and ask for the Child Exploitation and Computer Crimes Agent that is on call.

### 3. Other

#### a. Intake Photos

Whenever a child CSEC/DMST victim is recovered, the likelihood that the child may runaway is very high.

When the CSEC/DMST victim comes into care it is very important to take a series of digital photos that will be useful in assisting Law Enforcement and the National Center for Missing and Exploited

Children in locating the child. The digital photos should then be uploaded into SHINES.

**b. Family Support**

Whatever the stage of the child’s DFCS case, it is absolutely essential that education about CSEC/DMST be provided to caregivers and foster parents. [NOTE: if the parents/caregivers of the child are involved in the exploitation, then this section is not applicable] CSEC/DMST presents with many issues that caregivers must be made aware of to assist them in caring for the child. While remaining in compliance with HIPPA, all pertinent information should be shared with the caregivers/foster parents. Family support can be coordinated through Georgia Cares and the DFCS System of Care Wellbeing Specialist.

*Adapted from the Georgia DFCS- CSEC/DMST Draft Protocol.*

**E. Investigations Substance Abuse in Mothers Affecting Newborn Infants**

The committee members recognize that infants born to substance abusing mothers is a growing problem in our community and that the children are at high risk of abuse or neglect; therefore, the response and intervention by DFCS in these cases should include the following:

- When a report is received by DFCS from a medical facility indicating that a mother has given birth and either the mother or infant has tested positive for an illegal substance and/or alcohol, DFCS will accept and assign the referral for an immediate to 24 hour response.
- DFCS will notify the appropriate law enforcement agency of the report and assess the need for a joint investigation.
- DFCS will communicate with the referral source (medical personnel/facility) that the investigation has been initiated. DFCS will then make a request for medical information/documentation concerning the following:
  - Current condition of the infant and mother
  - Written detail regarding the type of intoxicant in the mother and/or infant upon delivery
  - Anticipated date of discharge
  - Necessary medical follow-up that will be required for the care of the infant (e.g. heart or apnea monitors)
- DFCS will proceed to the medical facility to interview the parent and observe the infant, determine the level of extended family support which might reduce risk to the child, assess the mother’s acceptance and responsibility for the situation and her willingness to accept treatment for substance abuse related problems. A referral to a prevention provider is needed for the newborn.
- In all cases involving substance-abusing mothers of newborns, DFCS will seek Court intervention to ensure the safety of the child. The staffing will determine which of the following actions will be pursued:
  - 1) An Ex Parte order or authorization for shelter care from the Juvenile Court granting DFCS immediate temporary custody;
  - OR
  - 2) An immediate protective order mandating the mother complies with specific requirements to ensure for the safety of the child pending a formal hearing before the

Juvenile Court.

**F. Investigations of Abuse that occur in the School Setting**

When a report of abuse in the school setting is received by the Department of Family and Children Services, the matter shall be assigned to a case manager who has received training on the unique nature of cases where abuse is alleged in a school environment. This case manager will have information about resources needed for the investigation, such as forensic interviewers with specific training regarding evaluation of special developmental needs.

Within 72 hours of the receipt of the report, an audio/visual recorded forensic interview of the child in question should be performed by the Child Advocacy Center or other trained personnel. An example of appropriate training is the **Child First (formerly known as Finding Words) Program**. *If the child has special needs, the interview will be conducted by a professional specifically trained to assess and conduct the forensic interview to accommodate the special needs of the individual child.* This forensic interview will be monitored or immediately reviewed by the DFCS specialist assigned to the case.

The forensic interview recording will immediately be made available to law enforcement, the district attorney and DFCS. This schedule will be monitored by the DFCS specialist assigned to the case.

Within five days of the forensic interview, the case should be staffed by appropriate law enforcement, prosecution and DFCS personnel. This staffing could be organized and/or led by the DFCS specialist assigned to the case.

Within 24 hours of the staffing, the local authorities should provide a preliminary summary of the information in the case to the PSC and to the local Superintendent to be used in the employment and licensing investigations. The DFCS specialist or another participating local authority will prepare this summary. The DFCS specialist shall ensure that the summary is made available to the PSC and Superintendent.

In cases where the centralized intake was utilized to initiate the investigation, within 45 days of the report, the DFCS specialist should forward to the centralized intake staff, a summary of the investigation, utilizing a form including basic information regarding the allegation, the stage of the investigation and any actions taken by local authorities.

Said report shall be presented to the District Attorney and shall be provided to the school district's superintendent, the chairman of the local school board, DFCS, the Professional Standards Commission, the parent or legal guardian of the alleged victim, the alleged offender, and the local district attorney. If the child is enrolled in a school operated by a RESA or other agency, the determination report shall also be forwarded to the executive director of the agency.

In cases in which the summary of the current status of the investigation cannot be completed within 45 days for good cause, the lead agency shall give appropriate notification of the delay.

In cases in which the investigation is unconfirmed, the report shall note any interviews or

evidence the investigating agency was unable to obtain and give reasons such interviews or evidence were unavailable.

If the investigatory report is not presented to the District Attorney within the time allowed, the District Attorney may take such action necessary to ensure the report is prepared and issued in a timely and appropriate manner.

## 4.2 By Law Enforcement

### A. Basic Procedure for Police Investigation of Child Abuse

- Meet with complainant for nature of allegation.
- Give immediate consideration to the child's safety and arrange for medical attention if needed.
- Determine if the allegation of sexual abuse, sexual exploitation, physical abuse or neglect is founded by probable cause.
- If the offense occurred outside of the responding officer's jurisdiction, advise complainant and assist with filing a report with the appropriate law enforcement agency.
- Gather information for the incident report from complainant and any other adult witnesses with information.
- If the responding officer has to interview the victim, ask only basic non-detailed questions. A more detailed interview will be deferred to Child Advocacy Center or trained interviewer.
- Contact his/her supervisor so that they can notify an investigator.
- Report the referral to DFCS
- Notify and assist DFCS if circumstances justify taking a child into protective custody.
- Complete the initial incident report. Respond to and obtain evidence at the scene or medical facility. Observe, record, photograph, document and report events at any relevant location.
- Obtain physical or testimonial evidence from medical personnel if a medical examination occurs.
- Consult with and document information gathered from hospital or school professionals at the scene (i.e., pediatrician, emergency room doctor, counselor, administrator, etc.).
- Consult with other involved agencies and interview witnesses and parents of victim.
- Obtain statements from victim by audio and/or video recordings through trained interviewer at the children's advocacy center, as appropriate
- Arrange analysis and evaluation of evidence and review results with involved agencies.
- Interview suspect when identified and re-interview as appropriate.
- Obtain and execute any applicable search warrants for evidence to include known samples from victim, corroborating evidence from scene or other location.
- Obtain arrest warrants, apprehend suspect and conduct additional interviews or interrogations within the issued rights of the suspect.
- Compile case file for prosecution, criminal history check, etc.
- Consult with District Attorney's office for prosecution.
- Participate in subsequent judicial proceedings.

In cases where law enforcement *initially* receives the report of abuse, report the referral to DFCS.

- Conduct an initial screening of the referral.
- Make contact with the reporter whenever possible to assess the accuracy of the referral, safety of the child and other issues that may influence the interview.
- Check records for previous law enforcement histories with the family.
- Meet with DFCS to discuss the case and decide how to proceed with the investigation.
- Schedule an interview at the CAC or designated equipped location within 24 hours or assist DFCS to do so.

- If the interview does not take place within 24 hours, assist DFCS with protection of the victim if necessary.

Please refer to Appendix 8-D for legal statute regarding the legal requirement for law enforcement to remove a child from a home under O.C.G.A. §15-11-133.

**B. Joint Investigations between Law Enforcement and DFCS**

Joint investigation and cooperation between law enforcement and DFCS is vital to the goal of protecting the victim and preparing a solid court case.

DFCS and law enforcement have committed to the joint investigation of child physical and sexual abuse cases, and to the coordination of the investigation of child sexual abuse, severe physical abuse cases, and other cases such as neglect cases or children as witnesses to Domestic Violence through the Children’s Advocacy Center (“CAC”) or the designated location.

The Children’s Advocacy Center or other designated location conducts the forensic interview. The CAC or DFCS also coordinates the multidisciplinary response.

Communication with prosecution during the course of the investigation will support a thorough investigation and prosecution. The prosecution can offer invaluable advice as to preparation and execution of search warrants, logistics and substance of suspect and witness interviews and numerous other aspects of a well-organized investigation.

### 4.3 Forensic Interview Procedures

*A forensic interview is a research-based process conducted by a trained interviewer at a Children's Advocacy Center or other location that has trained forensic interviewers. The forensic interview is developmentally, culturally and linguistically appropriate and allows for the child's narrative recall of events. The goal of the forensic interview is to obtain a statement from the child, in a sensitive and unbiased manner that will support accurate and fair decision making in the criminal justice and child protection systems. The forensic interview is conducted in a legally defensible manner as no leading or suggestive questions are asked and is video recorded.*

#### A. The Child Advocacy Center

*{ See Appendix-M for contact information. }*

The Child Advocacy Center is an integral part of the Joint Investigation between DFCS and law enforcement. When an interview of a child is required at any time during the investigation, it must be done through a Child Advocacy Center or other location that has trained forensic interviewers.

Children who have made a disclosure regarding sexual abuse, or have medical evidence of abuse, or who exhibit behaviors suggestive of abuse should be referred for a joint forensic investigation of the abuse by DFCS and law enforcement (LE).

Sexual abuse forensic interviewing is a practice continually enhanced by emerging research. Personnel from law enforcement and DFCS should make every effort to follow CAC procedures and to coordinate their investigative efforts in a manner which increases the efficiency of the investigation while minimizing additional trauma to the child.

Alleged victims of sexual abuse or severe physical abuse will also receive multidisciplinary response coordinated through the Children's Advocacy Center, DFCS or other designated entity. (See, Multi-Disciplinary Team (MDT) under Section 6 below)

#### B. The Forensic Interview

##### 1) Required Training

This interview is performed by someone trained in forensic interviewing through specialized training programs such as Child First (formerly known as Finding Words). Child First is an intensive five day course in which students learn the necessary skills to conduct an investigative, forensic interview of a suspected victim of child abuse.

Forensic interviewing of alleged victims of child abuse is an extremely specialized skill, which requires research-informed knowledge and specialized training in specific areas.

Some of these areas include:

- children's memory and suggestibility
- children as witnesses
- interviewing techniques
- child development

- use of anatomical dolls
- characteristics of abuse and neglect
- false allegations
- criminal codes
- effect of childhood trauma and stress
- recantation

The competence and objectivity of interviewers and the quality of the interview itself are frequently the focus of abuse investigations. Because most perpetrators deny the abuse and most acts of maltreatment are not witnessed, the alleged victim's statement is critical evidence in child abuse cases. Yet developmental issues, such as children's varying abilities to recall events and use language, as well as the trauma they may have experienced, complicate efforts to obtain information about the abuse. The forensic interview is designed to overcome these obstacles.

**Trained forensic interviewers should be utilized to conduct forensic sexual abuse interviews of children.** *(Opportunities for training are available. Please contact the Office of Child Advocate or the Children's Advocacy Centers of Georgia for training information)*

The child victim and his or her legal guardian should be made aware that even though the forensic interview has been, or will be, conducted, that may not take the place of the child having to testify if the case goes to trial.

## **2) Referrals to the Child Advocacy Center**

Children who have made a disclosure regarding sexual abuse, or have medical evidence of abuse, or who exhibit behaviors suggestive of abuse should be referred for a joint forensic investigation of the abuse by DFCS and law enforcement (LE).

- Children 3 or under who are insufficiently verbal for an interview but who present with medical evidence or sexualized behaviors should be referred by LE and/or DFCS for multidisciplinary review by contacting the Children's Advocacy Center.
- Video recorded sexual abuse forensic interviews of children 3-17 should be conducted at the Children's Advocacy Center, and will be scheduled at the request of DFCS, law enforcement, district attorney's office or the Court only.
- Children 14-17 may be interviewed by a trained interviewer at an agency location if circumstances require immediate response; however, these cases should be referred to the Children's Advocacy Center for interdisciplinary case coordination the following business day.
- Intake reports should be made to the Children's Advocacy Center staff who will schedule an interview time. To ensure that all relevant information is obtained in the initial interview, all team members involved in the investigation should be present.

Referrals from appropriate agencies include DFCS, law enforcement, the District Attorney's office and the Department of Juvenile Justice.

### 3) **Documentation of Forensic Interviews**

- The interview conducted at the CAC should be recorded.
- The assigned caseworker and law enforcement investigator assigned to the case will have access to observe the interview from a separate viewing room.
- Once recording has begun, it should not be discontinued until the interview is completed.
- Two original recordings will be filmed simultaneously. One original recording must remain secured in law enforcement custody. The second original recording will remain secured at the CAC.
- Law enforcement will be given a copy of the recorded forensic interview.

### 4) **Confidentiality**

The CAC which is certified and which is operated for the purpose of investigation of known or suspected child abuse and treatment of a child or a family which is the subject of a report of abuse, shall have access to all records and information relevant to the child's case with few exceptions provided, however, that any child advocacy center which is granted access to records concerning reports of child abuse shall be subject to the confidentiality provisions of subsection (b) of Code Section 49-5-40 and shall be subject to the penalties imposed by Code Section 49-5-44 for authorizing or permitting unauthorized access to or use of such records. **O.C.G.A. §49-5-41 (a)(7.1)**

### 5) **Payment of Forensic Interviews ("FI") - O.C.G.A. § 17-15-16**

A portion of the forensic interview used for the identification of the interviewee's needs may be paid for by the Georgia Crime Victims Compensation Program (CVCP) for crimes occurring in Georgia on or after July 1, 2014. CVCP can pay up to \$200.00 per victim, per victimization (when funding is available) if a completed application is submitted to the CVCP and certain provisions are met including but not limited to:

1. The FI is for a person who is less than 18 years of age or a developmentally disabled adult.
2. The FI is conducted in the context of a multidisciplinary and diagnostic team, or in a specialized setting such as a Child Advocacy Center.
3. The results of the FI are for the identification of the interviewee's needs, including social services, personal advocacy, case management, substance abuse treatment, and mental health services. A copy of the referral information must be submitted with the Application for Payment on either the agency's form(s) or on the CJCC Forensic Interview Referral Document (FIRD). If using an agency form(s), all information requested on the FIRD must be provided.
4. The interviewer has specialized training to conduct FIs appropriate to the developmental age and abilities of children, or the developmental, cognitive, and physical or communication disabilities presented by adults.
5. The interviewer submits a copy of their license or training certificate with the initial Application for Payment.

**Taken from the CJCC website. See [cjcc.ga.gov](http://cjcc.ga.gov) website for further requirements, the**

## **FI Application for Payment and the FI Referral Document.**

### **6) Forensic Interviews and Special Populations**

*In general, children most appropriate for a forensic interview include children who have:*

- suffered physical abuse with injuries, severe negligence, emotional abuse, sexual abuse and sexual exploitation
- or-
- witnessed any type of violence including but not limited to domestic violence, rapes and murders.

#### **A. Sexually Exploited Children**

- Although normally best practice suggests that children should have a forensic interview as soon as possible, interviews with children who have been sexually exploited may require an interval of time to assess their readiness to be interviewed.
- More than one forensic interview may be required.
- Sexually exploited children are often pimped/trafficked. Pimps/traffickers teach victims to be distrustful of health/social service providers, police, and government officials.
- These children believe that revealing what has happened to them will result in arrest and detention for prostitution.
- Further, many children have a “love” relationship with their pimp and fear that the state may lock up their “boyfriends” if they are truthful.
- An additional complication is that sexual exploitation victims are frequently brought into the system as suspects or arrestees and some interviews initially take the tone of interrogation. This makes children reluctant to believe the state is trying to help them.
  - Effective information gathering requires that service providers and interviewers work to empower the child and help him/her understand their “victimization.” Trust should be established over time, and the formal forensic interview needs to occur after this trust has been established.
  - The Georgia Cares (formerly Georgia Care Connection), as statewide system of care for victims of sexual exploitation, can help to connect you with victim advocates, family advocates, and specialized services providers who can assist in preparing the child for a forensic interview.
  - Format and dynamics of this type of interview are different than traditional sexual abuse cases, because:
    - Victim most likely has lengthy history of abuse/neglect and may feel the abuse that they have “chosen” by running to the streets or finding a pimp is preferable to the abuse they suffered at home. As a result, they often refuse to identify themselves as victims;
    - Victims have a strong distrust of authority;
    - Victims may fear for the safety of their families or others due to threats made by a pimp; and
    - Adolescents often reject any outreach that is perceived as condescending
- Child protection is paramount throughout the investigation.

#### **B. Children with Special Needs**

If a forensic interview is needed for a child with a cognitive or physical disability, the protocol should be modified to accommodate the needs of the individual child. Children with learning disabilities should also be accommodated to maximize their ability to communicate effectively. All agencies involved in the investigation are required to adhere to federal regulations, specifically, Titles II and III of the Americans with Disabilities Act and the Rehabilitation Act. These requirements include accommodations for communication and requirements for accessibility for services. Regarding communication, the federal regulations require “State and local government programs must ensure effective communication with individuals with disabilities by providing appropriate auxiliary devices.” The basic core of the forensic interview is communication and it is likely these individuals already have communication devices they use on a daily basis. The requirements include to “furnish auxiliary aids when necessary to ensure effective communication, unless undue burden or fundamental alteration would result.” There should also be non-discrimination on the basis of a disability by public accommodations.

The American Professional Society on the Abuse of Children (APSAC) recommends practice guidelines for interviewing special needs children which include making appropriate accommodations, making medical consults if needed, and assessing developmental delay through consultations. APSAC also views the adaptive equipment involved in the communication with the alleged child victim as an extension of the child’s body.

The National Victim Advocacy Agency, co-sponsored with the United States Department of Justice, has also advised accommodations of special needs children. They recommend agencies should develop and implement specific protocols on disclosure, confidentiality, and safety for crime victims with disabilities, particularly where there is potential for retaliation by the caregiver.

#### **7) Forensic Evaluations (Extended Forensic Interview)**

A forensic evaluation is an extended forensic interview procedure where the interview extends through multiple sessions.

Referrals may be made for children ages 3 to 17 when one or more of the following conditions are present and when participation in the evaluation will not compromise the best interests of the child:

- Very young children, children with disabilities and victims of sexual exploitation may receive an extended forensic interview.
- The child did not disclose abuse to investigators but there are other indicators strongly suggesting victimization, such as sexualized behaviors, medical evidence, statements of other children and/or witnesses, pornography, access by known offender, etc.
- The child did not disclose abuse to investigators but allegedly disclosed to some other person.
- Prosecution and/or child protective decisions cannot be made based on initial forensic interview results.

#### **8) Multi-Disciplinary Team (MDT)**

Upon completion of the forensic interview or evaluation, the multidisciplinary team makes recommendations regarding the child's need for medical and mental health treatment.

#### **A. What is a Multi-Disciplinary Team**

A MDT is a group of professionals representing various disciplines who work collaboratively to promote a thorough understanding of case issues and assure the most effective system response possible. The purpose of interagency collaboration is to coordinate intervention so as to reduce potential trauma to children and families, while preserving and respecting the rights and obligations of each agency to pursue their respective mandates. (*Putting Standards into Practice National Children's Alliance*)

The MDT consists of law enforcement officers, child protective service investigators, prosecutors, mental health and medical professionals, and others who provide a coordinated response designed to increase the effectiveness of investigations while reducing the stress and risk of secondary traumatization to children. (*Children's Advocacy Centers: One Model, Many Programs APSAC Advisor; Volume 16, Number 2; Summer 2003 Wendy Walsh, Lisa Jones, and Theodore Cross, Crimes Against Children Research Center, University of New Hampshire*)

*-Children's Advocacy Center for Georgia, Handbook for Multidisciplinary Review Team Facilitators*

#### **B. Coordination of MDT Meetings**

The Children's Advocacy Center, DFCS or other designated agency will coordinate multidisciplinary team (MDT) meetings for the primary purpose of facilitating communication between agencies involved in the investigation and prosecution of allegations of child maltreatment as well as those agencies responsible for protecting child victims. MDT staffing will provide agency members with a forum to discuss complex cases with other professionals, and as a result, will enhance both the decision-making and intervention processes.

MDT members may request to staff any case they believe can benefit from the collaborative input of the team. Requests can include cases involving children who were not seen for services at the CAC as long as there is an active investigation.

Requests for cases to be staffed by the MDT are accepted from any MDT member and/or appropriate agencies. Appropriate referral sources include, but are not limited to, DFCS, Board of Education, Law Enforcement, District Attorney's office, the Department of Juvenile Justice, and medical and mental health personnel.

MDT meetings will be held at a location decided by the protocol members, and agenda identifying cases to be staffed at each meeting will be provided to all involved agencies at least 48 hours prior to the regularly scheduled meeting time (at least monthly). A weekly meeting is considered ideal.

A special reconvening of the MDT may be called by the District Attorney's office representative if circumstances change prior to indictment.

Because the purpose of the MDT staffing is to facilitate the sharing of information between agencies, all individuals from DFCS, Law Enforcement, prosecution, medical, and mental health that are involved with a case being staffed should be present.

All agencies will cooperate fully in sharing information with each other concerning the abuse allegation, the child, and any other persons involved in the incident in order to fulfill their respective duties. The agencies will assist each other in making the child available for interviewing if necessary to fulfill their duties and will inform each other immediately upon learning of a change of location, address, or phone number of the child.

#### **4.4 Obtainment of a Forensic Medical Exam/Sexual Assault Examination**

{ See Appendix }

The Forensic Medical Examination ("FME") performed on sexually abused children is an important part of the legal process.

The exam will most likely begin with the examiner obtaining a complete and thorough medical history from the victim. The medical forensic exam also involves a head to toe physical examination, which includes the genital area. This may also include:

- Collection of blood, urine, hair and other body secretion samples.
- Photo documentation.
- Collection of the victim's clothing, especially undergarments.
- Collection of any possible physical evidence that may have transferred onto the victim.

##### **Purpose:**

There are three purposes of forensic medical exams:

1. Identify medical evidence to prosecute the offenders (Britton, 1998; Kerns et al., 1994);
2. Screen for injuries and medical conditions and initiate medical treatment, and;
3. Answer questions and reassure victims and parents about the child's physical well being (Britton, 1998; Hanson et al., 2001).

Even in the absence of medical evidence, exams can support prosecution because it preempts defense claims that evidence collection is insufficient without an exam (see American Prosecutors Research Institute, 2004). Also, when the alleged perpetrator is guilty and medical evidence is lacking, the exam can engage a doctor or nurse in the case who can provide expert testimony to explain this lack of evidence to judges and juries.

##### **Timing of the examination**

Forensic medical examinations are usually recommended as soon as possible after the assault but within 72 hours (Hibbard, 1998; Jenny, 2000) because passage of time and the healing process can obscure medical evidence (trace evidence and physical injury) and decrease the effectiveness of prophylactic medications. The child should have prompt evaluation if he/she has symptoms/signs

of injury, infection or another active medical condition.

**Identification and documentation of injuries and interpretation of physical findings should include:**

1. a written description of the exam findings (including the type, appearance, and location of injury and any indication of tenderness or induration), AND;
2. forensic imaging of the anogenital exam OR a diagram of the findings on an appropriate anatomic drawing.

**Evidence Collection**

•Sexual assault evidence kits are recommended when the assault involved possible exchange of bodily fluids or trace evidence and occurred within the past 72 hours (in some cases collection may be helpful up to 120 hours after the event).

Collect and preserve evidence for analysis by the crime laboratory.

•Collect and preserve toxicology samples in suspected alcohol- or drug -facilitated sexual assault cases.

•Maintain and document the chain of custody for evidence.

•Maintain the integrity of the evidence to ensure that optimal lab results are obtained

**The contents of the evidence collection kit may include:**

- Instructions
- Bags and sheets for evidence collection
- Swabs
- Comb
- Envelopes
- Blood collection devices
- Documentation forms

Once the examination is completed and all specimens are collected, they are carefully packaged and stored to assure that they are not contaminated. They are maintained under chain of custody until further action is taken. **Chain of custody is critical to the admissibility of evidence at trial.**

**Other Components of the Medical Evaluation**

- Review limits of confidentiality and obtain assent for each component of the evaluation from the child if feasible
- Test for STIs and HIV infection and provide prophylaxis and/or treatment. as indicated by Centers for Disease Control guidelines
- Assess pregnancy risk and discuss treatment options with the patient.
- Provide appropriate referrals for medical and behavioral health follow up.
- Recognize evidence-based conclusions and limitations in the analysis of findings.
- Complete standard forms for documenting the medical forensic results of the exam.
- Discuss evidentiary findings with investigators and prosecutors as requested.
- Testify in court if needed

**Who can conduct the Forensic Medical Exam:**

While the physician, nurse practitioner or physician assistant providing care for the child can conduct the medical evaluation, it is preferable for the evaluation to be performed by a provider

with expertise in child maltreatment. Experts include child abuse physicians, or other physicians, nurse practitioners or physician assistants with specialized training and experience in child abuse and neglect, or sexual assault nurse examiners (SANE). Medical professionals are encouraged to seek help from experts when possible by referring the patient for specialized care, by requesting telephone consultation, and/or by obtaining a second opinion review of exam photographs. Second opinion is especially critical if the inexperienced provider reports positive findings on exam. For names of local experts, providers should contact the nearest child advocacy center or call the Children's Advocacy Centers of Georgia ((770) 319-6888).

### **Sexual Assault Nurse Examiner (SANE)**

A Sexual Assault Nurse Examiner (SANE) is a qualification for forensic nurses who have received special training to conduct sexual assault evidentiary exams for victims. Specialized training in providing forensic-medical assessments and care to pediatric victims of sexual assault is conducted at Georgia Public Safety Training Center (GPSTC) in Forsyth, GA.

### **Children's Healthcare of Atlanta - Pediatric Telemedicine**

The expertise of Children's pediatric specialists is now available to patients and healthcare providers through telemedicine. Telemedicine offers patients and providers remote consultations, evaluations and training using live video.

#### The telemedicine program:

- Offers live-consultation and assistance with medical exams for suspected victims of abuse. Expert physicians from the Stephanie Blank Center for Safe and Healthy Children (CSHC) work with the medical provider at the presenting site (child advocacy center, emergency department, clinic or office) to speak with the family and child, conduct the exam, interpret findings, recommend STI testing and treatment, and make referrals. The expert then writes a report summarizing the evaluation and is available for expert testimony.
  - A clinical provider may call the Children's Telemedicine office at **404-785-1111** to obtain a telemedicine appointment for their patient.
- Offers second opinion consultations for medical providers who have already conducted an exam. The physicians from CSHC meet with the provider via videoconferencing to discuss the case and review exam photographs. The expert writes a report summarizing the exam findings and interpretation, and is available for court testimony as needed.
- To schedule a second opinion consultation the medical provider calls the CSHC at 404-785-3820 and asks for the physician-on-call.
- Offers monthly or bimonthly peer review sessions for medical providers to review interesting cases, discuss new research and ask questions. Continuing education credits are offered; sessions are free.

## **4.5 Payment for Sexual Assault Examinations**

When a forensic medical examination is conducted, the cost of such forensic medical examination shall be paid for by the Georgia Crime Victim's Emergency fund in an amount not to exceed \$1,000.00. The fund shall be responsible for payment of such cost notwithstanding whether the person receiving such forensic medical examination has health insurance or any other source of health care coverage. (O.C.G.A. §17-15-15)

The Georgia Crime Victims Compensation Program should be billed directly for all expenses relating to a forensic medical examination [i.e. lab work, emergency room fees, physician's fees, SANE nurse fees, and all clinical fees associated with the exam, sexually transmitted infections (STIs), etc.] \*\*\*

A forensic medical examination is defined as an examination provided to a person pursuant to 16-6-1(c)\* (rape) and 16-6-2(c)\* (sodomy & aggravated sodomy) by trained medical personnel in order to gather evidence. \*\* Such examination shall include but not be limited to:

- A. An examination for physical trauma
- B. A determination of the nature and extent of the physical trauma;
- C. A patient interview;
- D. Collection and evaluation of the evidence collected and;
- E. Any additional testing deemed necessary by the examiner in order to collect evidence and provide treatment. [O.C.G.A. 17-15-2 (6)]

\*16-6-1 (c) Rape & 16-6-2(c) Sodomy; aggravated sodomy; medical expenses : When evidence relating to an allegation of rape, sodomy or aggravated sodomy is collected in the course of a medical examination of the person who is the victim of the alleged crime, the Georgia Crime Victims Emergency Fund, as provided for in Chapter 15 of Title 17, shall be financially responsible for the cost of the medical examination to the extent that expense is incurred for the limited purpose of collecting evidence.

\*\*In instances where DFCS or law enforcement requests a Forensic Medical Examination for allegations of child sexual assault/molestation, and there is limited collection and evaluation of evidence (e.g. no rape kit used), official documentation is required from law enforcement requesting the exam. DFCS or the investigative agency must submit to the provider or CVCP a completed Forensic Medical Examination DFCS or Law Enforcement Verification Form. (*Criminal Justice Coordinating Council (CJCC) website*)

**\*\*\* See the [cjcc.ga.gov](http://cjcc.ga.gov) website or call 404-657-2222 or (800) 547-0060 for the Application for Payment and Fee Scheduled**

## 5 Treatment / Counseling

### 5.1 Treatment for Child Abuse Cases

- A. For sexual and physical abuse cases staffed by the MDT, the MDT will assist to determine if there is a need of referral for treatment. If a treatment referral is indicated, the Child Advocacy Center or other trained child therapists provides therapy and counseling services. Many CAC utilize Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is widely regarded as the most effective treatment with sexually abused and traumatized children. This therapy emphasizes the importance of parent involvement—during the course of therapy, therapists meet with the parent alone, the child alone, and also meet with the parent and child together. Therapy specifically helps children (and parents) to:

- Learn about trauma and child sexual abuse as well as healthy sexuality
- Develop effective coping and body safety skills
- Overcome problematic thoughts, feelings, and behaviors
- Therapeutically process traumatic memories

In addition to TF-CBT, some Child Advocacy Centers have therapists who have been specially trained in Play Therapy, a model of treatment and treatment techniques that emphasize utilization of the child’s natural world—Play—to facilitate healing. These techniques are often essential to treatment of abused children. Play therapists can use art, games, puppets, etc. as well as words to enable a child to communicate about, and heal from, their abuse experiences.

- B. If there is not a local CAC, the primary involved agency will provide the family with a list of local mental health providers known to have experience and expertise with child sexual and/or physical abuse. The primary involved agency will provide additional assistance in selecting a provider based on the needs of the child, the financial resources of the family, and the availability of the provider. It is recommended that the provider be a certified clinician trained and experienced in the treatment of child sexual abuse and trauma. For sexual exploitation cases, Georgia Care Connection should be contacted to assist in identification of appropriate service resources.
- C. The referring agency will facilitate the acquisition of pertinent information regarding the case for the mental health provider treating the child. If, after beginning treatment, the family refuses further treatment or becomes uncooperative, or the mental health provider suspects that this lack of cooperation is endangering the child, a referral to DFCS will be made as with any case involving mandatory reporting.
- D. When a state licensed clinician is not available, regional referrals should be provided.
- E. Referrals for perpetrator treatment by state licensed clinicians will be coordinated by Adult Probation and Parole for Superior Court cases, and the Department of Juvenile Justice for Juvenile Court cases.

## 6 Judicial Procedures

### 6.1 Juvenile Court Dependency Proceedings

The Juvenile Court's *purpose* in Dependency Proceedings is to:

- (1) To assist and protect children whose physical or mental health and welfare is substantially at risk of harm from abuse, neglect, or exploitation and who may be further threatened by the conduct of others by providing for the resolution of dependency proceedings in juvenile court;
- (2) To ensure that dependency proceedings are conducted expeditiously to avoid delays in permanency plans for children;
- (3) To provide the greatest protection as promptly as possible for children; and
- (4) To ensure that the health, safety, and best interests of a child be the paramount concern in all dependency proceedings. (O.C.G.A. §15-11-100)

#### A "dependent child" is a child who:

- (A) Has been abused or neglected and is in need of the protection of the court;
- (B) Has been placed for care or adoption in violation of law; or
- (C) Is without his or her parent, guardian, or legal custodian. (O.C.G.A. §15-11-2 (22))

#### Dependency Proceedings Time Frames - O.C.G.A. §15-11-102 (b)

A preliminary protective hearing shall be held promptly and no later than 72 hours after a child is placed in foster care, provided that, if the 72 hour time frame expires on a weekend or legal holiday, such hearing shall be held on the next day which is not a weekend or legal holiday. 15-11-102 (a)

If a child was not taken into protective custody or is released from foster care at a preliminary protective hearing, the following time frames apply:

- (1) A petition for dependency shall be filed within 30 days of the child's preliminary protective hearing;
- (2) Summons shall be served at least 72 hours before the dependency adjudication hearing;
- (3) The dependency adjudication hearing shall be held no later than 60 days after the filing of a petition for dependency; and
- (4) If the child's dispositional hearing is not held in conjunction with the dependency adjudication hearing, it shall be held and completed within 30 days after the conclusion of the dependency adjudication hearing.

If a child is not released from foster care at the preliminary protective hearing, the following time frames apply:

- (1) A petition for dependency shall be filed within 5 days of the preliminary protective hearing;
- (2) Summons shall be served at least 72 hours before the dependency adjudication hearing;
- (3) The dependency adjudication hearing shall be held no later than 10 days after the filing of a petition for dependency;
- (5) If a dispositional hearing is not held in conjunction with the dependency adjudication hearing, it shall be held and completed within 30 days after the conclusion of the dependency adjudication hearing.

Except as provided in subsection (a) of Code Section 15-11-203, **reasonable efforts** shall be made to preserve or reunify families. (O.C.G.A. §15-11-202)

#### **Findings for Removal §15-11-134**

- Continuation in home contrary to welfare;
- Return to home contrary to welfare of the child;
- Reasonable efforts to avoid removal.

#### **Placement 15-11-135**

Child taken into custody not placed in foster care prior to hearing unless:

- Foster care is required to protect child
- Child has no person able to supervise and care for child
- Court order for foster care
- **No use of detention facilities** for placement absent a delinquent act or adjudication that meets requirements for detention

#### **Reasonable Efforts - O.C.G.A. §15-11-102**

Reasonable efforts shall be made to preserve and reunify families:

- Prior to removal except as provided in 15-11-103;
- To eliminate the need for removal and to make it possible for child to return home safely at earliest possible time
- With paramount concern being child's safety and health;
- Through appropriate services to child and family
- At every stage of the proceedings

Factors for Reasonable Efforts:

- Were the services offered relevant to safety and protection of child?
- Were services adequate to meet the needs of the child and family?
- Were the services culturally and linguistically appropriate?
- Were the services available and accessible?
- Were the services consistent and timely?
- Were the services realistic under the circumstances?

### **When Reasonable Efforts not required O.C.G.A. §15-11-203**

- Not required where child subjected to aggravated circumstances
- Conviction for murder of another child of such parent
- Conviction of voluntary manslaughter of another child of such parent;
- Conviction for aiding, abetting, etc. to commit murder or involuntary manslaughter of child of such parent;
- Convicted of felony assault with serious bodily injury to child or another child of said parent;
- Convicted of rape, sodomy, aggravated sodomy, child molestation, aggravated child molestation, incest, sexual battery, aggravated sexual battery or child or another child of the parent;
- Registered as sex offender and preservation of parent-child relationship in not in child's best interests
- Rights to a sibling were involuntarily terminated and circumstances leading to termination have not resolved.

### **Attorney Representation at the Dependency Hearing - O.C.G.A. §15-11-103**

In Juvenile Court dependency proceedings, a child has a right to an attorney at all stages of the proceeding and the court shall appoint an attorney for the alleged dependent child. The appointment shall be made as soon as practicable to ensure adequate representation of such child and, in any event, before the first court hearing that may substantially affect the interests of such child.

## **6.2 Protective Orders- O.C.G.A. §15-11-29**

The Juvenile Court may enter a protective order restraining or otherwise controlling the conduct of a person and the order may require any such person:

- (1) To stay away from a person's home or a child;
- (2) To permit a parent to visit his or her child at stated periods;
- (3) To abstain from offensive conduct against a child, his or her parent, or any person to whom custody of such child is awarded;
- (4) To give proper attention to the care of his or her home;
- (5) To cooperate in good faith with an agency to which custody of a child is entrusted by the court or with an agency or association to which a child is referred by the court;
- (6) To refrain from acts of commission or omission that tend to make a home not a proper place for a child;
- (7) To ensure that a child attends school pursuant to any valid law relating to compulsory attendance;

(8) To participate with a child in any counseling or treatment deemed necessary after consideration of employment and other family needs; and

(9) To enter into and complete successfully a substance abuse program approved by the court.

(b) After notice and opportunity for hearing afforded to a person subject to a protective order, a protective order may be modified or extended for a further specified period, or both, or may be terminated if the court finds that the best interests of the child and the public will be served thereby.

(c) Protective orders may be enforced by citation to show cause for contempt of court by reason of any violation thereof and, where protection of the welfare of a child so requires, by the issuance of a warrant to take the alleged violator into custody and bring him or her before the court.

The Juvenile Court should consider such an order if the child abuse case has been or is about to be disposed of, and after the person against whom the protective order is sought has had due process, notice and opportunity to be heard.

If the protective order is not considered at the Disposition Hearing, where appropriate, DFCS, through its counsel, should apply for a protective order. DFCS Counsel should request a hearing within ten days after the filing of the application for a protective order.

### **6.3 Guardian Ad Litem and the Court Appointed Special Advocate (CASA)**

*{ See Appendix-M for contact information. }*

In addition to the Attorney who represents the alleged dependent child as noted above, the Court shall also appoint a Guardian Ad Litem (“GAL”) The child’s attorney may serve as GAL unless or until a conflict of interest arises. The court shall appoint a CASA volunteer to serve as GAL whenever possible, and a CASA may be appointed in addition to an attorney serving as the child’s Guardian *ad Litem*. **O.C.G.A. §15-11-104.**

A CASA is a community volunteer who has been screened and trained regarding dependency, child development, and juvenile court procedures and has been appointed as a guardian *ad Litem* by the court. The juvenile court judge has the authority to appoint a CASA volunteer at the earliest stage possible of Juvenile Court dependency proceedings to advocate for the best interests of abused and neglected children. In addition to the court’s own motion, a request for CASA appointment can be made to the judge by the GAL attorney, child’s attorney, Citizen Review Panel member, DFCS case manager, SAAG, and any other interested party.

The locally-operated affiliate CASA program is Alapaha Judicial Circuit CASA and is organized under the auspices of Alapaha Judicial Circuit. The Alapaha Judicial Circuit CASA Program operates with the approval of the Juvenile Court of Alapaha Judicial Circuit. Alapaha Judicial Circuit CASA is responsible for screening, training, and supervising local CASA volunteers. Alapaha Judicial Circuit CASA has a paid staff person(s) that supervise(s) the daily

operations and volunteer supervision.

**A. Role of Guardian ad Litem/CASA volunteer**

The role of a CASA in juvenile court dependency proceedings shall be to advocate for the best interests of the child. (O.C.G.A. §15-11-106)

Pursuant to O.C.G.A. §15-11-105, in determining a child's best interests, a CASA as Guardian ad Litem shall consider and evaluate all of the factors affecting the best interests of a child in the context of a child's age and developmental needs.

Such factors shall include:

- (1) The physical safety and welfare of such child, including food, shelter, health, and clothing;
- (2) The mental and physical health of all individuals involved;
- (3) Evidence of domestic violence in any current, past, or considered home for such child;
- (4) Such child's background and ties, including familial, cultural, and religious;
- (5) Such child's sense of attachments, including his or her sense of security and familiarity and continuity of affection for the child;
- (6) The least disruptive placement alternative for such child;
- (7) The child's wishes and long-term goals;
- (8) The child's community ties, including church, school, and friends;
- (9) The child's need for permanence, including his or her need for stability and continuity of relationships with a parent, siblings, and other relatives;
- (10) The uniqueness of every family and child;
- (11) The risks attendant to entering and being in substitute care;
- (12) The preferences of the persons available to care for such child; and
- (13) Any other factors considered by the guardian ad litem to be relevant and proper to his or her determination.

**B. Responsibilities of guardian ad Litem/CASA volunteer - O.C.G.A. §15-11-105(c)**

Unless a child's circumstances render the following duties and responsibilities unreasonable, a CASA appointed as a guardian ad litem shall at a minimum:

- (1) Maintain regular and sufficient in-person contact with the child and, in a manner appropriate to his or her developmental level, meet with and interview such child prior to custody hearings, adjudication hearings, disposition hearings, judicial reviews, and any other hearings scheduled in accordance with the provisions of this chapter;
- (2) In a manner appropriate to such child's developmental level, ascertain such child's needs, circumstances, and views;
- (3) Conduct an independent assessment to determine the facts and circumstances surrounding the case;
- (4) Consult with the child's attorney, if appointed separately, regarding the issues in the proceeding;
- (5) Communicate with health care, mental health care, and other professionals involved with such child's case;
- (6) Review case study and educational, medical, psychological, and other relevant reports relating to such child and the respondents;
- (7) Review all court related documents;
- (8) Attend all court hearings and other proceedings to advocate for such child's best interests;
- (9) Advocate for timely court hearings to obtain permanency for such child;
- (10) Protect the cultural needs of such child;
- (11) Contact the child prior to any proposed change in such child's placement;
- (12) Contact the child after changes in such child's placement;
- (13) Request a judicial citizen review panel or judicial review of the case;
- (14) Attend citizen panel review hearings concerning such child and if unable to attend the hearings, forward to the panel a letter setting forth such child's status during the period since the last citizen panel review and include an assessment of the DFCS permanency and treatment plans;
- (15) Provide written reports to the court and the parties on the child's best interests, including, but not limited to, recommendations regarding placement of such child, updates on such child's adjustment to placement, DFCS's and respondent's compliance with prior court orders and treatment plans, such child's degree of participation during visitations, and any other recommendations based on the best interests of the child;
- (16) When appropriate, encourage settlement and the use of any alternative forms of dispute

resolution and participate in such processes to the extent permitted; and

(17) Monitor compliance with the case plan and all court orders.

As a lay guardian *ad Litem*, a CASA volunteer shall not engage in activities which could reasonably be construed as the practice of law;

Any information obtained in the CASA volunteer's assessment concerning unknown or unreported abuse shall be reported to the local DFCS office.

## **B. Confidentiality – OCGA 15-11-105 (e)(f)(g)**

Upon presentation of an appointment order as guardian ad litem, a CASA shall have access to all records and information relevant to a child's case to which he or she is appointed when such records and information are not otherwise protected from disclosure.

GAL/CASA may not have access to any records or information that:

- Identifies a reporter of child abuse and/or any other person whose life or safety is likely to be endangered if their identity was not protected;
- Involves the disposition or treatment of a delinquent child within the Department of Juvenile Justice; and
- Concerns an investigation by the Office of the Child Advocate.

All records and information acquired, reviewed or produced by a CASA volunteer during the course of his or her appointment shall be deemed confidential and shall not be disclosed except as ordered by the court.

Except as provided by 49-5-41, any GAL/CASA volunteer who discloses confidential information obtained during the course of his or her appointment shall be guilty of a misdemeanor.

## **6.4 Magistrate Court**

This court is primarily involved in child abuse cases through the issuance of criminal warrants against perpetrators, the holding of probable cause hearings, and setting bond and/or conditions of bail.

- When an individual seeks to secure a warrant for any type of child abuse, the magistrate shall inquire as to the whereabouts of the child and ensure his/her safety is protected.
- The magistrate shall then notify the appropriate police agency for investigation and further proceedings.
- Setting of bonds in child abuse cases shall be the responsibility of the Magistrate or Superior Court Judge as provided by law.
- It is unnecessary for a child abuse victim to appear at probable cause hearings. Evidence of such abuse at a preliminary or bond hearing shall be by alternate means, which are consistent with the Uniform Magistrate Court Rules.

- In considering bond, the Magistrate should consider all the circumstances of the case paying particular attention to the safety of the child.
- In considering bond, the Magistrate should pay particular attention to the safety of the child, preferably prohibiting contact between the child and the accused
- In setting further bond conditions, the Magistrate should consider precluding contact between the accused and all children under the age of sixteen in sex abuse cases and under eighteen in physical abuse cases; for the protection of both the accused and the protected classes of children alike.
  - Bond conditions imposed should be made known to DFCS and the Juvenile Court.

## 6.5 Superior Court

- The Superior court may also issue warrants and sets bonds in certain child abuse cases.
- As a consideration of bond/bail, the Superior Court Judge considers all the circumstances of the case paying particular attention to the safety of the child.
- The Judge hearing the bond motion should impose certain restrictive conditions of bond including but not limited to an order to have no contact with the alleged child victim or any other child prior to finalization of the case.
- All such conditions of bond should be communicated to DFCS and the Juvenile Court.

The Superior Court handles the trial of criminal charges against a defendant in child abuse case. Outlined below are concerns requiring paramount consideration:

- Judges should ensure that the child is protected during the trial by conducting proceedings in a manner both protective of the child and absent of perpetrator intimidation, consistent with the defendant's Constitutional rights.
- Judges should ensure that these cases are given first priority on the trial calendar behind demand for trial and incarcerated defendants.
- Continuances should generally not be given except on legal grounds and the case should be rescheduled as promptly as possible. Every effort should be made to complete the trial as soon as possible. Every effort should be made to accommodate the witnesses contributing their time.
- Sentencing should reflect the need to protect the victim from the perpetrator and be consistent with the family case plan enacted in Juvenile Court. To this end, communication with the Juvenile Court should be maintained prior to sentencing to ensure a consistent approach in handling the family situation

## 7 Prosecution

### **The District Attorney is the chief prosecuting officer for the State of Georgia.**

The District Attorney represents the State of Georgia in the trial and appeal of criminal cases in the Superior Court and delinquency cases in the juvenile courts. Each District Attorney is an elected constitutional officer, who is part of the judicial branch of Georgia state government. The District Attorney is elected in a *Judicial Circuit* which can have only one or as many as eight counties.

Some *counties* have a Solicitor-General who is an elected *county* officer who represents the state of Georgia in trial and appeal of *misdemeanor* criminal cases in State Court. If a county does not have a Solicitor-General, the District Attorney is also responsible for misdemeanor prosecution. In either situation, the District Attorney will handle misdemeanor charges if they are included with felony charges.

The difference between a felony and misdemeanor is the amount of time a sentence can carry. A misdemeanor can carry a sentence of up to only 12 months whereas a felony charge carries a sentence of greater than 12 months.

The *charging document* for a felony is called an Indictment. Felony *indictments* will also include any misdemeanor charges with it. The charging document for misdemeanor only crimes is called an Accusation. Both are filed with the Clerk's office and are public record.

Each District Attorney has a full-time staff of assistant district attorneys, investigators, victim assistance and administrative personnel who assist the District Attorney in carrying out the duties of the office.

*The Criminal Code of Georgia defines what constitutes each crime. Various criminal statutes have been enacted when a child is the victim of emotional, physical and sexual abuse. Each element of each crime must be proved beyond a reasonable doubt at trial. (See Criminal Statutes Involving Children below)*

The District Attorney's Office works with law enforcement, DFCS, CACs, therapists, physicians and everyone else who was involved in the investigation of the case in preparing for trial. Good investigation as outlined in the preceding section(s) is critical for effective prosecution.

Some critical evidence includes but is not limited to:

- Witness contact information
- Witness interviews and statements
- Photographs of the scene and/or victim
- A forensic interview of a child\*;
- A forensic medical exam of a child\*;
- Child's medical records from birth to determine if injury is congenital or if there is a differential diagnosis.

\*When children are involved, the forensic interview and/or forensic evaluation is critical in obtaining non-suggestive, non-leading and non-coercive interviews. The forensic medical examination can be critical in obtaining evidence relating to the crime. Both are extremely

important and used during the trial of the case.

## 7.1 Family Violence

***Laws have been enacted to protect children living in homes with family violence. (See, Cruelty to Children in the third degree as outlined below)***

*Children who live with domestic violence face numerous risks, such as the risk of exposure to traumatic events, the risk of neglect, the risk of being directly abused, and the risk of losing one or both of their parents. All of these can lead to negative outcomes for children and clearly have an impact on them. Research studies consistently have found the presence of three categories of childhood problems associated with exposure to domestic violence:*

- **Behavioral, social, and emotional problems**—higher levels of aggression, anger, hostility, oppositional behavior, and disobedience; fear, anxiety, withdrawal, and depression; poor peer, sibling, and social relationships; low self-esteem.
- **Cognitive and attitudinal problems**—lower cognitive functioning, poor school performance, lack of conflict resolution skills, limited problem-solving skills, acceptance of violent behaviors and attitudes, belief in rigid gender stereotypes and male privilege.
- **Long-term problems**—higher levels of adult depression and trauma symptoms, increased tolerance for and use of violence in adult relationships.

### **"Family violence" under O.C. G.A. §19-13-1:**

means the occurrence of one or more of the following acts between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household:

(1) Any felony; or

(2) Commission of offenses of battery, simple battery, simple assault, assault, stalking, criminal damage to property, unlawful restraint, or criminal trespass.

The term "family violence" shall not be deemed to include reasonable discipline administered by a parent to a child in the form of corporal punishment, restraint, or detention.

## 7.2 Criminal Statutes Involving Children

### **Crimes against or involving children include but are not limited to:**

- Cruelty to Children (O.C.G.A. 16-5-70);
- Second Degree Murder. (O.C.G.A. 16-5-1(d))
- Statutory rape (O.C.G.A. 16-6-3);
- Child Molestation and Aggravated child molestation (O.C.G.A. 16-6-4);
- Enticing a child for indecent purposes (O.C.G.A. 16-6-5);
- Sexual assault by persons with supervisory or disciplinary authority; sexual assault by practitioner of psychotherapy against patient; consent not a defense (O.C.G.A. 16-6-5.1);
- Sexual battery (O.C.G.A. 16-6-22.1);
- Aggravated sexual battery (O.C.G.A. 16-6-22.2);
- Sexual exploitation of children (O.C.G.A. 16-12-100)

- Electronically furnishing obscene material to minors (O.C.G.A. 16-12-100.1)
- Computer or electronic pornography and child exploitation prevention (O.C.G.A. 16-12-100.2)
- Obscene telephone contact; conviction; penalties (O.C.G.A. 16-12-100.3)

**Laws that apply to Sexual Exploitation:**

- Trafficking of persons for labor or sexual servitude (O.C.G.A. 16-5-46)
- Keeping a place of prostitution (O.C.G.A. 16-6-10)
- Pimping (O.C.G.A. 16-6-11)
- Pandering (O.C.G.A. 16-6-12)
- Penalties for violating 16-6-9 through 16-6-12 (O.C.G.A. 16-6-13)
- Proceeds from pimping, forfeiture and distribution (O.C.G.A. 16-6-13.3)
- Pandering by compulsion (O.C.G.A. 16-6-14)
- Solicitation of sodomy (O.C.G.A. 16-6-15)
- Kidnapping (O.C.G.A. 16-5-40)
- Battery (O.C.G.A. 16-5-23.1)
- Child Molestation (O.C.G.A. 16-6-4)
- Enticing a child for indecent purposes (O.C.G.A. 16-6-5)
- Aggravated assault with intent to commit rape (O.C.G.A. 16-5-21)
- Serious violent sex crimes (O.C.G.A. 16-6-1, 2, 22.2)
- False imprisonment (O.C.G.A. 16-6-41)
- Document fraud/forgery (O.C.G.A. 16-9-4 & 16-9-5)
- Extortion (O.C.G.A. 16-8-16)

**Element of a Crime**

The prosecution must prove each *element* of the crime beyond a reasonable doubt at trial . As noted below, all crimes specify an **age of the victim** which is either under 16 or 18 years old. The **age of the defendant** may be critical for crimes that have misdemeanor provisions distinguishing whether the crime is treated as a felony or misdemeanor offence effecting sentencing and punishment. Thus, the first two pieces of critical information obtained during the investigation is the victim *and* perpetrator’s age.

Knowing the elements of a crime during an investigation will lead to better evidence gathering and successful prosecutions.

**§ 16-5-70 Cruelty to children:**

**First degree**

- (1.) A parent, guardian, or other person supervising the welfare of or having immediate charge or custody
- 2. of a child under the age of 18
- 3. *willfully deprives* the child of necessary sustenance to the extent that the child's health or well-being is jeopardized.

OR

- 2. *maliciously causes*
- 3. a child under the age of 18
- 4. cruel or excessive
- 5. physical or mental pain.

### **Second degree**

1. a person with *criminal negligence* causes
2. a child under the age of 18
3. cruel or excessive physical or mental pain.

### **Third degree:**

- (1) Such person, who is the primary aggressor,
  2. intentionally allows
  3. a child under the age of 18
  4. to witness the commission of a forcible felony, battery\* or family violence battery\*;
- OR
2. has knowledge
  3. that a child under the age of 18
  4. is present and sees or hears the act,

commits a forcible felony, battery, or family violence battery.

\*O.C.G.A. 16-5-23.1, A person commits the offense of battery when he or she intentionally causes substantial physical harm or visible bodily harm to another. The term "visible bodily harm" means bodily harm capable of being perceived by a person other than the victim and may include, but is not limited to, substantially blackened eyes, substantially swollen lips or other facial or body parts, or substantial bruises to body parts.

If the offense of battery is committed between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household, then such offense shall constitute the offense of family violence battery.

In no event shall this subsection be applicable to reasonable corporal punishment administered by parent to child.

### **§16-5-1(d). Second Degree Murder**

A person commits the offense of murder in the second degree when, in the commission of cruelty to children in the second degree, he or she causes the death of another human being irrespective of malice.

### **§ 16-6-3. Statutory rape**

- (a) A person engages in sexual intercourse
1. with any person under the age of 16 years
  2. not his or her spouse,
- (no conviction shall be had for this offense on the unsupported testimony of the victim)

Misdemeanor provision: If the victim is at least 14 but less than 16 years of age and the person convicted of statutory rape is 18 years of age or younger and is no more than four years older than the victim, such person shall be guilty of a misdemeanor.

#### **§ 16-6-4. Child molestation**

(a) A person

1. Does any immoral or indecent act
2. to or in the presence of or with any child
3. under the age of 16 years
4. with the intent to arouse or satisfy the sexual desires
5. of either the child or the person;

OR

(b) A person

1. By means of an electronic device,
2. transmits images of a person
3. engaging in, inducing, or otherwise participating in
4. any immoral or indecent act
5. to a child under the age of 16 years
6. with the intent to arouse or satisfy the sexual desires
7. of either the child or the person.

Misdemeanor provision: If the victim is at least 14 but less than 16 years of age and the person convicted of child molestation is 18 years of age or younger and is no more than four years older than the victim, such person shall be guilty of a misdemeanor and shall not be subject to the sentencing and punishment provisions of Code Section 17-10-6.2.

#### **§ 16-6-4. Aggravated child molestation**

(A) An act of child molestation

1. *physically injures* the child or *involves an act of sodomy.*

Misdemeanor provision: (A) The victim is at least 13 but less than 16 years of age; (B) The person convicted of aggravated child molestation is 18 years of age or younger and is no more than four years older than the victim; and (C) The basis of the charge of aggravated child molestation involves an act of sodomy.

#### **16-6-5. Enticing a child for indecent purposes**

(a) A person

1. solicits, entices, or takes
2. any child under the age of 16 years
3. to any place whatsoever for the purpose of child molestation or indecent acts.

Misdemeanor provision: If the victim is at least 14 but less than 16 years of age and the person convicted of enticing a child for indecent purposes is 18 years of age or younger and is no more than four years older than the victim.

#### **16-6-5.1. Sexual assault by persons with supervisory or disciplinary authority or by a practitioner of psychotherapy against patient.**

(a) **Definitions:**

- (1) "Actor" means a person accused of sexual assault.

(2) "Intimate parts" means the genital area, groin, inner thighs, buttocks, or breasts of a person.

(3) "Psychotherapy" means the professional treatment or counseling of a mental or emotional illness, symptom, or condition.

(4) "Sexual contact" means any contact between the actor and a person not married to the actor involving the intimate parts of either person for the purpose of sexual gratification of the actor.

(5) "School" means any educational program or institution instructing children at any level, pre-kindergarten through twelfth grade, or the equivalent thereof if grade divisions are not used.

**(b) A person who has supervisory or disciplinary authority over another individual commits sexual assault when that person:**

Is a teacher, principal, assistant principal, or other administrator of any school and

1. engages in sexual contact with such other individual
2. who the actor knew or should have known
3. is enrolled at the same school;

provided, however, that such contact shall not be prohibited when the actor is married to such other individual;

Is an employee or agent of any probation or parole office and

1. engages in sexual contact with such other individual
2. who the actor knew or should have known
3. is a probationer or parolee under the supervision of the same probation or parole office;

Is an employee or agent of a law enforcement agency and

1. engages in sexual contact with such other individual
2. who the actor knew or should have known
3. is being detained by or is in the custody of any law enforcement agency;

Is an employee or agent of a hospital and

1. engages in sexual contact with such other individual
2. who the actor knew or should have known
3. is a patient or is being detained in the same hospital; or

Is an employee or agent of a correctional facility, juvenile detention facility, facility providing services to a person with a disability, as such term is defined in Code Section 37-1-1,

OR

a facility providing child welfare and youth services, as such term is defined in Code Section 49-5-

- 3, 1. who engages in sexual contact with such other individual
2. who the actor knew or should have known
3. is in the custody of such facility.

**(c) A person who is an actual or purported practitioner of psychotherapy commits sexual assault when he or she**

1. engages in sexual contact with another individual
2. who the actor knew or should have known
3. is the subject of the actor's actual or purported treatment or counseling  
or  
the actor uses the treatment or counseling relationship
4. to facilitate sexual contact between the actor and such individual.

**(d) A person who is an employee, agent, or volunteer at any facility licensed or required to be licensed**

under Code Section 31-7-3, 31-7-12, or 31-7-12.2

or

who is required to be licensed pursuant to Code Section 31-7-151 or 31-7-173  
commits sexual assault when

1. he or she engages in sexual contact with another individual who
2. the actor knew or should have known
3. had been admitted to or is receiving services from such facility or the actor.

**(e) Consent of the victim shall not be a defense under this Code Section.**

**16-6-22.1. Sexual battery**

(A) a person

1. *intentionally* makes physical contact
2. with the intimate parts\* of the body of another person
3. without the consent of that person.

\* "intimate parts" means the primary genital area, anus, groin, inner thighs, or buttocks of a male or female and the breasts of a female.

**16-6-22.2. Aggravated sexual battery**

(A) a person

1. intentionally penetrates
2. with a foreign object\*
3. the sexual organ or anus of another person
3. without the consent of that person.

\*"foreign object" means any article or instrument other than the sexual organ of a person. Fingers are a "foreign object."

**16-12-100. Sexual exploitation of children**

**(a) Definitions:**

- (1) "Minor" means any person under the age of 18 years.
- (2) "Performance" means any play, dance, or exhibit to be shown to or viewed by an audience.
- (3) "Producing" means producing, directing, manufacturing, issuing, or publishing.

(4) "Sexually explicit conduct" means actual or simulated:

(A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;

(B) Bestiality;

(C) Masturbation;

(D) Lewd exhibition of the genitals or pubic area of any person;

(E) Flagellation or torture by or upon a person who is nude;

(F) Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;

(G) Physical contact in an act of apparent sexual stimulation or gratification with any person's unclothed genitals, pubic area, or buttocks or with a female's nude breasts;

(H) Defecation or urination for the purpose of sexual stimulation of the viewer; or

(I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

(5) "Visual medium" means any film, photograph, negative, slide, magazine, or other visual medium.

**(b) (1) It is unlawful for any person knowingly**

-to employ, use, persuade, induce, entice, or coerce any minor

-to engage in or assist any other person to engage in

-any sexually explicit conduct

-for the purpose of producing any visual medium depicting such conduct.

**(2) It is unlawful for any parent, legal guardian, or person**

-having custody or control of a minor

-knowingly to permit the minor

-to engage in or to assist any other person to engage in

-sexually explicit conduct

-for the purpose of producing any visual medium depicting such conduct.

**(3) It is unlawful for any person *knowingly***

-to employ, use, persuade, induce, entice, or coerce any minor

-to engage in or assist any other person to engage in

-any sexually explicit conduct

-for the purpose of any performance.

**(4) It is unlawful for any parent, legal guardian, or person**

-having custody or control of a minor

-knowingly to permit the minor to engage in or to assist any other person to engage in

-sexually explicit conduct

-for the purpose of any performance.

**(5) It is unlawful for any person *knowingly***

-to create, reproduce, publish, promote, sell, distribute, give, exhibit, or possess

-with intent to sell or distribute any visual medium

- which depicts a minor or a portion of a minor's body
- engaged in any sexually explicit conduct.

**(6) It is unlawful for any person *knowingly***

- to advertise, sell, purchase, barter, or exchange any medium
- which provides information as to where any visual medium
- which depicts a minor or a portion of a minor's body
- engaged in any sexually explicit conduct
- can be found or purchased.

**(7) It is unlawful for any person *knowingly***

- to bring or cause to be brought into this state
- any material which depicts a minor or a portion of a minor's body
- engaged in any sexually explicit conduct.

**(8) It is unlawful for any person *knowingly* to**

- possess or control any material which depicts a minor or a portion of a minor's body
- engaged in any sexually explicit conduct.

**Reporting violation**

(c) A person who,

1. in the course of processing or producing visual or printed matter either privately or commercially,
2. has *reasonable cause* to believe that the visual or printed matter submitted for processing or producing
3. depicts a minor engaged in sexually explicit conduct
4. shall *immediately* report such incident, or cause a report to be made, to the Georgia Bureau of Investigation or the law enforcement agency for the county in which such matter is submitted.

**16-12-100.1. Electronically furnishing obscene material to minors**

**(a) Definitions:**

(1) "Bulletin board system" means a computer data and file service that is accessed wirelessly or by physical connection to store and transmit information.

(2) "CD-ROM" means a compact disc with read only memory which has the capacity to store audio, video, and written materials and is used by computers to reveal the above-said material.

(3) "Electronically furnishes" means:

(A) To make available by electronic storage device, including floppy disks and other magnetic storage devices, or by CD-ROM; or

(B) To make available by allowing access to information stored in a computer, including making material available by operating a computer bulletin board system.

(4) "Harmful to minors" means that quality of description or representation, in whatever form, of

nudity, sexual conduct, sexual excitement, or sadomasochistic abuse, when it:

(A) Taken as a whole, predominantly appeals to the prurient, shameful, or morbid interest of minors;

(B) Is patently offensive to prevailing standards in the adult community as a whole with respect to what is suitable material for minors; and

(C) Is, when taken as a whole, lacking in serious literary, artistic, political, or scientific value for minors.

(5) "Minor" means an unmarried person younger than 18 years of age.

(6) "Sadomasochistic abuse" means flagellation or torture by or upon a person who is nude or clad in undergarments or in revealing or bizarre costume or the condition of being fettered, bound, or otherwise physically restrained on the part of one so clothed.

(7) "Sexual conduct" means human masturbation, sexual intercourse, or any touching of the genitals, pubic areas, or buttocks of the human male or female or the breasts of the female, whether alone or between members of the same or opposite sex or between humans and animals in an act of apparent sexual stimulation or gratification.

(8) "Sexual excitement" means the condition of human male or female genitals or the breasts of the female when in a state of sexual stimulation.

**(b) A person commits the crime of electronically furnishing obscene materials to minors if:**

(1) Knowing or having good reason to know the character of the material furnished, the person electronically furnishes to an individual whom the person knows or should have known is a minor:

(A) Any picture, photograph, drawing, or similar visual representation or image of a person or portion of a human body which depicts sexually explicit nudity, sexual conduct, or sadomasochistic abuse and which is harmful to minors; or

(B) Any written or aural matter that contains material of the nature described in subparagraph (A) of this paragraph or contains explicit verbal descriptions or narrative accounts of sexual conduct, sexual excitement, or sadomasochistic abuse;

(2) The offensive portions of the material electronically furnished to the minor are not merely an incidental part of an otherwise nonoffending whole;

(3) The material furnished to the minor, taken as a whole, lacks serious literary, artistic, political, or scientific value; and

(4) The material furnished to the minor, taken as a whole, is harmful to minors in that it appeals to and incites prurient interest.

(c) Except as provided in subsection (d) of this Code section, any person who violates this Code section shall be guilty of a misdemeanor of a high and aggravated nature.

(d) Any person who violates this Code section shall be guilty of a misdemeanor if:

(1) At the time of the offense, the minor receiving the obscene materials was at least 14 years of age;

(2) The receipt of the materials was with the permission of the minor; and

(3) The defendant was 18 years of age or younger.

**16-12-100.2. Computer or electronic pornography and child exploitation prevention**

(a) This Code section shall be known and may be cited as the "Computer or Electronic Pornography and Child Exploitation Prevention Act of 2007."

**(b) Definitions:**

(1) "**Child**" means any person under the age of 16 years.

(2) "**Electronic device**" means any device used for the purpose of communicating with a child for sexual purposes or any device used to visually depict a child engaged in sexually explicit conduct, store any image or audio of a child engaged in sexually explicit conduct, or transmit any audio or visual image of a child for sexual purposes. Such term may include, but shall not be limited to, a computer, cellular phone, thumb drive, video game system, or any other electronic device that can be used in furtherance of exploiting a child for sexual purposes;

(3) "**Identifiable child**" means a person:

(A) Who was a child at the time the visual depiction was created, adapted, or modified or whose image as a child was used in creating, adapting, or modifying the visual depiction; and

(B) Who is recognizable as an actual person by the person's face, likeness, or other distinguishing characteristic, such as a unique birthmark or other recognizable feature or by electronic or scientific means as may be available.

The term shall not be construed to require proof of the actual identity of the child.

(4) "**Sadomasochistic abuse**" has the same meaning as provided in Code Section 16-12-100.1.

(5) "**Sexual conduct**" has the same meaning as provided in Code Section 16-12-100.1.

(6) "**Sexual excitement**" has the same meaning as provided in Code Section 16-12-100.1.

(7) "**Sexually explicit nudity**" has the same meaning as provided in Code Section 16-12-102.

(8) "**Visual depiction**" means any image and includes undeveloped film and video tape and data stored on computer disk or by electronic means which is capable of conversion into a visual image or which has been created, adapted, or modified to show an identifiable child engaged in sexually

explicit conduct.

**(c) (1) A person commits the offense of computer or electronic pornography if such person intentionally or willfully:**

- A. Compiles, enters into, or transmits by computer or other electronic device;
- B. Makes, prints, publishes, or reproduces by other computer or other electronic device;
- C. Causes or allows to be entered into or transmitted by computer or other electronic device; or
- D. Buys, sells, receives, exchanges, or disseminates
- E. any notice, statement, or advertisement,  
or  
any child's name, telephone number, place of residence, physical characteristics  
or  
other descriptive or identifying information
- F. for the purpose of offering or soliciting
- G. sexual conduct of or with an identifiable child or the visual depiction of such conduct.

**Misdemeanor Provision:**

- (A) At the time of the offense, any identifiable child visually depicted was at least 14 years of age when the visual depiction was created;
- (B) The visual depiction was created with the permission of such child;
- (C) The defendant possessed the visual depiction with the permission of such child; and
- (D) The defendant was 18 years of age or younger at the time of the offense and:
  - (i) The defendant did not distribute the visual depiction to another person; or
  - (ii) In the court's discretion, and when the prosecuting attorney and the defendant have agreed, if the defendant's violation involved the distribution of such visual depiction to another person but such distribution was not for the purpose of:
    - (I) Harassing, intimidating, or embarrassing the minor depicted; or
    - (II) For any commercial purpose.

(4) The prohibition contained in paragraph (1) of this subsection shall not apply to any person who creates or possesses a visual depiction of only himself or herself.

- (d) (1) It shall be unlawful for any person intentionally or willfully to utilize a computer wireless service or Internet service, including, but not limited to, a local bulletin board service, Internet chat room, e-mail, instant messaging service, or other electronic device,**
- to seduce, solicit, lure, or entice, or attempt to seduce, solicit, lure, or entice a child,
  - another person believed by such person to be
  - a child, any person having custody or control of a child, or another person believed by such person to have custody or control of a child
  - to commit any illegal act by, with, or against a child as described in Code Section 16-6-2, relating to the offense of sodomy or aggravated sodomy; Code Section 16-6-4, relating to the offense of child molestation or aggravated child molestation; Code Section 16-6-5, relating to the offense of enticing a child for indecent purposes; or Code Section 16-6-8, relating to the offense of public indecency
- or
- to engage in any conduct that by its nature is an unlawful sexual offense against a child.

(2) Misdemeanor provision: if at the time of the offense the victim was at least 14 years of age and the defendant was 18 years of age or younger, then the defendant shall be guilty of a misdemeanor.

(e) (1) **A person commits the offense of obscene Internet contact with a child if**

-he or she has contact with someone he or she knows to be a child or with someone he or she believes to be a child

-via a computer wireless service or Internet service, including, but not limited to, a local bulletin board service, Internet chat room, e-mail, or instant messaging service, and

-the contact involves any matter containing explicit verbal descriptions or narrative accounts of sexually explicit nudity, sexual conduct, sexual excitement, or sadomasochistic abuse

-that is intended to arouse or satisfy the sexual desire of either the child or the person,

provided that no conviction shall be had for a violation of this subsection on the unsupported testimony of a child.

(2) Any person who violates paragraph (1) of this subsection shall be guilty of a felony and, upon conviction thereof, shall be punished by imprisonment for not less than one nor more than ten years or by a fine of not more than \$10,000.00; provided, however, that if at the time of the offense the victim was at least 14 years of age and the defendant was 18 years of age or younger, then the defendant shall be guilty of a misdemeanor.

(f) (1) **It shall be unlawful for any owner or operator of a computer on-line service, Internet service, local bulletin board service, or other electronic device**

-that is in the business of providing a service that may be used to sexually exploit a child  
-to intentionally or willfully

-to permit a subscriber to utilize the service to commit a violation of this Code section,

-knowing that such person intended to utilize such service to violate this Code section.

No owner or operator of a public computer on-line service, Internet service, local bulletin board service, or other electronic device that is in the business of providing a service that may be used to sexually exploit a child shall be held liable on account of any action taken in good faith in providing the aforementioned services.

### **16-12-100.3. Obscene telephone contact; conviction**

(a) Definitions:

"sexual conduct," "sexual excitement," and "sadomasochistic abuse" have the same meanings as provided for those terms in Code Section 16-12-100.1, relating to electronically furnishing obscene materials to minors; the term "sexually explicit nudity" has the same meaning as provided for that term in Code Section 16-12-102, relating to distributing harmful materials to minors; and the term "child" means a person under 14 years of age.

(b) A person 17 years of age or over commits the offense of obscene telephone contact with a child if

1. that person has telephone contact with an individual whom that person

2.knows or should have known is a child, and

3. that contact involves any aural matter containing explicit verbal descriptions or narrative accounts of sexually explicit nudity, sexual conduct, sexual excitement, or sadomasochistic abuse
4. which is intended to arouse or satisfy the sexual desire of either the child or the person,

provided that no conviction shall be had for this offense on the unsupported testimony of the victim.

### **7.3 Child Assistance During Trial**

The District Attorney's Office provides great care to children who are victims of crime and involved in the prosecution of a case. The District Attorney's office has a Victim Witness Program that provides services, support and information regarding the court process to the victim and the non-offending caregiver.

At trial, if the verbal testimony of the child is to be required, all efforts are made available to the child, including but not limited to providing a separate room, to prevent contact with the perpetrator prior to the child's testimony.

Planned disposition of the case, whether by trial or plea negotiations is discussed with the victim's guardian and/or the victim prior to disposition. The input of the victim and/or the guardian is noted in the file and taken into consideration during the decision-making process.

## 8.1 Appendix

### Appendix A - Prevention

Child abuse prevention rests on the principle that all children should have safe, stable, nurturing relationships and environments. Child abuse and neglect is not caused by a single factor, but by multiple factors related to the individual, family, community, and greater society. Effective prevention involves strategies targeted to supporting families within their communities.

Child maltreatment is a devastating social problem affecting millions of children and families each year in the United States. The effects of maltreatment in the social, cognitive and emotional development of children can be far reaching and, in many cases, irreparable. Children may suffer from serious physical injuries, neurological damage, cognitive deficits, and problems with social relationships, behavior problems, aggression, depression, and increased risk for substance abuse, poor school performance, and juvenile delinquency or adult crime.

It is important for professionals engaged in any practice involving children to understand the types of abuse and to be able to recognize the physical and behavioral indicators of abuse. It is also at least equally, if not more, important to understand that every individual plays a role in preventing maltreatment.

Mandated reporters play a critical role in recognizing when to help parents and children reach out for assistance and support before child abuse occurs.

**Child abuse is not inevitable; it is preventable.**

All mandated reporters should be trained in recognizing, reporting, and preventing maltreatment.

**REPORT CHILD ABUSE AND NEGLECT TO DFCS AT 1-855-GACHILD / 1-855-422-4453. Reports are taken 24 hours a day, 7 days a week.**

# 1. Risk factors for maltreatment

If potential risk factors for maltreatment are known, supports and services to mitigate those risks can be offered.

## FAMILY

Parental or caregiver immaturity - Very Young or inexperienced parents may not understand a child's behaviors and needs and may not know what to expect at each stage of child development.

Unrealistic expectations of a child's development.

Social isolation - a lack of family or friends to help with the demands of parenting.

Frequent crises - stress related to finances, employment, relationships, etc.

Drug or alcohol problems

Mental illness

Poor family boundaries - failure to protect a child from harm which includes access to the home by many outsiders, lack of supervision, etc.

Dangerous home environments including exposure to drugs, weapons and dangerous objects or animals

Parents who were victims of maltreatment and have not learned additional coping skills

## COMMUNITY

Drug endangered environment or neighborhood.

Inadequate housing

Underemployment & Unemployment

Lack of access to medical care

Residential turnover

Violent community

Promotion of violence

Economic factors

Lack of supportive resources

Lack of social connections

## 2. Protective factors for maltreatment

Everyone is exposed to risk at some point. Because risk cannot be entirely eliminated, it is important to build up protective factors, those strengths that can be built upon to increase family's safety and well-being.

Family	Service Provider	Community
Develops close bonding with a child	Expresses positive expectations	Leaders prioritize community health, safety & quality of life for families
Those who are nurturing & protective	Encourages pro-social development	Engage supportive neighbors
Value & encourage education	Provides opportunities for leadership & participation	Develop neighborhood watch groups, mentoring groups
Manage stress	Staff view themselves as caring People	Ensure safe neighborhoods free from violence
Makes spending time with their children a priority	Support families when they recognize signs of stress or Need	Provide supportive social & health networks
Seeks professional help when needed	Have family friendly information available which includes information on child development, bonding, Parenting	
	Have appropriate community resource referrals available	

# Appendix B - Indicators of Abuse

It is recommended that all mandated reporters and protocol committee members should receive training in recognition, reporting and prevention of child abuse. The lists that follow below are meant to simply outline some factors, dynamics and symptoms indicative of abuse and to serve as reminders for trained professionals. This list is in no way exhaustive and all child abuse professionals and mandated reporters should seek appropriate training. Free and reduced rate training is available in Georgia through a variety of providers.

For more information about training contact: Office of the Child Advocate, 404-656-4200

## **1. Neglect and Maltreatment**

### **A. Child**

1. Physical findings that may be associated with abuse:
  - Chronic hunger or tiredness
  - Chronic health problems (i.e., skin, respiratory, digestive)
  - Medical problems left unattended
  - Inadequate hygiene (i.e., dirty and unwashed)
  - Developmentally delayed (i.e., speech disorder, failure to thrive)
  - Has been abandoned
  - Without adult supervision for extended periods of time
  
2. Behavioral findings that may be associated with abuse:
  - Begging or stealing food
  - Chronic fatigue (i.e., falling asleep in school, dull/apathetic appearance, listlessness)
  - Poor school attendance or chronic lateness
  - Coming to school early and leaving late
  - Functions below grade/ability level in school
  - Delinquent/antisocial/destructive behavior (i.e., vandalism, inappropriate affection seeking, sucking/biting/rocking)
  - Use of drugs/alcohol

### **B. Parent/Caretaker**

1. Behavioral findings that may be associated with abuse:
  - Apathetic
  - Craving for excitement/change
  - Desire to be rid of the demands of the child (i.e., isolates child for long periods of time, not listening or talking to child, leaves child alone or unattended)
  - Lack of interest in child's activities (i.e., fails to provide supervision and guidance, severely criticizes child, name-calling, scaring, lack of affection)
  - Lack of cooperation with agency
  
2. Environmental findings that may be associated with abuse:
  - Lack of parenting skills
  - Financial pressures
  - Marital problems
  - Inconsistent employment
  - Mental health problems

- Drug/alcohol abuse
- Long term illness
- Chaotic family life
- Neglected as a child
- Poverty (i.e., low income, poor housing, isolation, large family)

## **2. Physical Abuse**

Physical abuse may be suspected if the injuries listed below are not associated with accidental injuries or if the explanation does not fit the pattern of the injury.

### **A. Child**

1. Physical findings that may be associated with abuse:
  - Bruises (i.e., occurring in unusual patterns; occurring on posterior side of body; occurring in clusters; occurring on an infant, especially on the face; in various stages of healing)
  - Burns (i.e., immersion burns, cigarette-type burns, restraint burns, appliance related burns etc.) Unexpected missing or loosened teeth
  - Unexplained lacerations and abrasions
  - Inflicted marks (i.e., human bite marks, choke marks)
  - Skeletal injuries
  - Head injuries (i.e., absence of hair, nasal or jaw fractures, sub-dural hematomas, other more serious injuries)
  - Internal injuries
2. Behavioral findings that may be associated with abuse:
  - Wary of adults
  - Extreme behaviors (i.e., aggressive or withdrawn, frightened of sudden movements, apprehensive when other children cry)
  - Reports injuries by parents (i.e., frightened of parents, afraid to go home)
  - Wear long sleeves or other concealing clothing
  - Explanation of injury is inconsistent with nature of injury
  - Aggressive behavior to other children/animals
  - Indiscriminately seeks affection

### **B. Parent/Caretaker**

- A. Behavioral findings that may be associated with abuse:
  - Unrealistic expectations of child
  - Uses discipline which is inappropriate or extreme for child's age or behavior
  - Discipline is often cruel
  - Failed appointments (i.e., lack of cooperation with agency regarding child's health/injuries, reluctant to share information about child)
  - Discourages social contacts
  - Different medical facilities (i.e., refuses consent for medical exam/diagnostic testing)
  - Fails to obtain medical care for child
  - Believes in/defends corporal punishment
  - Religious practices that pose the risk of child abuse
  - Parent cannot be located
  - Parent conceals child's injuries

- Parent confines child for extended periods of time
- B. Environmental findings that may be associated with abuse:
- Parental history of child abuse
  - Lack of parenting skills
  - Marital problems
  - Mental/physical illness
  - Drug/alcohol problems
  - Social isolation
  - Financial pressures
  - Unemployment
  - Inadequate housing
  - Target child in home (i.e., physically or emotionally handicapped, developmentally disabled, unwanted)

### **3. Pediatric Condition Falsification - Munchausen Syndrome By Proxy**

Pediatric Condition Falsification is a form of medical abuse initiated by a caregiver. It consists of chronic false reporting of symptoms and/or inducement of illness. The child is then unnecessarily exposed to medical interventions. The primary reason for this falsification of signs or symptoms in the child/victim by the perpetrator is called Factitious Disorder by Proxy. This is a psychiatric concept in which the adults seek attention at another's expense, and have the ability not only to lie but to imposture. An older term, Munchausen syndrome by proxy, refers to Pediatric Condition Falsification in which Factitious Disorder by Proxy is also present. In some instances, the non-perpetrating spouse or others help maintain the deceptive process by their failure to believe the doctors, blindly support the perpetrator, and/or at times actively collude with the deception.

#### **A. Child – presentations**

1. Physical findings that may be associated with abuse:
  - Perpetrator directly inducing conditions (examples—vomiting or diarrhea induced by drug administration, causing apnea by occluding the airway)
  - Perpetrator deceptively reports signs and symptoms thereby misrepresenting the victim as ill (examples—reporting seizure activity, symptoms, but child appears healthy—such as high fevers).
  - Presents false evidence of illness (examples— blood placed in victim's bodily fluids)

#### **B. Parent/Caretaker – characteristics**

1. Psychological findings that may be associated with abuse:
  - Perpetrator reports false psychological symptoms (examples—excessive anxiety, school refusal, stress reactions, schizophrenia)
2. Sexual Abuse
  - Perpetrator repeatedly requests evaluation for false allegations of sexual abuse. This is Pediatric Condition Falsification although there is some dispute whether all cases are also Factitious Disorder by Proxy.
3. Goal is to gain attention for self
4. Masquerading as the “good mother”
5. Occasionally uses the child to gain material goods

#### **C. Colluding family members – possibilities**

1. Passive spouse
2. Abusive spouse
3. Help maintain deception by defending the perpetrator

#### **D. Others**

1. Doctors may be found who are more easily fooled and help to continue the deception.
2. “Doctor shopping” may occur to hide the deceptions (e.g. obtaining multiple medications) or to avoid a doctor getting wise to the situation.
3. Lawyers and judges may have problems recognizing this form of abuse as serious and propose plans that do not adequately protect the child’s physical and emotional health.

### **4. Emotional/ Verbal Abuse**

#### **A. Child**

1. Physical findings which may be associated with abuse:
  - Regressive habits, such as rocking, or thumb sucking in an older child
  - Poor peer relations
  - Daytime anxiety and unrealistic fears
  - Behavioral extremes: either aggressive/antisocial or passive/withdrawn
  - Problems sleeping at night, may fall asleep during day
  - Speech disorders
  - Learning difficulties
  - Displays low self-confidence/self-esteem
  - Sadomasochistic behavior (displays cruelty towards other children or animals, or seems to derive satisfaction from being mistreated)
  - Lack of concern for personal safety, oblivious to hazards and risks

#### **B. Parent/Caretaker**

1. Behavioral findings which may be associated with abuse:
  - Unrealistic expectations of child
  - Uses extreme discipline, overreacts when child misbehaves or does not meet parents’ expectations
  - Consistently ridicules and shames child
  - Does not reward, praise or acknowledge child’s positive qualities or achievements
  - Blames and punishes child for things over which the child has no control
  - May use bizarre and inappropriate forms of punishment, such as isolating a child in a closet or humiliating a child in public
  - Threatens the child with abandonment or placement in an institution
2. **Environmental Risk Factors**
  - Parents were victims of some form of child abuse: physical, sexual, emotional
  - Marital problems
  - Isolated, no support system
  - Low self-esteem
  - Drug/alcohol problems
  - Does not understand normal developmental stages of children
  - Mentally/physically ill
  - Financial/employment problems
  - Child unwanted
  - Family Violence

All training designed to help professionals deal appropriately with children who have suffered abuse should include information found below. Professionals working with children are often unsure of the

appropriate response to children who have been abused. Try to normalize the situation by acknowledging it as you would divorce, death, or other traumatic crises in a child's life. Try not to dwell on the abuse or ignore inappropriate behavior. Your role is to help build the child's self-esteem and sense of safety and security. Some suggestions are:

- Maintain contact with the child's caseworker, therapist, and non-offending parent when appropriate.
- Be aware of such events as foster care placement and juvenile/criminal court proceedings.
- Be sensitive about touching the sexually abused child without asking permission.
- Do not tolerate inappropriate sexual or violent behavior. Reassure the child that he/she is OK, but that the behavior is unacceptable.
- If the child wants to talk more about the abuse, find a private place to listen, validate feelings, and continue to be supportive.
- Respect the family's feelings and need for privacy. Do not discuss the abuse with persons not involved.
- Abused children especially need to hear self-esteem messages such as: "You are healthy," "You have every right to be here," "You have every right to be safe" or "You are brave for telling."
- Recognize your need for support in dealing with your own feelings of pain, fear, anger, and powerlessness.

Suggested additional areas of training:

- Bullying
- Internet safety
- Child development
- Child-on-child abuse
- Domestic violence and children who witness it

## **5. Sexual Abuse**

### **A. Child**

1. Physical findings which may be associated with abuse:
  - Difficulty in walking or sitting
  - Complaints of pain or discomfort in genital area
  - Torn/stained/bloody underclothing
  - Unusual or offensive odors
  - Poor sphincter control in previously toilet trained child
  - Self-Mutilation, disfigurement
  - Medical indicators (i.e., bruises/bleeding/laceration in genitalia or anus; genital or rectal pain, itching, or swelling; venereal disease; discharge; pregnancy; extreme passivity in a pelvic exam)
2. Behavioral findings which may be associated with abuse:
  - Sophisticated or unusual sexual knowledge and/or behavior (i.e., preoccupation with sexual organs of self/parent/other children, seductive behavior, sexual promiscuity, excessive masturbatory behavior, poor physical boundaries, perpetration to other children)
  - Wearing many layers of clothing, regardless of weather
  - Reluctance to go to a particular place or to be with a particular person
  - Recurrent nightmares or disturbed sleep patterns and fear of dark
  - Withdrawal/fantasy
  - Infantile behavior
  - Overly affectionate/indiscriminately seeks affection

**B. Parent/Caretaker**

- Marked role reversal between mother and child
- Extreme over-protectiveness of the child
- Isolation of child from peer contact and community systems
- Domineering/rigid disciplinarian
- History of sexual abuse for either parent
- Extreme reaction to sex education or prevention education in the schools
- Physical and/or psychological unavailability of mother
- Marital dysfunction
- Presence of unrelated male in the home

## **Appendix C - Indicators / Risk Factors of Victims of Commercial Sexual Exploitation**

- Child has runaway from home and/or guardian three or more times within the last twelve months
- Inappropriate dress, including oversized clothing or overtly sexy clothing
- Poor personal hygiene
- Unexplained bruises or injuries
- Cigarette burns
- Child is in possession of large amounts of money
- Child is in possession of more than one cell phone
- Child is in possession of hotel keys
- Presence of "gifts" the origin of which is unknown
- Rumors among students regarding sexual activity, which victim may not necessarily deny
- Diagnosed with sexually transmitted disease (s)
- Older "boyfriend" close to 5 years older than the child or male friend or relative (who may or may not seem controlling)
- In the juvenile court system, probably on repeated status offenses particularly running away or truancy, shoplifting, or criminal trespass, giving false name or age to police
- New pattern of failing grades and/or school suspensions
- Not enrolled in school
- Fake identification and/or fake city issued permit to be an escort or dance in a strip club under another name or incorrect age.
- Substance abuse
- Gang clothing or other gang symbols
- Tattoo of someone's name or nickname, particularly on the back of the neck, or new tattoos in general
- Has a history of recruiting others into prostitution
- Arrest(s) of the child is in or around an area known for prostitution, such as an adult entertainment venue, strip club, massage parlor, X-rated video shop and/or hotel

### **Behavioral Indicators Associated with Victims of Commercial Sexual Exploitation:**

- Exhibits over-sexualized demeanor/behavior
- Angry, aggressive, clinically depressed, suicidal and/or tearful
- Fearful, anxious, depressed, submissive, tense, nervous
- Withdrawn, uncommunicative, and/or isolated from family
- Little to no eye contact
- Truancy and/or chronic absenteeism
- Sleeping in class
- Not eating

### **Family Indicators Associated with Victims of Commercial Sexual Exploitations:**

- Runaway child
- Lack of adult supervision/support
- Sexual or physical abuse at home, by family member or friend
- History with DFCS
- Parental substance abuse
- Parental history of prostitution arrests
- Domestic violence
- Living, hanging out in geographic areas known to be a gathering place for prostitution

## Appendix D - Common Commercial Sexual Exploitation Street Terminology

Exploiters and their victims communicate about CSEC (what is also known as “The Life”) using slang. Knowing these terms ensures that you are able to follow what your victim or witness is telling you, and can also help you build credibility with victims by reassuring them that you know something about their world. Some of this language is harsh and crude. It is reproduced here to build your effectiveness, not to condone its use.

*(These terms provide insight into the criminal subculture that all victims of CSEC )*

- Automatic: When a pimp is out of town in another city, or incarcerated and a prostitute is working while he is gone. The Child also saves money gained for the pimp while he is away.
- Bag up: To be caught/arrested by the police.
- Bare Back: Sexual intercourse without the use of a condom.
- Bend: A prostitute.
- Berry: A police car.
- Bitch: The most common term used by pimps when referring to a prostitute.
- Bottom bitch: The prostitute who has been with a certain pimp the longest period of time. She is typically the recruiter for the pimp, and is usually the most trusted.
- Branded: A tattoo on a victim indicating ownership by a trafficker/pimp.
- Break a bitch: Phrase used to define the actual act of a pimp taking money from a prostitute.
- Break yourself: What a pimp tells a prostitute when he wants her to make money.
- Broke luck: Phrase referring to when a prostitute makes money. If a prostitute has turned a trick for money she is said to have “broke luck” for that day.
- Buster: A person who tries to act like a pimp, but is not really a pimp.
- Cat eye: To stare at a woman or man with sexual intention.
- Caught a case: When a prostitute or pimp has been arrested and charged with a crime.
- Choose: A prostitute having to pick a new pimp. This can be done either voluntarily or by looking another pimp in the eyes. In the latter case, she has “chosen” that new pimp even if she didn’t want to.
- Circuit: All of the tracks in the country. When a prostitute works the circuit, her pimp takes her from city to city, or track to track. The female will work a certain track until she stops making money or the police begin paying too much attention to that prostitute.
- Daddy: The name that most pimps are called by their prostitutes.
- Date: Can be used to describe the act of prostitution or the client itself. Example: when a prostitute is with a client, she is said to be “with a date,” “on a date,” or “turning a date.” The time and place where a prostituted child is scheduled to meet a buyer, known as a “john.”
- Family or Folks: A group of victims under the control of a single trafficker/pimp. The term is an attempt to recreate the family environment.
- John: A slang term for a buyer who pays for the services of a prostitute. A client of prostitution.
- Lot Lizard: Derogatory term for prostituted children at truck stops.
- Mack: An “upper level” pimp. Will supposedly take money from any female, not just a prostitute. This information is according to Macks arrested thus far. It is also an acronym for “Man Acquiring Cash through Knowledge”
- Mark: A client of prostitution / buyer of sex with the child.
- Out-a-pocket: When a prostitute has a pimp and looks at another pimp. That prostitute is now subject to the “choosing” rules. See: Choose
- Outlaw: A prostitute without a pimp.
- Party: The act of prostitution. Example: A prostitute may ask a client if he wants to “party.”
- Peel a trick: Phrase to describe the act when a prostitute steals something from her client.
- Pimp: A person who persuades, compels, or entices a male or female child to become a prostitute or continue to

commit acts of prostitution. The pimp takes all of the money from the prostitutes under his or her control and usually has no legitimate source of income. Pimp is also an acronym for “Provided Income from Managing Prostitutes.” He or she manages prostitutes, scheduling their “dates” and profits from their earnings. The relationship between pimps and prostitutes is often psychologically and physically abusive. Prostituted individuals are sometimes kidnapped off the street by pimps at a young age or lured through the Internet. Pimps are often involved in other illegal industries and activities such as drug dealing.

- Pimp Circle: Describes a situation where pimps circle around a victim for purposes of intimidating and disciplining the victim, using verbal and physical threats/action.
- Pimp party: When several pimps “unite” to abuse a prostitute for either being disrespectful, trying to leave the “game” or reporting a pimp to the police. It usually consists of several pimps “gang-raping” the victim, beating, urinating and/or defecating on the victim, and other forms of abuse.
- Quota: The amount of money a victim must give to their trafficker/pimp each night. If a quota is not met, the victim may be made to work until it is, or may be beaten or otherwise disciplined.
- Reckless eye balling: When a prostitute is looking at another pimp or suspected pimp.
- Rick: A client of prostitution / buyer of sex with child.
- Seasoning: The process of breaking a victim’s spirit and gaining control over him or her, using rapes, beatings, manipulation and intimidation.
- Serve: The procedure by which the newly “chosen” pimp “serves notice” to the old pimp. This is done when the “chosen” pimp takes his “new” prostitute’s money (earned from the previous night) and gives it to the old pimp or will simply “serve” the old pimp verbally, without a money exchange.
- Square: A person not involved in the game of “pimpin” and prostitution. Someone who leads a normal life.
- Stable: The amount of prostitutes working for a particular pimp. Example: if a pimp has six girls working for him, he has a stable of six.
- Staying in pocket: A slang term for the practice of forbidding prostituted youth from observing street or establishment names or general surroundings during “dates” in order to keep them isolated and under control.
- Streets: Areas that prostitutes offer their trade and sellers know where buyers are shopping for their “dates”. Work on the streets is easier and unlike entertainment/escort service or hotel work.
- The Life: Prostitution.
- Track: A certain area of a street in any given city where prostitution can be found.
- Trade Up/Trade Down: The act of buying or selling a person for a pimp’s stable.
- Trap: Money/cash earned by a prostitute.
- Trick roller: A prostitute who steals, either through using deception or drugs, property from clients after he/she befriends and either offers to, or performs sex on, the client. Most trick roll victims are drugged to the point of unconsciousness, thereby giving the prostitute several hours to flee before the victim awakes.
- Turn-out: A brand new prostitute newly recruited into “The Life”. One who has just turned from a normal girl to a prostitute.
- Wife-in-law: The name each prostitute in a pimp’s “stable” call each other. A prostitute can only be a wife-in-law to another prostitute if they have the same pimp. In some “stables,” wife-in-laws are not allowed to communicate with each other. Many pimps will enforce this rule to keep the prostitutes from unifying against him and to keep them from knowing how he treats others.

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## Appendix E - Medical Personnel

### E-1: Medical Personnel Response

#### 1) Sexual Abuse:

##### A. Recent Sexual Contact (within 72 hours)

- Identify and manage acute medical problems.
- If child presents to the Emergency Room, obtain a medical history to identify possible sexual contact. (Information is taken only as necessary for medical treatment.)
- Notify DFCS and law enforcement.
- Arrange for a formal specialized medical evaluation to be conducted at an appropriate location.
- Conduct testing and treatment for sexually transmitted diseases and pregnancy as necessary.
- Make a referral for a Mental Health assessment and evaluation if needed.
- Facilitate the scheduling of a follow-up appointment by DFCS or the patient; the information shall be forwarded to the primary care physician.
- Send a written report is to DFCS and law enforcement with expert medical opinion clearly stated. **Forensic interviews should occur at the Children's Advocacy Center or designated equipped location (for children 17 years or younger) according to Protocol guidelines.**

##### B. Sexual Abuse at remote time (> 72 hours)

- Complete medical interview to confirm sexual contact (detailed questioning to be reserved for investigative interview).
- Evaluate and treat acute medical problems.
- Make a mental health referral if appropriate.
- Notify DFCS and law enforcement.
- Support the making of a referral for medical evaluation by DFCS.
- Send a copy of Emergency Room evaluation to follow-up physician.

##### C. Medical condition suspicious for sexual abuse (bleeding or infection)

- Conduct thorough physical and laboratory examination of the patient. (Sexual assault kit is utilized as deemed necessary.)
- Treat any injuries and/or illnesses.
- Notify DFCS and law enforcement.
- Refer the child to abuse specialist for a specialized medical evaluation as necessary.
- Send a copy of Emergency Room Report to follow-up physician.
- Send written report to DFCS, with expert medical opinion clearly stated on report.

##### D. Sexual exploitation suspected

- Notify security if the child has been brought in by someone who appears to be his or her pimp/trafficker.
- Identify and manage acute medical problems .
- Conduct thorough physical and laboratory examination of the child , including drug testing or sexual assault kit, as appropriate.
- Send copy of emergency record to follow-up physician.
- Notify DFCS and law enforcement.

## 2) Physical Abuse

Take a thorough history of the injury separately from each person with the child.

- If the history is of abusive treatment or the injury does not match the history, make a diagnosis of suspected child abuse is made and notify DFCS and law enforcement.
- Fully document injuries in writing.
- Take photos of injuries. (*Photography is essential. Equipment should be purchased by the team.*)
- Obtain imaging studies (for example, complete skeletal survey, head and/or abdominal CT) and lab studies as appropriate.
- Provide any necessary medical care.
- Send copy of emergency record to the follow-up physician.
- Consult Primary Care Physician or the Pediatrician on call. If available, a child abuse expert pediatrician is preferred
- Send written report to DFCS, with expert medical opinion clearly stated on the report.
- Support DFCS' efforts to arrange for examination of siblings.

## 3) Neglect:

### A. Failure to thrive

- Take complete history and conduct full physical examination.
- Review all available medical records.
- Notify DFCS.
- Facilitate DFCS' efforts to schedule a follow-up appointment if there is no consistent medical care provider.
- Support arrangements made for examination of siblings by follow-up physician.
- Develop short and long-term treatment plan.

### B. Other Neglect issues

- Take complete medical history and conduct full physical examination.
- Review all available medical records.
- Notify DFCS.
- Support DFCS' efforts to arrange medical follow-up.
- For cases of severe neglect, consider referral to child abuse specialist for complete review (to include medical review, scene photos, DFCS and Law enforcement records).

## 4) Munchausen by Proxy (MSBP) / Pediatric Condition Falsification (PCF)

- PCF /MSBP are medical diagnoses and can only be made by a licensed physician.
- Intake reports made to any agency will be referred to the Multi Disciplinary Team for multidisciplinary intervention in coordination with medical personnel. A pediatric expert in PCF/MSBP should be consulted.
- DFCS, medical personnel, and the MDT will consider whether notification of the parents poses a danger to the child. In general, routine notification of the parent that an investigation is in process is dangerous to the child until such time as the case is decided.
- A plan of action for each agency represented will be coordinated through the MDT. A plan of action may include the following tasks:
  - Review all of child's available medical records
  - Obtain verification of as many items as possible (records of drugs purchased, blood levels on child)
  - Seek report of child's condition when parent is absent
  - If appropriate, video monitoring in hospital with plan in place to intervene if child is found to be in danger from perpetrator's actions
  - A plan of action may include the following task: Follow-up protection plan by DFCS and Law Enforcement and legal actions as dictated by evidence

## Appendix E-2 - Emergency Custody by a Physician

### **15-11-131. Temporary protective custody of child by physician without court order and without parental consent; immunity**

(a) Notwithstanding Code Section 15-11-133, a physician licensed to practice medicine in this state who is treating a child may take or retain temporary protective custody of such child, without a court order and without the consent of his or her parent, guardian, or legal custodian, provided that:

(1) A physician has reasonable cause to believe that such child is in a circumstance or condition that presents an imminent danger to such child's life or health as a result of suspected abuse or neglect; or

(2) There is reasonable cause to believe that such child has been abused or neglected and there is not sufficient time for a court order to be obtained for temporary custody of such child before such child may be removed from the presence of the physician.

(b) A physician holding a child in temporary protective custody shall:

(1) Make reasonable and diligent efforts to inform the child's parents, guardian, or legal custodian of the whereabouts of such child;

(2) As soon as possible, make a report of the suspected abuse or neglect which caused him or her to take temporary custody of the child and inform DFCS that such child has been held in temporary custody; and

(3) Not later than 24 hours after such child is held in temporary custody:

(A) Contact a juvenile court intake officer, and inform such intake officer that such child is in imminent danger to his or her life or health as a result of suspected abuse or neglect; or

(B) Contact a law enforcement officer who shall take such child and promptly bring such child before a juvenile court intake officer.

(c) A child who meets the requirements for inpatient admission shall be retained in a hospital or institution until such time as such child is medically ready for discharge. Upon notification by the hospital or institution to DFCS that a child who is not eligible for inpatient admission or who is medically ready for discharge has been taken into custody by a physician and such child has been placed in DFCS custody, DFCS shall take physical custody of such child within six hours of being notified.

(d) If a juvenile court intake officer determines that a child is to be placed in foster care and the court orders that such child be placed in DFCS custody, then:

(1) If such child remains in the physical care of the physician, DFCS shall take physical possession of such child within six hours of being notified by the physician, unless such child meets the criteria for admission to a hospital or other medical institution or facility; or

(2) If such child has been brought before the court by a law enforcement officer, DFCS shall promptly take physical possession of such child.

(e) If a juvenile court intake officer determines that a child should not be placed in foster care, such child shall be released.

(f) If a child is placed in foster care, then the court shall notify such child's parents, guardian, or legal custodian, the physician, and DFCS of the preliminary protective hearing which is to be held within 72 hours.

(g) If after the preliminary protective hearing a child is not released, DFCS shall file a petition alleging dependency in accordance with this article, provided that there is a continued belief that such child's life or health is in danger as a result of suspected abuse or neglect.

(h) Any hospital or physician authorized and acting in good faith and in accordance with acceptable medical practice in the treatment of a child under this Code section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed as a result of taking or failing to take any action pursuant to this Code section. This Code section shall not be construed as imposing any additional duty not already otherwise imposed by law.

## **Appendix F - Removal of a Child from the Home by Law Enforcement**

### **15-11-133. Removal of child from the home; protective custody**

(a) A child may be removed from his or her home, without the consent of his or her parents, guardian, or legal custodian:

(1) Pursuant to an order of the court under this article; or

(2) By a law enforcement officer or duly authorized officer of the court if a child is in imminent danger of abuse or neglect if he or she remains in the home.

(b) Upon removing a child from his or her home, a law enforcement officer or duly authorized officer of the court shall:

(1) Immediately deliver such child to a medical facility if such child is believed to suffer from a serious physical condition or illness which requires prompt treatment, and, upon delivery, **shall promptly contact DFCS;**

(2) Bring such child immediately before the juvenile court or promptly contact a juvenile court intake officer; and

(3) Promptly give notice to the court and such child's parents, guardian, or legal custodian that such child is in protective custody, together with a statement of the reasons for taking such child into protective custody.

(c) The removal of a child from his or her home by a law enforcement officer shall not be deemed an arrest.

(d) A law enforcement officer removing a child from his or her home has all the privileges and immunities of a law enforcement officer making an arrest.

(e) A law enforcement officer shall promptly contact a juvenile court intake officer for issuance of a court order once such officer has taken a child into protective custody and delivered such child to a medical facility.

(f) A juvenile court intake officer shall immediately determine if a child should be released, remain in protective custody, or be brought before the court upon being contacted by a law enforcement officer, duly authorized officer of the court, or DFCS that a child has been taken into protective custody.

## Appendix G - Georgia Child Fatality Review Committee

The unexpected death of a child creates a crisis for the family, friends, and community. In an attempt to reduce such tragedies, the Georgia Legislature mandated that each county establish a Child Fatality Review committee to review any sudden or unexplained death of a child under the age of 18. The Protocol committee will cooperate and work with the Review committee in investigations of all reviewable deaths.

### **19-15-3. County multiagency child fatality review committee; chairperson; eligible deaths for review; notification to coroner; reporting to chairperson; committee review**

(a)(1) Each county shall establish a local review committee as provided in this Code section. The review committee shall be charged with reviewing all deaths as set forth in subsection (e) of this Code section to determine manner and cause of death and if the death was preventable. The chief superior court judge of the circuit in which the county is located shall establish a review committee composed of, but not limited to, the following members:

- (A) The county medical examiner or coroner;
- (B) The district attorney or his or her designee;
- (C) A county department of family and children services representative;
- (D) A local law enforcement representative;
- (E) The sheriff or county police chief or his or her designee;
- (F) A juvenile court representative;
- (G) A county public health department representative; and
- (H) A county mental health representative.

(2) The district attorney or his or her designee shall serve as the chairperson to preside over all meetings.

(b) Review committee members shall recommend whether to establish a review committee for that county alone or establish a review committee with and for the counties within that judicial circuit.

(c) The chief superior court judge shall appoint persons to fill any vacancies on the review committee should the membership fail to do so.

(d) If any designated agency fails to carry out its duties relating to participation on the review committee, the chief superior court judge of the circuit or any superior court judge who is a member of the Panel shall issue an order requiring the participation of such agency. Failure to comply with such order shall be cause for punishment as for contempt of court.

(e) Deaths eligible for review by review committees are all deaths of children ages birth through 17 as a result of:

- (1) Sudden Infant Death Syndrome;
- (2) Any unexpected or unexplained conditions;
- (3) Unintentional injuries;
- (4) Intentional injuries;
- (5) Sudden death when the child is in apparent good health;
- (6) Any manner that is suspicious or unusual;

(7) Medical conditions when unattended by a physician. For the purpose of this paragraph, no person shall be deemed to have died unattended when the death occurred while the person was a patient of a hospice licensed under Article 9 of Chapter 7 of Title 31;

(8) Serving as an inmate of a state hospital or a state, county, or city penal institution; or

(9) Child abuse.

(f) It shall be the duty of any law enforcement officer, medical personnel, or other person having knowledge of the death of a child to immediately notify the coroner or medical examiner of the county wherein the body is found or death occurs.

(g) If the death of a child occurs outside the child's county of residence, it shall be the duty of the medical examiner or coroner in the county where the child died to notify the medical examiner or coroner in the county of the child's residence. It shall be the duty of such medical examiner or coroner to provide the protocol committee of the county of such child's residence with copies of all information and reports required by subsections (i) and (j) of this Code section.

(h) When a county medical examiner or coroner receives a report regarding the death of any child he or she shall within 48 hours of the death notify the chairperson of the review committee for the county or circuit in which such child resided at the time of death.

(i) The coroner or county medical examiner shall review the findings regarding the cause and manner of death for each child death report received and respond as follows:

(1) If the death does not meet the criteria for review pursuant to subsection (e) of this Code section, the coroner or county medical examiner shall sign the form designated by the panel stating that the death does not meet the criteria for review. He or she shall forward the form and findings, within seven days of the child's death, to the chairperson of the review committee for the county or circuit of the child's residence; or

(2) If the death meets the criteria for review pursuant to subsection (e) of this Code section, the coroner or county medical examiner shall complete and sign the form designated by the panel stating the death meets the criteria for review. He or she shall forward the form and findings, within seven days of the child's death, to the chairperson of the review committee for the county or circuit of the child's residence.

(j) When the chairperson of a review committee receives a report from the coroner or medical examiner regarding the death of a child, such chairperson shall review the report and findings regarding the cause and manner of the child's death and respond as follows:

(1) If the report indicates the child's death does not meet the criteria for review and the chairperson agrees with this decision, the chairperson shall sign the form designated by the panel stating that the death does not meet the criteria for review. He or she shall forward the form and findings to the panel within seven days of receipt;

(2) If the report indicates the child's death does not meet the criteria for review and the chairperson disagrees with this decision, the chairperson shall follow the procedures for deaths to be reviewed pursuant to subsection (k) of this Code section;

(3) If the report indicates the child's death meets the criteria for review and the chairperson disagrees with this decision, the chairperson shall sign the form designated by the panel stating that the death does not meet the criteria for review. The chairperson shall also attach an explanation for this decision; or

(4) If the report indicates the child's death meets the criteria for review and the chairperson agrees with this decision, the chairperson shall follow the procedures for deaths to be reviewed pursuant to subsection (k) of this Code section.

(k) When a child's death meets the criteria for review, the chairperson shall convene the review committee within 30 days after receipt of the report for a meeting to review and investigate the cause and circumstances of the death. Review committee members shall provide information as specified in this subsection, except where otherwise protected by law:

(1) The providers of medical care and the medical examiner or coroner shall provide pertinent health and medical information regarding a child whose death is being reviewed by the review committee;

(2) State, county, or local government agencies shall provide all of the following data on forms designated by the panel for reporting child fatalities:

(A) Birth information for children who died at less than one year of age including confidential information collected for medical and health use;

(B) Death information for children who have not reached their eighteenth birthday;

(C) Law enforcement investigative data, medical examiner or coroner investigative data, and parole and probation information and records;

(D) Medical care, including dental, mental, and prenatal health care; and

(E) Pertinent information from any social services agency that provided services to the child or family; and

(3) The review committee may obtain from any superior court judge of the county or circuit for which the review committee was created a subpoena to compel the production of documents or attendance of witnesses when that judge has made a finding that such documents or witnesses are necessary for the review committee's review. Service of, objection to, and enforcement of subpoenas authorized by this Code section shall be governed by the procedures set forth in Chapter 13 of Title 24. However, this Code section shall not modify or impair the privileged communications as provided by law except as otherwise provided in Code Section 19-7-5.

(4) Disclosure of protected health information pursuant to this subsection shall be considered to be for a law enforcement purpose, and the review committee shall be considered to be a law enforcement official within the meaning of the rules and regulations adopted pursuant to the federal Health Insurance Portability and Accountability Act of 1996. Disclosure of confidential or privileged matter to the review committee pursuant to this Code section shall not serve to destroy or in any way abridge the confidential or privileged character thereof, except for the purpose for which such disclosure is made.

(l) The review committee shall complete its review and prepare a report of the child's death within 20 days, weekends and holidays excluded, following the first meeting held after receipt of the county medical examiner or coroner's report. The review committee's report shall:

(1) State the circumstances leading up to death and cause of death;

(2) Detail any agency involvement prior to death, including the beginning and ending dates and kinds of services delivered, the reasons for initial agency activity, and the reasons for any termination of agency activities;

(3) State whether any agency services had been delivered to the family or child prior to the circumstances leading to the child's death;

(4) State whether court intervention had ever been sought;

(5) State whether there have been any acts or reports of violence between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household;

(6) Conclude whether services or agency activities delivered prior to death were appropriate and whether the child's death could have been prevented;

(7) Make recommendations for possible prevention of future deaths of similar incidents for children who are at risk for such deaths; and

- (8) Include other findings as requested by the Panel.
- (m) The review committee shall transmit a copy of its report within 15 days of completion to the panel.
- (n) The review committee shall transmit a copy of its report within 15 days following its completion to the district attorney of the county or circuit for which the review committee was created if the report concluded that the child named therein died as a result of:
- (1) Sudden Infant Death Syndrome when no autopsy was performed to confirm the diagnosis;
  - (2) Accidental death when it appears that the death could have been prevented through intervention or supervision;
  - (3) Any sexually transmitted disease;
  - (4) Medical causes which could have been prevented through intervention by an agency or by seeking medical treatment;
  - (5) Suicide of a child in custody or known to the Department of Human Services or when the finding of suicide is suspicious;
  - (6) Suspected or confirmed child abuse;
  - (7) Trauma to the head or body; or
  - (8) Homicide.
- (o) Each review committee shall issue an annual report no later than the first day of July each year. The report shall:
- (1) Specify the numbers of reports received by such review committee from a county medical examiner or coroner pursuant to subsection (h) of this Code section for the preceding calendar year;
  - (2) Specify the number of reports of child fatality reviews prepared by the review committee during such period;
  - (3) Be published at least once annually in the legal organ of the county or counties for which the review committee was established with the expense of such publication paid each by such county; and
  - (4) Be transmitted, no later than the fifteenth day of July each year to the Panel.

# ***Appendix I – Sample Protocol Committee Annual Report***

## **PROTOCOL COMMITTEE - ANNUAL REPORT**

**County:**

**Judicial Circuit:**

**Date of Submission:**

Pursuant OCGA § 19-15-2(i) the protocol committee shall issue an annual report no later than the first day of July.

The report shall include the following:

1. Evaluate the extent to which the child abuse investigations during the 12 months prior to the report have complied with the child abuse protocol:
2. Recommend measure to improve compliance:
3. Describe which measures taken within the county to prevent child abuse have been successful:

Activities/Concerns:

---

Chair - Printed Name and Title  
Address  
Phone  
Email

**The report shall be submitted to the:**

1. County governing authority
2. Fall term grand jury of the judicial circuit
3. Office of Child Advocate, 7 Martin Luther King, Jr. Drive, Suite 347, Atlanta, GA 30334
4. Chief superior court judge

## **Appendix J - Sample Template for Filing a Written Report of Suspected Child Abuse**

*{Provide County DFCS contact information}*

**SUBJECTS OF REPORT**

Line #	Last Name	First Name	Aliases	Sex (M, F, Unk)	Birth day or Age Mo/Day/ Yr	Race Code	Ethnicity (Ck Only If Hispanic/Latino)	Relation Code	Role Code	Lang. Code
1.							<input type="checkbox"/>			
2.							<input type="checkbox"/>			
3.							<input type="checkbox"/>			
4.							<input type="checkbox"/>			
5.							<input type="checkbox"/>			
6.							<input type="checkbox"/>			
7.							<input type="checkbox"/>			

MORE

List Addresses and Telephone Numbers (Using Line Numbers From Above)	(Area Code) Telephone No.

**BASIS OF SUSPICIONS**

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

<input type="checkbox"/> DOA/Fatality	<input type="checkbox"/> Child's Drug/Alcohol Use	<input type="checkbox"/> Swelling/Dislocation/Sprains
<input type="checkbox"/> Fractures	<input type="checkbox"/> Poisoning/Noxious Substances	<input type="checkbox"/> Educational Neglect
<input type="checkbox"/> Internal Injuries (e.g., Subdural Hematoma)	<input type="checkbox"/> Choking/Twisting/Shaking	<input type="checkbox"/> Emotional Neglect
<input type="checkbox"/> Lacerations/Bruises/Welts	<input type="checkbox"/> Lack of Medical Care	<input type="checkbox"/> Inadequate Food/Clothing/Shelter
<input type="checkbox"/> Burns/Scalding	<input type="checkbox"/> Malnutrition/Failure to Thrive	<input type="checkbox"/> Lack of Supervision
<input type="checkbox"/> Excessive Corporal Punishment	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Inappropriate Isolation/Restraint (Institutional Abuse Only)	<input type="checkbox"/> Inadequate Guardianship	<input type="checkbox"/> Parent's Drug/Alcohol Misuse
<input type="checkbox"/> Inappropriate Custodial Conduct (Institutional Abuse Only)	<input type="checkbox"/> Other (specify) _____	

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem. (If known, give time/date of alleged incident)

MO  
DAY  
YR

Time :  AM  PM

Additional sheet attached with more explanation. | The Mandated Reporter Requests Finding of Investigation  YES  NO

CONFIDENTIAL		SOURCE(S) OF REPORT		CONFIDENTIAL	
NAME	(Area Code) TELEPHONE	NAME	(Area Code) TELEPHONE		
ADDRESS		ADDRESS			
AGENCY/INSTITUTION		AGENCY/INSTITUTION			

**RELATIONSHIP**

Med. Exam/Coroner    Physician    Hosp. Staff    Law Enforcement    Neighbor    Relative    Instit. Staff

Social Services    Public Health    Mental Health    School Staff    Other (Specify) \_\_\_\_\_

<b>For Use By Physicians Only</b>	Medical Diagnosis on Child	Signature of Physician who examined/treated child	(Area Code) Telephone No.
	Hospitalization Required: <input type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks		
Actions Taken Or	<input type="checkbox"/> Medical Exam	<input type="checkbox"/> X-Ray	<input type="checkbox"/> Removal/Keeping
About To Be Taken	<input type="checkbox"/> Photographs	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Returning Home
Signature of Person Making This Report:		Title	Date Submitted Mo. Day Yr.

**X**

# Appendix K - Sample Report of Alleged Child Abuse in the Educational Setting

*YourCountyNameHere Schools*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher/HR Teacher: \_\_\_\_\_

Child's Parent or Guardian: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Nature of Allegation: \_\_\_\_\_

Allegation made Against: \_\_\_\_\_

Allegation Made By (name & title) \_\_\_\_\_

Contact Information: \_\_\_\_\_

Reporter's Name: \_\_\_\_\_

If reporter other than alleged victim, did reporter witness the incident?      Yes      No

Witnesses to Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of Allegation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Actions Taken: \_\_\_\_\_

\_\_\_\_\_

Report made by: (/s, date) /s (Reporting Official)

\_\_\_\_\_  
**Reporting Official**

\_\_\_\_\_  
**Received By**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

## Appendix L - CSEC Referral Form for Georgia Cares



Georgia Cares Referral Form  
Division of Family and Children Services  
Fax to: 404-371-1030 or  
Email to: referrals@georgiacareconnection.com

### Client's Information

Youth Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Is client pregnant?  Yes  No Is client actively parenting?  Yes  No

Ethnicity: \_\_\_\_\_ Language Spoken: \_\_\_\_\_ Does youth have a disability? \_\_\_\_\_

Who has custody of youth?  Parents  Father  Mother  DFCS  DJJ  Other: \_\_\_\_\_

If in the custody of DFCS or DJJ, when did custody begin? \_\_\_\_\_

### Client's Address

Legal address: \_\_\_\_\_ County: \_\_\_\_\_

Is this youth's current address?  Yes  No Is this a safe location?  Yes  No

Current address (if different): \_\_\_\_\_ County: \_\_\_\_\_

Is this a safe location?  Yes  No

### Contact:

Name of legal guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

If youth does not reside with legal guardian, provide the phone number for current placement: \_\_\_\_\_

Medicaid /CMO ID: \_\_\_\_\_ Insurance: \_\_\_\_\_

### Please check all that applies:

- DJJ Committed  Criminal Trespassing  Custody of Law Enforcement (Detained by Law Enforcement)  DFCS Involvement (Foster Care)  DFCS Involvement (Home)  Firearm/Weapon Use  Frequent Runner (Running 3 or more times in the past 6 months)  Gang Involvement  Giving False Name  Homeless  Loitering for Solicitation  On Probation (DJJ or Court)  Police Report  Runaway/Unruly Petition  Sexual Abuse  Sexual Exploitation  Shoplifting  Substance Abuse  Truancy/Suspension  Violation of Probation

### DFCS Referral Information

Name of Referral Source: \_\_\_\_\_

Job Title:  
County:  
Phone Number:  
Email Address:  
Case Supervisor Name and Number:  
Name of Case Worker (If different from referral source):  
Contact information of Case Worker:

**DFCS Information**

Is this youth in DFCS custody?  Yes  No

What is the status of the case?  Investigative  Family Support  Placement

What is the overall placement history?

Date of upcoming Family Team Meeting (if applicable):

Date of the next court hearing:

What is the purpose of this court hearing?

List the services that are currently in place:

Describe reason for referral to Georgia Cares:

**Please attach the following documents:**

- Release of Information (Required)
- Psychological Evaluation
- Other applicable documents