

2017 Statewide Model Protocol
Multidisciplinary Investigation & Prosecution
of Child Abuse, Sexual Abuse & Sexual Exploitation
November 7, 2017

State of Georgia
(2017 changes are noted in Red)

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1.0 PROTOCOL

1(a) The “Protocol”

1.1 What is the Protocol for the Investigation and Prosecution of Alleged Cases of Child Abuse?

The protocol is a written document outlining in detail the procedures 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 also outlines 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.

OCGA § 19-15-2(e).

Purpose of the Protocol: Ensure a multi-disciplinary response to child abuse and neglect. The purpose of the protocol shall be to (1) *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, (2) to *minimize the stress created for the allegedly abused child* by the legal and investigatory process, and (3) *to ensure that more effective treatment is provided* for the perpetrator, the family, and the child, including counseling.

OCGA § 19-15-2(f).

1.2 What does the Sexual Abuse and Sexual Exploitation Section* of the Protocol Cover?

The sexual abuse and sexual exploitation section of the protocol outlines 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. **OCGA § 19-15-2(k).**

*** 2016 legislative changes made the Sexual Abuse and Sexual Exploitation a section of the Protocol rather than a separate Protocol.**

1.3 Filing the Protocol

The local Protocol should be **filed** with the State Division of Family and Children 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.

1.4 Customizing this Model to Fit Your County

County Child Abuse Protocol committees should evaluate local resources and needs as they develop a local protocol. This **model protocol** can be incorporated entirely or can be customized and applied only to those areas that are feasible for the community.

Protocols give guidance for cooperation and procedures with the understanding that each agency involved has their own policies (or protocols) that may take precedence over or be incorporated into the local Protocol. Court rules, operating procedure and orders take precedence as well.

Brackets have been placed within the document around areas that may incorporate county specific information. To change all county names within the document, use the Find and Replace tool. Type “[YourCountyNameHere]” in the “Find” field and type your county (or circuit) name in Replace field.

NOTE: For further assistance concerning the Protocol, please contact Tom Rawlings, Director at the Office of the Child Advocate, at **404-656-4200** or trawlings@oca.ga.gov.

1(b) The Protocol Committee

1.5 Establishing the Child Abuse Protocol Committee – OCGA § 19-15-2

The chief superior court judge of the circuit in which the county is located shall establish a **protocol committee** as provided in **OCGA § 19-15-2(c)** 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.

When a judicial circuit is composed of more than one county, the protocol committee shall determine if it shall be established for each county in the judicial circuit or if it will serve all of the counties within the judicial circuit. **OCGA § 19-15-2(b)(3)**.

1.6 Responsibilities of the Protocol Committee

- (1) Elect a chairperson responsible for ensuring that written protocol procedures are followed by all agencies.
- (2) Develop local protocols for the investigation and prosecution of alleged cases of child abuse. **OCGA § 19-15-2(b)**.
- (3) Adopt a written protocol, including a written sexual abuse and sexual exploitation section. **OCGA § 19-15-2(k)**.
- (4) The written protocol shall be filed with the State Division of Family and Children Services of the Department of Human Services and the Office of the Child Advocate for the Protection of Children, not later than the first day of September each year. The written protocol shall be furnished to each agency in the county handling the cases of abused children. OCGA § 19-15-2 (e).
- (5) The protocol committee shall meet at least twice annually for the purpose of evaluating the effectiveness of the protocol and modifying and updating the same. **OCGA § 19-15-2(g)**.
- (6) The protocol committee shall hold new member training within 12 months of their appointment; training shall be provided by the Office of the Child Advocate. **OCGA § 19-15-2(j)**.
- (7) The protocol committee shall prepare an Annual Report due the first day of July each year which shall describe:
 - a) The extent to which investigations of child abuse during the 12 months prior to the report have complied with protocols of the protocol committee;
 - b) Recommended measures to improve compliance; and
 - c) Which measures have been successful in preventing child abuse within the county. **OCGA § 19-15-2(i)**.
- (8) Transmit the Annual Report to the county governing authority, the fall-term grand jury of the judicial circuit, the chief superior court judge of the circuit, and the Office of the Child Advocate for the Protection of Children. (*See Appendix B, Sample Protocol Committee Annual Report.*)

1.7 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; and

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

1.8 Membership – OCGA § 19-15-2(c)(1)

Each of the following individuals, agencies, and entities listed below shall designate a representative to serve on the protocol committee. This means, for example, that the ‘sheriff’ and ‘district attorney’ are 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. The representative assigned preferably will be one who is working with or involved in child abuse and exploitation cases.

The Protocol Committee consists of representatives designated from:

- The sheriff’s office;
- The county Division of Family and Children Services;
- The district attorney for the judicial circuit;
- The juvenile court judge;
- The chief magistrate;
- The county board of education;
- The county mental health organization;
- The chief of police of a county in counties which have a county police department;
- The chief of police of the largest municipality in the county;
- The county public health department, which shall designate a physician to serve on the protocol committee;
- The coroner or county medical examiner;
- A representative of a local child advocacy center if one exists in such location; and
- A representative of a sexual assault center if one exists in such location.

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.

Such members may include, for example:

- Medical Provider, preferably with child maltreatment expertise and/or
- Court Appointed Special Advocate (CASA)

NOTE: The protocol committee may appoint such additional members as necessary and proper to accomplish the purposes of the protocol committee.

In order to better address the complex issue of Commercial Sexual Exploitation of Children (CSEC), the Protocol Committee can include the CSEC multi-disciplinary team, currently headed by members of Children’s Healthcare of Atlanta (CHOA), as well as Georgia Cares, as Protocol members whom shall be governed by the guidelines set forth within the [YourCountyNameHere] county protocol.

The membership of the [YourCountyNameHere] County 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.

1.9 Access to Records and Confidentiality

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

Use of information and records of protocol committees – OCGA § 19-15-6
Members of a protocol committee shall not disclose what transpires at meetings 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 committee *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 – OCGA §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 Child Fatality Review Committee. The Review Committee reviews any sudden or unexplained death of a child under the age of 18 through a prevention lens and may or may not affect the Child Abuse, Sexual Abuse or Sexual Exploitation investigation.

2.0 PREVENTION

The Protocol Committee's mission is to facilitate and support agencies, organizations and individuals whose efforts are directed toward abuse **prevention**, as well as describing successful measures taken within the county to **prevent** child abuse in the Annual report.

Child abuse and neglect is preventable. Much progress has been made in understanding how to prevent child abuse and neglect. Fortunately, preventing child abuse and neglect can also help prevent other forms of violence. Research suggests that by stemming the early development of violent behavior, we can also reduce other types of violence to young people, such as youth violence, intimate partner and dating violence, sexual violence, and self-directed violence.

The health and economic outcomes of child abuse and neglect are substantial. In the United States, the total lifetime economic burden associated with child abuse and neglect was approximately \$124 billion in 2008. Children who are abused and neglected may suffer:

- Immediate physical injuries (e.g., cuts, bruises, burns, broken bones);
- Emotional and psychological problems (e.g., post-traumatic stress, anxiety);
- Increased risks of injury;
- Sexually-transmitted infections, including HIV;
- Mental health problems;
- Increased risk of drug and alcohol abuse;
- Delayed cognitive development;
- Reproductive health problems; and/or
- Involvement in sex trafficking.

2.1 Protective Factors for Maltreatment

Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors:

- (1) **Parental Resilience** - Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. No one can eliminate stress from parenting, but a parent's capacity for resilience can affect how a parent deals with stress. It means finding ways to solve problems, building and sustaining trusting relationships, including relationships with one's own child, and knowing how to seek help when necessary.
- (2) **Social Connections** - Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to 'give back,' which is an important part of self-esteem, as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships.
- (3) **Knowledge of Parenting and Child Development** - Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children and youth in a positive light and promote

their healthy development. Information can come from many sources, including family members, as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.

- (4) **Concrete Support in Times of Need** - Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.
- (5) **Social and Emotional Competence of Children** - A child or youth's ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or developmental delays can create additional stress for families. Early identification and assistance for both parents and children can support their social and emotional competence.

(See Appendix A, **Protective and Risk Factors Chart and State and National Resources**)

References:

1. Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

2. *Strengthening Families: A Protective Factors Framework*. Washington, D.C.: Center for the Study of Social Policy, <http://www.cssp.org/reform/strengthening-families/basic-one-pagers/Strengthening-Families-Protective-Factors.pdf>

3.0 MANDATED REPORTING

The **purpose of the mandated reporter law** is to provide for 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 Procedures for Mandated Reporting of Child Abuse

A report shall be made immediately, but in no case later than 24 hours from the time there is reasonable cause to believe that **suspected** child abuse has occurred.

OCGA § 19-7-5(e).

Child Abuse* is defined under **OCGA § 19-7-5(b)(4)** as:

- (1) Physical injury or death inflicted upon a child by a parent or caretaker (other than accidental);
- (2) Neglect or exploitation of a child by a parent or caretaker;

- (3) Endangering a child – “endangering” a child means:
 - a) Any act described by **OCGA § 16-5-70(d)** [cruelty to children 3rd],
 - b) Any act described by **OCGA § 16-5-73** [child present at meth lab],
 - c) Any act described by **OCGA § 40-6-391(1)** [DUI w/child in the car], or
 - d) Prenatal abuse, as such term is defined in **OCGA § 15-11-2(56)** [Juvenile Code];
- (4) Sexual abuse of a child – “Sexual abuse” shall include consensual sex acts when the sex acts are between minors if any individual is less than 14 years of age; provided, however, that shall not include consensual sex acts when the sex acts are between a minor and an adult who is not more than four years older than the minor. This provision shall not be deemed or construed to repeal any law concerning the age or capacity to consent. OCGA § 19-7-5 (b)(10).
- (5) Sexual exploitation of a child – “Sexual exploitation” is conduct by any person who allows, permits, encourages, or requires that child to engage in:
 - a) Prostitution **OCGA § 16-6-9(d)** or
 - b) Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct. **OCGA § 16-12-100** [Sexual Exploitation of Children].

* The Juvenile Code definition of Child Abuse under **OCGA § 15-11-2** also includes emotional abuse (**OCGA § 15-11-2(30)**).

Good Faith Exception – Persons who provide assistance to Law Enforcement officers or DFCS when the health and safety of children are adversely affected and threatened.

OCGA § 16-3-22.1.

- (1) Any person that in good faith has possession of materials or images in violation of Article 3 of Chapter 12 of this title and immediately notifies Law Enforcement officials OR any person that is required by Code Section 19-7-5 to report suspected child abuse OR makes such notification within 72 hours from the time there is reasonable cause to believe such person is in possession of such materials or images shall be immune to the same extent as a law enforcement officer would be immune from criminal liability for such possession.
- (2) The official report of the law enforcement agency or DFCS shall create a rebuttable presumption of good faith and reasonableness on the part of the person that has possession.
- (3) The purpose of this Code section is to provide for those persons that act in good faith to assist law enforcement officers or DFCS when the health and safety of a child are being adversely affected and threatened by the conduct of another.

This Code section shall be liberally construed so as to carry out the purposes thereof.

Reporting to DFCS: Reporting Options and Procedures

A Report can be made by:

- (1) an oral report by telephone or other oral communication **or**
- (2) a written report by electronic submission or facsimile.

Reports are taken by DFCS Centralized Intake, 24 hours a day, 7 days a week through either:

- (1) Calling **1-855-GACHILD/1-855-422-4453; or**

- (2) Submitting a completed form:
 - a) E-mailing to cpsintake@dhs.ga.gov. You will receive an auto-reply verifying receipt of report.
 - b) Faxing to **229-317-9663**. Faxed reports convert to a PDF (Adobe) format and are automatically forwarded to the cpsintake@dhs.ga.gov email box. Once the report is opened by a designated intake Case Manager, an email will be sent stating that the CPS report has been received to the email address provided.
 - c) Via the web at <http://dfcs.dhs.georgia.gov/child-abuse-neglect>. In order to use this site the reporter must first complete the Mandated Reporter Training at www.prosolutionstraining.com. Once completed the reporter will get a code to use to make a web-based report. Using this code will also allow the reporter to **view or verify the status** of reports made.

The report shall include:

- (1) The name, addresses and age of the child;
- (2) The names of the child's parents or caretakers;
- (3) The nature and extent of the child's injuries, including any evidence of previous injuries, and;
- (4) Any other information in establishing the cause of the injuries, protective capacities of the parent and the identity of the maltreater.

Reporter information will not be disclosed unless ordered by a court. DFCS will then notify Law Enforcement or the District Attorney.

NOTE: Local County DFCS offices can open a 'screened out' case from Centralized Intake, if warranted.

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 permission of the child's parent or guardian. Such photographs shall be made available as soon as possible to the child welfare agency providing protective services and to the appropriate police authority.

(See Appendix C, DFCS Mandated Reporter Form)

3.2 Mandated Reporters – OCGA § 19-7-5(c)(1)

The following persons having *reasonable cause to believe* that suspected child abuse has occurred shall report or cause reports of such abuse to be made as provided in this Code section:

- Physicians licensed to practice medicine, physician assistants, interns, or residents;
- Hospital or medical personnel;
- Dentists;
- Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43;
- Podiatrists;
- Registered professional nurses or licensed practical nurses licensed pursuant to Title 43 or nurse's aides;
- Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;
- School teachers;

- School administrators;
- School guidance counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;
- Child welfare agency personnel, as that agency is defined pursuant to **OCGA § 49-5-12**;
- Child-counseling personnel;
- Child service organization personnel;
- Law enforcement personnel; and
- Reproductive health care facility or pregnancy resource center personnel and volunteers.

The Designated Delegate: 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 shall be deemed to have fully complied with the law. Under no circumstances shall any person in charge of such hospital, school, agency, or facility, or the designated delegate, to whom such notification has been made exercise any control, restraint, modification, or make other changes 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.

Cross-reporting between DFCS and Law Enforcement is critical.

Law Enforcement is a mandated reporter, as listed above. As to DFCS, once a report of child abuse is made or independently discovered by them, and they have reasonable cause to believe such report is true or the report contains any allegation or evidence of child abuse, then they shall immediately notify the appropriate police authority or District Attorney. **OCGA § 19-7-5(e).**

3.3 Other Reporters – OCGA § 19-7-5(d)

Any other person, other than those specified, who has reasonable cause to believe that **suspected child abuse has occurred** may report or cause reports to be made.

Clergy shall not be required to report child abuse reported solely within the context of confession or other similar communication required to be kept confidential under church doctrine or practice. When a clergy member receives information about child abuse from any other source, the clergy member shall comply with reporting requirements even though the clergy member may have also received a report of child abuse from the confession of the perpetrator. **OCGA § 19-7-5(g).**

Penalties

Any person or official required to report a suspected case of child abuse who knowingly and willfully fails to do so shall be guilty of a misdemeanor.

3.4 Mandated Reporting Definitions – OCGA § 19-7-5(b)

- (1) **“Abortion”** shall have the same meaning as defined in **OCGA § 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 of caretaker thereof;
 - c) **“Endangering a child”** means:
 1. Any act described by **OCGA § 16-5-70(d)** [cruelty to children 3rd];
 2. Any act described by **OCGA § 16-5-73** [child present at meth lab];
 3. Any act described by **OCGA § 40-6-391(I)** [DUI w/child in the car];
 4. Prenatal abuse, as such term is defined in **OCGA § 15-11-2(56)** [Juvenile Code]
 - d) Sexual abuse of a child; or
 - e) 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 otherwise bound to follow federal Health Insurance Portability and Accountability Act of 1996, P.O. 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;
- i) Penetration of the vagina or rectum by any object except when done as a part of a recognized medical procedure; **or**
- j) Any act described by **OCGA § 16-5-46(c) [trafficking for sexual servitude]**.

Sexual abuse shall include consensual sex acts when the sex acts are between minors if any individual is less than 14 years of age; provided, however, that it shall not include consensual sex acts when the sex acts are between a minor and an adult who is not more than four years older than the minor. This provision shall not be deemed or construed to repeal any law concerning the age or capacity to consent.

A person commits the offense of trafficking an individual if said person solicits by any means an individual to perform sexually explicit conduct on behalf of such person when such individual is the subject of sexual servitude. **OCGA §16-5-46(c)(3)**.

- (11) **“Sexual exploitation”** means conduct by any person who allows, permits, encourages, or requires that child to engage in:
 - a) Prostitution, as defined in **OCGA § 16-6-9**; or
 - b) Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in **OCGA § 16-12-100**.

3.5 [YourCountyNameHere] DFCS & Law Enforcement Notification, and Cross-Reporting

[County DFCS address and phone number]

DFCS and Law Enforcement will accept notifications of abuse allegations received by one another and communicate in cases including, but not limited to the following:

- Sexual abuse involving a child;
- Sexual exploitation of a child;
- Substance abuse in the home, including by parents or children;
- Domestic violence or family violence;
- Physical abuse involving a child;
- Severe emotional abuse;
- Severe neglect involving a child for which DFCS requests assistance;
- 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 referral if abuse diagnosed by a physician;
- Munchausen by Proxy/Pediatric Condition Falsification/Factitious Disorder by Proxy; and
- Any suspicious death of a child.

3.6 [YourCountyNameHere] Law Enforcement

(1) **Law Enforcement will:**

- Initiate an investigation within 24 hours for children who are indicated to be in present or impending danger 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 severity of abuse referred.
- Be familiar with the [YourCountyNameHere] Child Abuse 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 the agency, if necessary.
- Ensure that an interview of the child is conducted by a trained interviewer preferably at the local Child Advocacy Center.
- File an intake report with DFCS when a referral of child abuse is received.
- Notify DFCS immediately if abuse occurred in child's home or caregiver situation.
 - In cases of child-on-child abuse, DFCS should be notified.

Law Enforcement agrees to work jointly with DFCS in the above situations as well as upon request by DFCS.

(2) **Law Enforcement Staffing Referrals with DFCS**

Early and continued communication between DFCS and Law Enforcement 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.
- Meeting or corresponding with DFCS weekly to staff referrals.
- Checking their local files and criminal histories of suspects whenever possible prior to making a decision on the disposition of a referral.
- Notifying DFCS if law enforcement records contain a past history of child abuse, domestic violence or physical assaults involving the child or immediate family members. A joint decision should be made on how Law Enforcement will assist.
- Inquiring of the DFCS case manager what action was taken by DFCS.
- In conjunction with the DFCS case manager and supervisor, determine if law enforcement assistance is necessary.

Law Enforcement may take emergency custody of a child under OCGA § 15-11-133.

3.7 Medical Personnel

Medical personnel should respond to suspected abuse and neglect cases. It should be emphasized that according to **OCGA § 19-7-5(e)**, a report should be made to DFCS within 24 hours; however, a timely referral is critical in a multi-disciplinary 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**.

(1) **Procedures for Temporary Protective Custody of a Child by a Physician Without a Court Order and Without Parental Consent**

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 elements necessary for temporary protective custody to be taken by a 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. **OCGA § 15-11-131.**

(2) **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. OCGA § 15-11-131 (h).

3.8 [YourCountyNameHere] Public Health in the Clinical Setting – Medical Providers

[Address and Phone Number of Public Health Center]

- (1) The staff member shall immediately orally notify DFCS of suspected cases of abuse, pursuant to **OCGA § 19-7-5(e)**. In no case shall the report be made more than 24 hours from the time the staff member has reason to believe the child has been abused.
- (2) The incident as reported or observed shall be documented in the child's medical record.
- (3) The child's attending physician shall be notified and advised of the incident.
- (4) The report to DFCS shall contain the following information: child's name, address, age, race, parents' names, care provider, children involved, as appropriate, and nature of the allegation. (*See Appendix C, DFCS Mandated Reporter Form to assist in the written reporting process.*)
- (5) A copy of the written report shall be maintained in the child's record.

- (6) 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.
- (7) 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.
- (8) When a report is made, a therapeutic approach shall always be utilized, presenting protective services as a help for families, not a punishment.
- (9) 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.
- (10) An incident report should be completed by a public health staff member for each suspected/actual incident of abuse.

3.9 [YourCountyNameHere] Public and Private Schools

[Address and Phone Number of School(s)]

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

- (1) A classroom teacher or other school staff who suspects abuse or neglect must immediately notify the *appointed designee* that such report was made who shall immediately report to DFCS.
- (2) A brief report is to be sent to the Student Services Department at the Central Office by the *appointed designee*.
- (3) No employee shall contact a parent or guardian regarding the interview of their student in child abuse or child neglect referrals.
- (4) 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 the interview.

Charges Against Teachers Abusing Children.

School staff should NOT conduct their own detailed interview of the child and staff should only question the child enough to determine if a report is necessary. School staff should notify DFCS and Law Enforcement immediately.

When school employees report suspected child abuse, DFCS must write to that employee and acknowledge receipt of the report within 24 hours. Within 5 days of completing an investigation, DFCS must disclose to the counselor, or principal if no counselor, whether or not abuse was substantiated. **OCGA § 49-5-41(a)(5)**.

All mandated reporter training of school personnel should include training on indicators of abuse which occurs in the school setting; appropriate reporting methods; and recognizing signs of abuse that occur outside the school setting. DFCS can provide Mandated Reporter training annually. Mandated Reporters can also obtain training on-line at https://www.prosolutionstraining.com/store/product/?tProductVersion_id=10933.10

3.10 [YourCountyNameHere] Department of Juvenile Justice (DJJ)

[Address and Phone Number]

When any employee, volunteer or contractor believes or becomes aware of any suspected neglect, physical, emotional, sexual abuse, or sexual exploitation of a child under 18 years old, that employee, volunteer or contractor shall follow DJJ Policy on Special Incident and Child Abuse Reporting and Commercial Sexual Exploitation Referrals. The suspected or alleged sexual exploitation shall be referred to Georgia Cares and the appropriate law enforcement agency shall be notified within 24 hours.

3.11 [YourCountyNameHere] Behavioral Health Service Providers

[Address and Phone Number]

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. Rather, the provider should gather the appropriate amount of information needed to complete a DFCS report to include what happened, when it happened, where it happened, how it happened and who did it. The behavioral health provider should reassure the child and explain the process to the child for a possible forensic interview by a third party. Information necessary for the agency's investigation of the abuse or neglect is to be shared.

Staff who receive information concerning child abuse or neglect are to report as follows:

- (1) Therapists should report directly to DFCS or Law Enforcement immediately.*
- (2) Clinicians-in-training, clerical staff and other support staff should report the incident or information directly to supervisory staff, to be reported to DFCS immediately.*
- (3) Reports are to be made by phone, with a written follow-up if requested by DFCS, or electronically.

* An immediate response from DFCS is required prior to the child's departure if danger of further abuse and neglect is suspected.

3.12 Georgia Department of Early Care and Learning (DECAL)

If a child is harmed in a licensed or unlicensed child care center or family child care learning center contact **DECAL** at **404-657-5562** or **404-656-5957**.

Two (2) types of licensed child care programs include child care learning centers and family child care learning homes.

The Child Care Services division of Bright from the Start monitors and licenses child care programs and investigates complaints of child care programs, licensing violations and reports of unlicensed child care operations.

DECAL investigations include conducting interviews with adults and children and assessing the history of the center to determine whether there is any immediate danger to the children there. Possible consequences could range from providing technical assistance to emergency closure of center.

4.0 INVESTIGATIVE AND ASSESSMENT PROCEDURES

4.1 Division of Family and Children Services (DFCS)

[Address and Phone Number-including after-hours phone number]

- Centralized Intake Call Center (CICC) will make determination if report contains allegations of maltreatment and assign a response time based on whether there is an indication of a safety threat to the child. If there is present danger, the response must be immediate; otherwise, the agency may assign a 24 or 72 hour response time.

See <http://odis.dhs.state.ga.us/ViewDocument.aspx?docId=3005724&verId=1>

- Local DFCS will interview child victim, assess home environment, meet family and determine the Case Track assignment, either Investigation or Family Support.
- If, at any time, DFCS determines safety threats exist, an in-home or out-of-home safety plan will be developed which may include removal of the child from the home.
- Documentation of each contact shall be entered in Georgia SHINES within 72 hours.
- **DFCS shall communicate with the local DFCS Special Assistant Attorney General (SAAG) regarding a case in which a safety threat exists and removal of the child from the home, and with the local District Attorney, as appropriate, regarding potential criminal activity or actions.**

If it is necessary to remove the child from the home, DFCS may call Law Enforcement to request assistance. All removals requiring transportation of a child under the age of 8 or 4'9" must be done with a car seat, pursuant to **OCGA § 40-8-76**.

Steps to Remove a Child from a Home:

- (1) DFCS may request the assistance of Law Enforcement which has the authority to take immediate action in taking a child into protective custody for 24 hours without a court order and DFCS will then seek a court order as follows:
- (2) Local procedure will determine how DFCS obtains an emergency court order from the Juvenile Court during working hours and after hours through one of three contact methods:
 - a) the Special Assistant Attorney General ("SAAG") will obtain an emergency order for shelter care signed by a judge, or an authorization for shelter care signed by a juvenile court intake officer;
 - b) the juvenile court intake officer, directly; or
 - c) the judge directly granting DFCS immediate temporary custody until a hearing is convened within 72 hours.
 - d)

A. Investigation of Accepted Reports

- Refer severe physical and all sexual abuse to the Children's Advocacy Center or other designated facility to conduct forensic interviews and attend each referred interview.

- Refer suspected cases of sexual exploitation to **Georgia Cares** and the **Georgia Bureau of Investigation (GBI) Child Exploitation and Computer Crimes Unit** within 24 hours.
- Contact Law Enforcement immediately if marks or bruises are severe.
- In cases where medical treatment is indicated or the cause of injury cannot be determined, seek a medical opinion.
 - When the medical opinion is not definitive as to the nature of the injuries, seek a forensic medical opinion. Contact GBI's Child Abuse Investigative Support Center at **404-270-8194** for more information.
- Contact Law Enforcement, if needed, for securing parental cooperation, access to the child or protection of the child.

When the case has been accepted by DFCS, policy and practices for DFCS will be followed.

B. Interviewing Children at School

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

C. Investigation of Commercially Sexually Exploited Children

DFCS will assign all cases of sexual exploitation to **investigation** and respond to reports of children being commercially sexually exploited by caregivers.

Traffickers fit the definition of caregiver (see *italicized* portions):

"Caregiver" means any person *providing a residence for a child* or any person legally obligated to provide or secure adequate care for a child, including his or her parent, guardian, or legal custodian. **OCGA § 15-11-2(8)**.

"Person responsible for the care of a child" means:

- (1) An adult member of a child's household;
- (2) *A person exercising supervision over a child for any part of the 24 hour day;*
or
- (3) Any adult who, based on his or her relationship to the parent, guardian, or legal custodian or a member of a child's household, has access to such child.
OCGA § 15-11-2(55).

In order to set the Commercial Sexual Exploitation of Children (CSEC)/Domestic Minor Sex Trafficking (DMST) apart from other forms of child abuse 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 or prostitution of a child by means involving payment in cash, food, shelter or other forms of value to the child or a third person; or
- 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.

Procedural Steps

(1) Initial Assessment

Investigate the circumstances prior to reunification with a caregiver. 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 run away 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. Limit the amount of information given to the caregiver if there is any indication the caregiver is involved in the exploitation.

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 run away in order to be with his or her 'pimp/trafficker' who has a stronger influence over the child than the parent does.

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 parent and/or guardian.

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 resources to the child and family throughout the case.

A request by Law Enforcement for DFCS 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 with the Indicators/Risk Factors found in the DFCS CSEC State Protocol.)

(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:

- a) 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 Section 4.2, F(2), Sexual Exploitation of a Child Indicators.*)
- b) Upload to GA SHINES at least 2 digital photos of the child: one full-length standing photo and one passport-like, full-face view photo.
- c) Notify Georgia Cares.
A referral to Georgia Cares should be made within 24 hours. Referrals made to Georgia Cares must contain the Georgia Cares referral form and a Release of Information (ROI). A referral form can be faxed to Georgia Cares with an ROI by DFCS for consent of services.

Collaboration between DFCS and Georgia Cares can help to properly address 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 are recommended when there is a child in DFCS custody who has been arrested for prostitution.

(See Appendix D, CSEC Referral Form for Georgia Cares.)

Georgia Cares Contact Information

Phone: **1-844-8GA-DMST/1-844-842-3678** (24 hour hotline)

Fax to: 404-371-1030

Website: www.gacares.org

Email: referrals@gacares.org

Administrative inquiries to admin@gacares.org

(3) Medical Attention

Staff should coordinate the forensic medical examination through the local Child Advocacy Center (CAC) or Sexual Assault Center (SAC) that has a **Sexual Assault Nurse Examiner (SANE)**. Some CACs also have an on-site medical examination room. If this local resource is not available, the child should be taken to the Emergency Room for medical evaluations of 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, Obtainment of a Forensic Medical/Sexual Assault Exam for more information.)

(4) Forensic Interview (See also Section 4.3, Forensic Interview Procedures.)

If the child is cooperative, attempt to coordinate a forensic interview of the child by a trained forensic interviewer. Staff must coordinate a CSEC-/DMST-specific forensic interview through local resources headed by the CAC, if one is available.

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.

(5) State Office Placement Resources Operations (“PRO”) Team

The PRO team can serve as liaison between county DFCS and residential placements.

Make a referral to the **PRO Team** for assistance with finding appropriate placements for out-of-home cases.

(6) 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.

(7) Georgia Bureau of Investigation (GBI), 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 sexual exploitation is 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 case worker 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.

Georgia Bureau of Investigation shall develop a model notice that is available for download from its internet website. Such model notice shall provide information giving individuals a method to contact the National Human Trafficking Hotline and the Statewide Georgia Hotline for Domestic Minor Trafficking. OCGA § 16-5-47(c).

(Adapted from the Georgia DFCS-CSEC/DMST Protocol)

NOTE: DFCS Regional Case Management Protocols were developed in December, 2015. Check local Regional Protocol for localized requirements.

D. Investigation of Substance Abuse in Mothers Affecting Newborns

The committee members recognize that infants born to substance-abusing mothers is a growing problem in our community and that these 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 or professional indicating that a newborn infant has been affected by prenatal abuse as defined in **OCGA § 15-11-2(56)**, DFCS will accept and assign the intake report.
- 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 facility/personnel) once an investigation has been initiated. DFCS will then make a request for medical information and documentation concerning the following:
 - Current condition of the infant and mother;
 - Written detail regarding substance used (includes prescribed or non-prescribed);
 - Anticipated date of discharge;
 - Medical condition of the mother and infant and any necessary medical follow-up that will be required for the care of the infant (e.g., heart or apnea monitors);
 - Level of substance in the mother and/or child's system; and
 - Impact of the substance on the infant, including descriptions of withdrawal symptoms.
- 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. **DFCS will determine a Plan of Safe Care pursuant to law and DFCS Policy 19.27 that is consistent with the hospital discharge plan.**

- Court intervention will be required only if deemed necessary.

E. Investigation of Abuse Occurring in School Settings

When a report of abuse in the school setting is received by DFCS, the matter shall be assigned to a case worker 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 CAC 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 attended and monitored by the DFCS case manager assigned to the case.

The forensic interview recording will immediately be made available to Law Enforcement, the District Attorney and DFCS.

Within five (5) 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 local CAC, DFCS case manager assigned to the case or multi-disciplinary team.

In cases in which the investigation is unsubstantiated, the report shall note any interviews or evidence the investigating agency was unable to obtain and give reasons such interviews or evidence were unavailable.

F. DFCS Records Release and Confidentiality

DFCS will release records* to the District Attorney's office, Law Enforcement and Child Advocacy Center upon request pursuant to **OCGA § 49-5-41** and DFCS Policy 2.6.

DFCS records remain confidential during an ongoing investigation and are not subject to release under the Open Records Act except in cases of serious injury or death **with the required redactions pursuant to OCGA § 49-5-41(e)(2)**. DFCS will make every effort to contact Law Enforcement upon receipt of an Open Records request.

* Records include information provided by law enforcement or prosecution agencies in any pending investigation or prosecution of criminal activity contained within the child abuse, neglect, or dependency records.

G. DFCS Policy 6.6 Special Investigations: Investigation of Child Death, Near Fatality or Serious Injury

DFCS seeks to ensure the safety, permanency, and well-being of the children of Georgia. Sleep-related deaths continue to be a leading cause of infant deaths in Georgia and nationwide. Therefore, DFCS has partnered with the Georgia Department of Public Health (DPH) and other internal and external stakeholders to implement a Safe Sleep Campaign to prevent sleep-related infant deaths. This campaign includes current provisions in DFCS' policy and practice that focus on the prevention of sleep-related deaths through educating caregivers involved in all child welfare programs about the dangers of unsafe sleep practices. To further support this effort, DFCS Policy 6.6 Special Investigations:

Investigation of a Child Death, Near Fatality, or Serious Injury, has been updated to incorporate specific provisions to substantiate neglect when evidence from the investigation confirms that unsafe sleep practices were the cause or a contributing factor to the death of an infant; and documentation supports that the caregivers were provided infant safe sleep education by DFCS, including the dangers of unsafe sleep practices to child safety. The policy updates include the following:

- Gathering information regarding the circumstances surrounding the child's death; the protective capacity of the caregiver; condition of the caregiver at the time of the child's death; and other possible contributing factors such as substance use or abuse, smoking, and/or medical history of the infant.
- Observing the sleep environment of the infant.
- Reviewing DFCS history to determine patterns of behavior that impacted caregiver decision making; documentation of DFCS' provision of education to the caregiver regarding safe sleep practices and the dangers associated with unsafe sleep environments; and whether DFCS previously implemented a safety plan to address the unsafe sleep concerns with the caregiver in a current or previous case.
- Requesting parental drug screens when caregivers appear impaired, drug paraphernalia is observed in the environment, or there is history of family substance use.
- Engaging relevant collaterals (i.e., other agencies or professionals) to obtain or verify information the caregiver may have received regarding infant sleeping arrangements.

4.2 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 **what** allegation of sexual abuse, sexual exploitation, physical abuse or neglect **exists**
- 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
- **Attempt to identify and secure crime scene**
- Gather information for incident report from complainant and any other witnesses
- If the responding officer has to interview the victim, ask only basic, non-detailed questions. A more detailed interview will be deferred to the local CAC or trained interviewer
- Contact his or 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
- Obtain physical or testimonial evidence from medical personnel if an examination occurs
- Consult with and document information gathered from hospital or school

professionals at the scene (e.g., pediatrician, emergency room doctor, counselor, administrator)

- Consider obtaining specific records relevant to the investigation (e.g., medical, DFCS, school)
- Consult with other involved agencies and interview witnesses and parents of victim
- Obtain statements from victim by audio/video recordings through trained interviewer at the CAC within 72 hours
- Consider interviewing other children present in the home at the CAC and whether protective custody is appropriate
- Arrange analysis and evaluation of evidence and review results with involved agencies
- Interview suspect when identified and re-interview as appropriate
- Consider conducting re-enactments with suspect and/or witnesses using re-enactment doll (Contact GBI's Child Fatality Review Unit for free re-enactment doll(s) at **404-270-8175**)
- 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 regarding prosecution.
- Participate in subsequent judicial proceedings.

All transportation of a child under the age of 8 or 4'9" must be done with a car seat. OCGA § 40-8-76.

Additional Procedures for Child Fatality Cases

- Coordinate with Coroner to arrange autopsy of child
- Provide all pertinent information to Medical Examiner's Office
- Conduct re-enactment using re-enactment doll with suspect and/or witness
- Video record any re-enactments, if possible
- Complete SUID form (if appropriate)
- Attend autopsy
- Obtain crime lab reports (e.g., autopsy, toxicology, blood alcohol)
- Obtain autopsy photographs

B. Basic Procedure for Police Investigation of Child Commercial Sexual Exploitation

In addition to the above, other potential evidence of sexual exploitation can include:

- Hotel workers' statements and hotel records
- Photographs of victim, scene outside of hotel, hotel room, or corner where victim was standing
- Security video from any place victim said they went that has a recorded video

- Cell phones from victim and accused, cell phone numbers and records
 - Make sure the phones are not placed in property and returned to defendant
 - Get a search warrant to dump the phone
 - **Immediately put cell phone in airplane mode or in a faraday bag to prevent the cell phone from being remotely wiped**
- ‘Exploitation clothing’ worn by the victim
- Anything bought by accused for victim (e.g., eyelashes, hair pieces, clothing)
- Sheets and blankets, condoms
- On-line ads (get search warrant or subpoena for ad information and subscriber history)
- Username and passwords for social media accounts
- Fake or stolen IDs (locate and get statements from ID victims)
- Anything that can corroborate the victim’s statement (even something as small as a McDonald’s receipt will corroborate a statement that perpetrator took victim to McDonald’s)
- Photos of tattoos and what they mean to victim
- Journal, diary, calendar, agenda (may or may not be electronic)
- Screenshot of any internet site that is applicable
- **Seize all** electronic devices
- Submit Preservation Letter to social media sites, e.g., Yahoo and Facebook

(See Section 4.2, F(2) **Indicators of Child Sexual Exploitation.**)

Additional Steps to Take:

- Establish custody of the Child (See below, **Law Enforcement Protective Custody**)
- Call DFCS at **1-855-GA-Child/1-855-422-4453** and advise if the child is a potential CSEC victim and request DFCS respond to take custody
- Contact Georgia Cares at **1-844-8GA-DMST/844-842-3678**
- Take child to a CAC, SAC or hospital SANE for forensic medical examination. Obtain and send evidence collection kit to GBI crime lab. Debrief with doctor, nurse or SANE who conducted the exam as they are often a wealth of information helpful to the investigation
- Contact GBI, Child Exploitation and Computer Crimes Unit at **404-244-2600** (24 hours)

In cases where Law Enforcement **or first responders** *initially* receive the report of abuse, report it 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.

* Cross-Reporting to DFCS is mandated by law and critical to ensure the safety of the child.
OCGA § 19-7-5.

Law Enforcement – Protective Custody of a Child OCGA § 15-11-133

A child may be removed from his or her home, without the consent of his or her parents by a law enforcement officer if a child is in imminent danger of abuse or neglect if he or she remains in the home.

Steps after removal:

- (1) Immediately deliver child to a medical facility if the child is believed to suffer from a serious physical condition or illness which requires prompt treatment, and, upon delivery, **promptly contact DFCS;**
- (2) Bring 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. Basic Procedure for Police Investigation of Domestic Violence with Child Present

- Determine whether child was present at the residence and obtain his or her name, age, demeanor, relationship to the parties and whether the child witnessed, heard or was physically harmed during the incident (intentionally or accidentally).
- Ask the parties where the child is and explain the importance for the officer to check on the child.
- If the parties will not or are unable to answer as to the child's welfare, and the officer has reason to believe a child is present by evidence of toys, clothes, etc., follow police protocol for further search of the house.
- If a child is found at the house, determine whether to seek protective custody and if so, contact the DFCS on-call case worker or director and make a report to DFCS Centralized Intake.
- Make a referral or give the adult victim information on the nearest domestic violence shelter for him or her and the child, if needed. Try to connect the victim with a person at the domestic violence shelter or, at a minimum, talk to the victim about available services.
- Include the name and date of birth of the child in the incident reports.
- Contact DFCS to allow them to make a safety assessment.
- Consider a forensic interview of the child.
Try to separate children and, where possible, AVOID:
 - Interviewing parties in the presence of the child
 - Subduing or arresting someone in the child's presence

- Having the child interpret for the parent
- Leaving the child alone for a 'long' period of time while conducting other interviews

Tips for Talking with Children at the Scene

- Address the child at eye level
- Explain your role in easy to understand terms
- Honor a child's loyalty to an abusive parent
- Do not criticize or demean the abusive parent
- Acknowledge child's right *not* to speak
- Communicate your concern about the child's safety
- Don't make promises you can't keep
- Discuss confidentiality and its limits

Taken from Vermont's 2004 Model Protocol as adapted from a handout developed by the Child Witness to Violence Project, Boston Medical Center.

D. Basic Procedure for Police Investigation of Children with Disabilities

Establish rapport and respectful communication with the victim. Presume victim competence to participate in an interview and the criminal justice process.

When possible, the officer will want to gather some initial information before interviewing the person:

- Determine if the victim has any kind of disability
- Find out how this disability *may* affect the interview process
- Determine if the victim uses any adaptive equipment, such as a hearing aid, crutches or a wheelchair
- Determine if the victim has any attention difficulties
- Determine how the victim best communicates his or her wants and needs
- Determine what makes it easiest for the victim to understand what others communicate
- Assure the setting for the interview is accessible to the victim
- Create a safe and non-judgmental environment
- Do not ask for a lot of details or rephrase questions as it can cause confusion
- Do not touch the victim as this could cause a fight or flight response in children with certain disabilities
- Arrange for forensic interview at the Child Advocacy Center

E. Georgia Department of Early Care and Learning (DECAL)

DECAL works closely with Law Enforcement and DFCS during child abuse and neglect investigations in a child care program.

If a child is harmed in a licensed or unlicensed child care program including child care learning centers, and family child care learning homes, contact **DECAL** at **404-657-5562** or **404-656-5957**.

Child care services are governed by substantial rules and regulations which Georgia law authorizes DECAL to enforce. There are three types of licensed child care programs which include child care learning centers, group day care homes, and family day care homes.

The child care services division of Bright from the Start monitors and licenses these child care programs as well as investigates complaints of child care programs, licensing violations and reports of unlicensed child care operations.

Some of the most common licensing complaints are:

- Lack of adequate supervision
- Insufficient nurturing and care
- Unsafe facility environment
- Inappropriate discipline
- Lack of proper sanitation (and other health concerns)

Investigations into serious injuries or death of children enrolled in a child care program:

DECAL begins its investigation into all allegations of physical, sexual or emotional abuse, serious injuries, and child deaths within 24 hours of receiving the allegations. If DECAL is aware that Law Enforcement, DFCS or another state agency is also conducting investigations into the same allegations, DECAL will coordinate with those agencies so as not to interfere with the other agencies' investigations. If Law Enforcement, DFCS or any other agency is investigating child abuse, neglect or injuries at a child care center, they shall contact DECAL as soon as possible to coordinate investigations.

To report suspected child abuse or neglect in a child care program, contact DECAL at:

- For a child care center, group day care or a family child care home: Call **404-657-5562** or **404-656-5957** to file a complaint or email ccscomplaints@dec.al.ga.gov.
- For Georgia's Pre-K Program: contact the Pre-K Division by calling **404-656-5957** or **1-888-442-7735** (toll-free) and asking to speak with the Pre-K Consultant of the Day.
- For Head Start: go to <http://georgiaheadstart.org/programs/>. Click on the "Head Start Locator" link and enter location information, then click on the link provided to get the telephone number of that office. For further questions concerns, please contact the Head Start Director at http://georgiaheadstart.org/contact_us.php.

Investigations include conducting interviews with adults as well as children and assessing the history of the child care center to determine whether there is any immediate danger to the children there.

Possible consequences could range from providing technical assistance to an emergency closure of the center. Emergency closures occur when there is a medically unanticipated death of a child in care or children in care are in imminent danger. If an emergency closure order is issued, the child care provider has 48 hours to appeal. The appeal hearing must then be held within 48 hours of the appeal. DECAL will often subpoena members of Law Enforcement and DFCS to testify at these emergency hearings.

F. 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.

It is DFCS policy that DFCS shall request a joint investigation with Law Enforcement for all serious and/or complex reports of abuse or neglect (including, but not limited to, sexual abuse, severe physical abuse, serious injury, child death, near fatality, and chronic/severe neglect) and shall conduct joint investigations as outlined by local Protocol (f/k/a Child Abuse Protocol).

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, neglect and sexual exploitation cases or children who witness domestic violence through the Children's Advocacy Center (CAC).

The CAC conducts the forensic interview and coordinates the multi-disciplinary team meeting.

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.

DFCS and Law Enforcement will accept notifications of abuse allegations received by one another and work together and communicate in cases including but not limited to:

(1) Sexual Abuse of a Child – Indicators:

- Difficulty walking or sitting
- Torn, stained, or bloody clothing
- Pain, swelling, or itching in the genital area
- Pain upon urination
- Bruises, bleeding, or lacerations in the external genitals or anus area
- Vaginal or penile discharge or a venereal disease
- Victims may also act out sexually or on younger children

(See also Section 4.2, B, Basic Procedure for Police Investigation of Child Abuse.)

(2) Sexual Exploitation of a Child – Indicators

- Child has run away from home three or more times within the last twelve months
- Inappropriate dress, including oversized clothing or overtly sexy clothing
- Avoids eye contact
- Unexplained bruises or injuries
- Cigarette burns
- Child is in possession of large amounts of money, more than one cell phone or hotel keys
- Presence of gifts, the origin of which is unknown
- Older boyfriend, male friend or relative close to 5 years older than the child
- Not enrolled in school
- Fake identification
- Gang clothing or other gang symbols
- Tattoo of someone's name or nickname, particularly on the back of the neck
- Arrest(s) of the child 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

(3) **Physical Abuse of a Child – Indicators**

- Unexplained bruises or welts on the face, ears, inside and outside mouth and lips, torso, back, buttocks, thighs, or injuries in various stages of healing. Injuries on non-mobile children. Bruises may be in clusters or in patterns, and may appear on several different surface areas. May include bald patches on scalp.
- Unexplained fractures or dislocations to skull, nose, and/or facial structure or in various stages of healing. Fractures may also include multiple, or spinal fractures.
- Unexplained burns from cigars or cigarettes, especially on palms, soles, back or buttocks. May also include immersion burns (sock-like, glove-like, or doughnut-shaped burns on buttocks or genitals). Infected burns may indicate a delay in seeking treatment.

(4) **Severe Emotional Abuse of a Child – Indicators**

- Speech disorders
- Lags in physical development
- Failure to thrive
- Hyperactive or disruptive disorder

(5) **Severe Neglect of a Child for which DFCS requests Assistance – Indicators**

- Underweight or hungry
- Exhibits poor growth patterns or a failure to thrive
- Has poor hygiene or inappropriate dress
- Reports a consistent lack of supervision
- Has unattended physical or medical needs
- Obvious abandonment
- Bald patches on the scalp

(6) **Domestic Violence or Family Violence**

(See Section 4.2, C, **Police Investigation of Domestic Violence with Child Present.**)

(7) **Substance Abuse in the Home – Parents or Children**

What is a Drug-Endangered Child?

The Federal Interagency Task Force defines Drug Endangered Children (DEC) as: a person under the age of 18 who lives in or is exposed to an environment where drugs are present for any number of reasons, including trafficking and manufacturing of these drugs. (<http://www.justice.gov/dec>)

Results of Exposure to Substance Abuse

Children experience or are at high risk of experiencing:

- Physical, sexual, mental, or emotional abuse
- Neglect or abandonment
- Exposure and accidental poisoning (meth labs)
- **Sexual Exploitation:** risk of being forced to participate in illegal or sexual activity in exchange for drugs or money likely to be used to purchase drugs

- Overdose-death (e.g., prescription drugs, heroin)
- (8) **Refusal by a Family** to allow a DFCS worker to see the child victim in any abuse or neglect investigation or response
 - (9) The presence of any serious injury on a child for which the explanation offered is inadequate to explain the injury
 - (10) Any referral of abuse diagnosed by a physician
 - (11) Any form of Munchausen by Proxy/Pediatric Condition Falsification
 - (12) Any suspicious death of a child
 - In a Joint Investigation, Law Enforcement will:**
 - At their discretion, take the lead role in interviewing the perpetrator.
 - Determine if the allegation of sexual, physical or emotional abuse or neglect is founded by probable cause and if the crime occurred in the jurisdiction of the agency.
 - If probable cause is found, take warrant(s) out with Magistrate Court.
 - Be familiar with the Protocol and make every attempt to follow it.
 - Ensure the child's interview is conducted at the Child Advocacy Center within 72 hours of the report.
 - Decide if Law Enforcement, DFCS or both will attend and monitor the forensic interview.
 - If unsubstantiated, note the interview and evidence in the report.

If Law Enforcement needs to take a child into protective custody or in emergencies, the DFCS on-call case worker or County Director may be called for immediate response. Centralized Intake must also be called to set up the case but local DFCS does not need to wait for a case assignment to respond.

G. Investigative Resources

(1) GBI - Child Abuse Specialist Agents

The GBI Child Abuse Specialist Agents are located in each of their 15 regions throughout the state to assist and/or work with local law enforcement on child abuse cases involving physical and sexual abuse.

Contact Mary Chandler – Assistant Special Agent in Charge, **706-595-2575**, mary.chandler@gbi.ga.gov

Or contact the local GBI's Child Abuse Investigative Support Center, **404-270-8194**. **GBI, Child Exploitation and Computer Crimes Unit**

Ask for the Agent on call:

Regular business hours: **404-270-8870**

Nights, weekends and holidays: GBI communications center **404-244-2600** or **1-800-282-8746**

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 (CAC)

[Children's Advocacy Center or designated location Address and Phone Number]

The CAC 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 CAC 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.

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 multi-disciplinary response coordinated through the CAC, DFCS or other designated entity.

*(See Section 4.3, B(9) **Multi-Disciplinary Team (MDT).**)*

B. The Forensic Interview

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, rape and murder.

(1) Required Training

The forensic interview is performed by someone trained in forensic interviewing through a nationally-recognized forensic interview training which usually consists of an intensive three to five day course in which students learn the necessary skills to conduct an investigative, forensic interview of a suspected victim of child abuse. Examples of nationally recognized forensic interview trainings include, but are not limited to, Child First (formerly known as Finding Words); the National Children's Advocacy Center (NCAC); Corner House; the National Institute of Child Health Development (NICHD); and the American Professional Society of Abuse of Children (APSAC). **Forensic interviewers must also have a minimum of eight (8) hours of specialized training on an annual basis and meet best practice standards as set forth by Children's Advocacy Centers of Georgia (CACGA).**

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:

- child's development, memory and suggestibility
- children as witnesses
- interviewing techniques
- use of anatomical dolls
- characteristics of abuse and neglect

- false allegations
- criminal codes
- effects 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 a child's varying ability to recall events and use language, as well as the trauma he or she 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. The reported 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) **Making Referrals to the Child Advocacy Center (CAC)**

In general, children most appropriate for a forensic interview include children for whom there are concerns regarding the following:

- Physical abuse with injuries,
- Severe negligence,
- Emotional abuse,
- Sexual abuse,
- Sexual exploitation,
- Abduction, and/or
- Witness to any type of violence including, but not limited to, domestic violence, rapes and murders.

Referrals can be made by DFCS, Law Enforcement, the District Attorney's office, Solicitor's Office, the Juvenile and/or Superior Court, Department of Juvenile Justice and Adult Protective Services. An interview time will be scheduled. Although both DFCS and Law Enforcement should be present to ensure all relevant information is obtained, a representative of the referring agency must attend.

Children who are insufficiently verbal for an interview but who present with medical evidence or sexualized behaviors should be referred for multi-disciplinary review.

Forensic interviews of children 3 to 17, or 18 and over if the child is still in high school, shall be video-recorded.

If circumstances require immediate response, children 14 to 17 may be interviewed by a trained interviewer at an agency location; however, these cases should be referred to the CAC for interdisciplinary case coordination the same or following business day.

Adult with Special Needs

CACs may also interview reported victims and witnesses who fall outside of the

age ranges described above based on special circumstances that may include young adults disclosing abuse that occurred during childhood, or adults with special needs who may have experienced abuse or exploitation.

(3) **Documentation of Forensic Interviews**

- The interview should be video-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 begins, it should not be discontinued until the interview is completed.
- Copies of recorded forensic interviews will only be given to Law Enforcement, DFCS, or Prosecution or by court order as described in 4.3, B(5), below.

(4) **CAC Access to Child Abuse Records OCGA § 49-5-41(a)(7.1)**

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 reported abuse, shall have access to all records and information relevant to the child's case with few exceptions provided. However, any child advocacy center which is granted access to records concerning reports of child abuse shall be subject to the confidentiality provisions of **OCGA § 49-5-40(b)** and shall be subject to the penalties imposed by **OCGA § 49-5-44** for authorizing or permitting unauthorized access to or use of such records.

(5) **CAC Release of Records including the Recorded Forensic Interview**

While recorded Forensic Interviews will only be released to DFCS, Law Enforcement and Prosecution, **nothing prohibits court-appointed guardians ad litem or CASAs from viewing the recorded forensic interviews upon proper showing of their Appointment Order. Other releases must be done under OCGA § 49-5-41(11) and (g)(3).**

Every attempt will be made to notify multi-disciplinary team investigators of a request for the recorded forensic interview and the District Attorney's or Solicitor's Office if a case is under indictment or accusation.

(6) **Payment for Forensic Interviews – OCGA § 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 (the CAC or forensic interviewer) 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.

(See <https://cjcc.georgia.gov/> for further provisions, **Application for Payment and Referral Document.**)

(7) **Forensic Interviews of Special Populations**

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 due to dynamics related to exploitation.
- Victims of exploitation may believe that revealing what has happened to them will result in arrest and detention for prostitution, particularly if interviews are conducted in an interrogative tone.
- Further, many children have a 'love' relationship with their exploiter and fear that the state may incarcerate 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 may make 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 or her understand their 'victimization.' Trust should be established over time, and the formal forensic interview needs to occur after this trust has been established.
- Georgia Cares, a statewide system of care for victims of sexual exploitation, can facilitate connections with victim advocates, family advocates, and specialized service 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 of **the special considerations of victims which include:**
 - A history of sexual abuse, physical abuse, neglect and/or domestic violence in the home;
 - Victims not identifying themselves as victims;
 - Victims having a strong distrust of authority;
 - Victims fearing for the safety of their families or others due to threats made by their exploiter; and
 - Victims rejecting any outreach that is perceived as condescending.

b) Children with Special Needs

If a forensic interview is needed for a child with a cognitive or physical disability or other special need, 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 to services.
- Federal regulations require "state and local government programs

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.

(8) Expanded Forensic Interview

At times, the investigative team may determine that multiple forensic interviews are warranted. **When possible, the same appropriately trained forensic interviewer should conduct the expanded interview at the CAC.**

Potential reasons to conduct more than one session may include, but are not limited to, the following:

- Decision-making regarding protection of the child cannot be made based upon information obtained during the initial interview;
- An interview could not be completed in one session due to the child’s level of engagement and/or participation, developmental and/or cognitive abilities, social, emotional or physical functioning, or another reason information could not be fully or effectively gathered in the single session;
- The child was unable to complete the initial forensic interview and needs additional time due to victimization type (e.g., CSEC victims, long-term victims, poly-victims);
- The child disclosed additional information following the initial forensic interview or indicated reasons he or she could not tell, or due to changes in the situation or circumstances, external evidence or corroboration emerged;
- The child did not disclose abuse during the initial forensic interview but there are concerning factors of possible victimization, such as sexualized behaviors, medical findings, statements of other children and/or adult witnesses, pornography, or access by a known offender; and/or
- The child did not disclose abuse during the initial forensic interview but allegedly disclosed to some other person.

Under some circumstances, multiple forensic sessions may also be planned from the beginning and carried out over two to six sessions (typically, as dictated by the needs of the child) to address and fit a particular child’s needs. Such needs may include age, developmental disabilities or other special needs, ability to communicate, being multi-lingual and/or requiring an interpreter, multiple allegations, offenders and/or types of abuse, and for those who have been severely traumatized.

Regardless of the number of sessions, all forensic interviews should abide by the following best practices, being:

- Linguistically appropriate;
- purposeful in nature (a valid reason can be articulated for conducting more than one interview),

- forensically sound,
- non-duplicative,
- neutral and objective,
- child-friendly,
- child-focused,
- developmentally appropriate, and
- culturally competent.

Policies

- Following the conducting of an initial forensic interview, the investigating agencies (e.g., Law Enforcement, DFCS, Prosecution) will refer an alleged child abuse victim for additional forensic interview sessions when deemed necessary, based on the previously mentioned reasons. Additional forensic interview sessions will be scheduled only at the request of child protective services, Law Enforcement, and the District Attorney's or Solicitor's Office.
- Additional forensic interview sessions **should** be conducted by the same interviewer who conducted the initial interview or may be conducted by a different interviewer, depending on the circumstances and needs of the child. All additional forensic interview sessions should be conducted **at a certified or accredited CAC** in a legally defensible manner that will facilitate protective, therapeutic, and investigative decision-making.
- Non-offending caregivers may accompany the child to the location of the interview, but are not allowed to be present or observe additional forensic interview sessions.
- While additional forensic interviews are being scheduled and conducted, it is preferable that the child have no contact with alleged offenders, if identified at the time.
- All involved investigators will provide the forensic interviewer with case information, including the nature and circumstances of the allegations, and any possible alternative explanations for the allegations.
- During the period of time that additional forensic interviews are being conducted with the child, any new information disclosed during the process pertaining to the abuse allegations should be immediately relayed to the involved investigative team members for follow up.

(9) Multi-Disciplinary Team (MDT)

Upon completion of the forensic interview, the multi-disciplinary team makes recommendations regarding the child's need for medical and mental health treatment. The MDT consists of Law Enforcement, DFCS, the District Attorney's office, Solicitor's office, Child Advocacy Center (CAC), Sexual Assault Center (SAC), mental health and medical professionals, domestic violence shelters when a child is involved, 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.

(10) **Coordination of MDT Meetings**

The CAC, 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 child maltreatment and agencies responsible for protecting child victims.

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 agency. Appropriate referral sources include, but are not limited to, DFCS, Board of Education, Law Enforcement, District Attorney's office, Solicitor's office, the Department of Juvenile Justice, medical and mental health personnel, and the Sexual Assault Center.

A special reconvening of the MDT may be called by the District Attorney's office 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, CAC, SAC, domestic violence shelters when a child is involved, medical, and mental health who are involved with a case being staffed should be present and consistently participate in the MDT meetings.

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.

Include county CAC protocol as an Appendix in the Child Abuse Protocol if applicable.

4.4 Obtainment of a Forensic Medical/Sexual Assault Examination

Forensic Medical Examination for Child Sexual Abuse, Physical Abuse and Neglect

The Forensic Medical Examination ("FME") performed on physically and sexually abused children is an important part of the child's well-being in the investigatory and legal process.

The FME 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 and can include labs and radiology in physical abuse and neglect cases.

For sexual abuse, the physical examination includes the genital area. The exam 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;
- Testing for sexually transmissible infections (STIs) including cultures, treatment, and/or prophylaxis in accordance with current CDC guidelines;

- Medical records, and
- Expert medical opinion or testimony.

The **purpose of the Forensic Medical Examination** is to:

- Identify medical evidence to prosecute the offenders;
- Screen for injuries and medical conditions and initiate medical treatment; and
- Answer questions and reassure victims and parents about the child's physical well-being.

Even in the absence of medical evidence, exams can engage a doctor or nurse who can provide expert testimony to explain this lack of evidence to judges and juries.

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

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

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. A clinical provider may call the Children's Telemedicine office at **404-785-1111** to obtain a telemedicine appointment for their patient. To schedule a second opinion consultation, call the Stephany V. Blank Center for Safe and Healthy Children (CSHC) at **404-785-3820** and ask for the physician-on-call.

The telemedicine program:

- Offers live-consultation and assistance with medical exams for suspected victims of abuse. Expert physicians from the CSHC work with the medical provider at the presenting site (i.e., 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.
- 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.
- 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.

Who can Conduct the Forensic Medical Examination:

While the physician, nurse practitioner or physician assistant providing care for the child can conduct the medical evaluation, it is preferable for the forensic 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 (SANEs). 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. A second opinion is especially critical if an inexperienced provider reports positive findings on exam. For names of local experts,

providers should contact the nearest child advocacy center, sexual assault center or call the Children's Advocacy Centers of Georgia at **770-319-6888**.

Sexual Assault Medical Forensic Examination (“SAMFE”) – Adolescent
Understand that the purpose of the exam is to address patients’ health care needs and collect evidence when appropriate for potential use within the criminal justice system.

The medical/forensic examination in its entirety addresses the medical and evidentiary needs of the consenting patient, including:

- Conducting prompt examinations;
- Providing support, crisis intervention, and advocacy;
- Obtaining a history of the assault;
- Performing a complete assessment;
- Documenting exam findings (communities should identify policies pertaining to appropriate photo documentation and the secured storage thereof);
- Evaluating and treating injuries;
- Properly collecting, handling, and preserving potential evidence;
- Providing information, treatment, and referrals for STIs and pregnancy;
- Providing follow-up care for medical and emotional needs, as well as further forensic evaluation; and
- Providing language assistance services for limited English proficient, deaf and hard-of-hearing individuals, and those with sensory or communication disabilities.

It is also possible that examiners may provide the following as a routine part of their post-examination process, depending upon the criminal justice system response:

- Interpreting and analyzing examination findings; and
- Presenting findings and providing factual and/or expert opinion related to the medical forensic examination.

Coordination among involved disciplines is strongly recommended to simultaneously address the needs of both victims and the justice system. Ensuring that victims’ needs are met often can increase their level of comfort and involvement with the legal system.

(A National Protocol of Sexual Assault Medical Forensic Examinations (Adults/Adolescent), 2013)

Timing of the Examination

Sexual Assault Medical Forensic Examinations are usually recommended as soon as possible after a sexual assault, but within a minimum of 120 hours after the assault. However, cases should be evaluated on an individual basis as the medical forensic examination may be completed beyond 120 hours. Statewide Model Sexual Assault Response (SART) Protocol*

- * The Sexual Assault Expert Committee has developed a Statewide Model Sexual Assault Response (SART) Protocol that includes further information on the Sexual Assault Examination as well as the Georgia Sexual Assault Standards. Please contact the Sexual Assault and Human Trafficking Supervisor at the Criminal Justice Coordinating Council, for a copy of the SART Protocol and/or SART Protocol training at **404-657-1956**.

Evidence Collection*

- Sexual assault evidence kits are recommended when the assault involved possible exchange of bodily fluids or trace evidence. Collect forensic samples within a minimum window of 72 hours since the sexual abuse. In addition, case

circumstances may indicate a need for an acute examination and forensic sample collection beyond that timeframe up to 120 hours.

(National Protocol for Sexual Abuse Medical Forensic Examinations – Pediatric, April 2016.)

- 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.

Once the examination is completed and all specimens are collected, they should be 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.**

- * When a forensic medical examination is performed, evidence is collected, and the alleged victim has requested that Law Enforcement officials be notified, the individual performing such exam, or his or her designee, shall notify the appropriate law enforcement agency of the collection of such evidence. Law enforcement officials shall take possession of such evidence no later than 96 hours of being notified and ensure that such evidence is submitted to the Division of Forensic Sciences of the Georgia Bureau of Investigation within 30 days of it being collected, in accordance with the procedures established by the division. **OCGA § 35-1-2.**

Where to Obtain the Sexual Assault Medical Forensic Examinations

Local Protocol should include where the forensic medical exam and/or sexual assault medical forensic examination is conducted. This will be dependent on the local resources available.

Potential places where the examination is conducted include:

- There are ten (10) dual Child Advocacy Center/Sexual Assault Centers in Georgia where the sexual assault examination is conducted under the same roof as many other services provided to the child, including the forensic interview and counseling.
- Many local Child Advocacy Centers now also provide sexual assault examinations by trained pediatric sexual assault nurse examiners and/or pediatric doctors.
- Sexual Assault Centers perform the sexual assault examination by SANEs* and also have a Sexual Assault Victim Advocate** present to provide support.
- Pediatric doctors who have been trained to conduct the examination and/or perform the examination through telemedicine with CHOA as described above.
- Some hospitals have a pediatric SANE who are either employed by the hospital or respond from the community to conduct the sexual assault examination.
- Other hospitals may conduct the examination by trained hospital staff who are not SANEs. However, these hospitals may not routinely conduct sexual assault examinations or utilize a child victim-centered approach.

* **Sexual Assault Examiners**

A Sexual Assault Nurse Examiner (SANE), Sexual Assault Forensic Examiner (SAFE), and Sexual Assault Medical Forensic Examiner (SAMFE) have specialized education and clinical experience in the collection of forensic evidence and treatment of these patients. SANEs receive specialized training in conducting exams with adults, adolescents and/or pediatrics. SANEs should have

physician oversight as they cannot render a diagnosis.

**** Presence of a Victim Advocate During the Medical Forensic Exam**

The National Protocol for Sexual Assault Medical Forensic Examinations – Pediatric recommends the provision of timely access to victim advocacy services during the exam process. Victim advocates typically function to aid victims and their families in getting help to cope with the impact of sexual abuse in their lives and to promote healing. Advocates also encourage coordination and collaboration among responders so that interventions are child-focused and trauma-informed.

4.5 Payment for Forensic Medical/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. **OCGA § 17-15-15.**

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

* The person receiving such forensic medical examination shall not be billed for the cost of such exam.

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

- An examination for physical trauma;
- A determination of the nature and extent of the physical trauma;
- A patient interview;
- Collection and evaluation of the evidence collected; and
- Any additional testing deemed necessary by the examiner in order to collect evidence and provide treatment. **OCGA § 17-15-2(6).**

* **OCGA § 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 or molestation, and there is limited collection and evaluation of evidence (i.e., 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 <https://cjcc.ga.gov> or call **404-657-2222** or **1-800-547-0060** for the **Application for Payment and Fee Schedule**.

5.0 TREATMENT, COUNSELING & SERVICES FOR CHILD ABUSE CASES

Victims should be made aware of their right to apply for crime victim compensation for reimbursement of expenses incurred for mental health counseling as a result of their victimization.

5.1 Counseling for Child Abuse – Trauma-Focused Cognitive Behavioral Therapy

- (1) For sexual and physical abuse cases staffed by the multi-disciplinary team (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 (CAC), Sexual Assault Center (SAC), or other trained child therapists at local agencies will provide treatment. Many providers utilize Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), in addition to other treatment modalities that are trauma-focused.

TF-CBT is widely regarded as the most effective treatment for sexually abused and traumatized children. This therapy emphasizes the importance of parent involvement during the course of therapy; it includes individual sessions with the child, and individual sessions with the parent, as well as family sessions 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 and Sexual Assault Centers have Play Therapists who are state-licensed, clinical mental health practitioners 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, and puppets, as well as talk therapy, to enable a child to communicate about, and heal from, their abuse experiences.

- (2) If there is not a local CAC or SAC, the primary involved agency will provide the family with a list of local behavioral 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 licensed clinician trained and experienced in the treatment of child sexual abuse and trauma. For sexual exploitation cases, Georgia Cares should be contacted to assist in the identification of appropriate services and resources.
- (3) As part of the referral, the referring agency will complete demographic information and release of information forms to provide to the behavioral health provider treating the child. If, after beginning treatment, the family refuses further treatment or becomes uncooperative, or the behavioral 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.

- (4) When a state-licensed clinician is not available, regional referrals should be provided.
- (5) 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.

5.2 Mental Health Provider Training for Working with Sexually Exploited Children

Commercially sexually exploited children often have extensive histories of multiple traumas and high rates of trauma symptoms; therefore therapists must be knowledgeable about trauma and skilled in the delivery of trauma-focused treatment and be well-informed about commercial sexual exploitation.

Resources:

The Criminal Justice Coordinating Council (CJCC) offers formal CSEC awareness training for behavioral health providers.

California Evidence-Based Clearinghouse:

To learn more about evidence-based practices and the strength of specific interventions, go to the California Evidence-Based Clearinghouse (<http://www.cebc4cw.org>).

Project Intersect:

For a list of therapists in Georgia trained in TF-CBT and CSEC go to the Project Intersect “Find a Provider” searchable database.

TF-CBT National Certification:

For a list of therapists who have achieved national certification in TF-CBT go to the TF-CBT Therapist Certification Program webpage (“Find a Therapist,” sort by state).

5.3 Safe Harbor Legislation: Services for Sexually Exploited Children

DFCS, in consultation with the Office of the Child Advocate, CJCC, and law enforcement officials, shall develop a plan for the delivery of services to sexually exploited children, victims of trafficking of persons for labor servitude, and such children and persons who are at risk of becoming victims of such offenses. In developing such plan, DFCS shall work with state and federal agencies, public and private entities, and other stakeholders as it deems appropriate and shall periodically review such plans to ensure appropriate services are being delivered.

Such plan shall include:

- (1) Identifying children who need services;
- (2) Providing assistance with applications for federal and state benefits, compensation, and services;
- (3) Coordinating the delivery of physical and mental health, housing, education, job training, child care, legal, and other services;
- (4) Preparing and disseminating educational and training materials to increase awareness of available services;
- (5) Developing and maintaining community-based services;
- (6) Providing assistance with family reunification or repatriation to a country of origin; and
- (7) Providing law enforcement officials assistance in identifying children in need of such services.

6.0 JUDICIAL PROCEDURES

6.1 Juvenile Court

The Juvenile Court secures for each child care and guidance, preferably in his or her own home, as will secure his or her moral, emotional, mental, and physical welfare, as well as the safety of both the child and community. It is set up to preserve and strengthen family relationships, countenancing the removal of a child from his or her home only when state intervention is essential to protect such child and enable him or her to live in security and stability. Above all, the paramount child welfare policy of this state is to determine and ensure the best interests of its children. **OCGA § 15-11-1.**

Juvenile Court has jurisdiction over cases alleging child abuse and neglect (dependency), delinquency, and Child in Need of Services (CHINS) cases.

A child has many definitions depending on the proceeding. Under the Juvenile Code, a child is defined as any individual who is:

- Under the age of 18 years;
- Under the age of 17 years when alleged to have committed a delinquent act;
- Under the age of 22 years and in the care of DFCS;
- Under the age of 23 years and eligible for and receiving independent living services through DFCS; or
- Under the age of 21 years who committed an act of delinquency before reaching the age of 17 years and who has been placed under the supervision of the court or on probation to the court for the purposes of enforcing orders of the court.

OCGA § 15 -11-2(10).

During the criminal pendency of cases, the child may also be involved in the juvenile court process providing intervention for the safety and well-being of the child. The interplay between the juvenile and criminal process requires coordinated efforts between Child Protective Services (CPS) case workers; Law Enforcement and Prosecution; and other courts including the Magistrate, Probate and Superior Courts. For example, if the Magistrate Court issues a bond in a criminal case with 'No Contact' conditions, the Juvenile Court needs to know this to ensure the child is not placed back in the home or make it a further condition of placement that the alleged perpetrator is not allowed contact with the child. Probate Courts may be involved, having issued a temporary guardianship or registered a power of attorney. The Prosecutor needs to be informed of the status of the child abuse and neglect case, where the child is placed in order to contact the child for interviews or testimony, the case plan, and how the Prosecution can utilize that case plan in potential plea negotiations.

The Juvenile Court accords both parents and children certain legal rights depending on the type of proceeding in which they are involved, including:

- The right to notice of the proceedings;
- The right to a hearing;
- The right to counsel (**OCGA § 15-11-103**); and
- The right to a guardian ad litem and/or court-appointed special advocate.

Parents and children must not only be informed of their rights, but they must also understand the protections those rights afford them. Court representatives and CPS case workers can educate families about their rights.

Burdens of Proof

- The standard of proof is clear and convincing evidence in dependency, CHINS

and Termination of Parental Rights (TPR) proceedings.

- The standard is 'beyond a reasonable doubt' in delinquency proceedings.

A. Dependency Proceedings

Purpose of Dependency Proceedings is:

- 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;
- To ensure that proceedings are conducted expeditiously to avoid delays in permanency plans for children;
- To provide the greatest protection as promptly as possible for children; and
- To ensure that the health, safety, and best interests of a child be the paramount concern in all dependency proceedings. **OCGA § 15-11-100.**

A dependency proceeding is initiated by filing a petition alleging either neglect or abuse, which covers physical injury, emotional abuse, sexual abuse, sexual exploitation, prenatal abuse or the commission of an act of family violence in the presence of a child. **OCGA § 15-11-2.** A petition must be filed within 30 days if the child is not kept in DFCS custody.

A "dependent child" is a child who:

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

The burden of proof is on the petitioner, which is usually DFCS. It is imperative that the case worker is well prepared with knowledge of the case and documented reports. Meeting with the attorney prior to the hearing will help ensure that the attorney can present enough evidence to meet the burden.

The attorney needs to present enough evidence to convince the judge that the maltreatment of the child alleged in the petition occurred. The judge will take into account the quantity, quality, credibility, and convincing force of the evidence. If the judge determines that CPS has met its burden, that determination justifies continuing CPS intervention and further court involvement. On the other hand, if the judge determines that the evidence presented by CPS fails to satisfy the burden of proof, the case will be dismissed, and CPS will have no authority to continue its involvement with the family without the family's consent.

When testifying, case workers should:

- Be on time;
- Listen carefully to each question and answer it directly;
- Ask that a question be repeated if it is difficult to hear or understand, but not make a habit of doing so;
- State facts, not opinions or conclusions (e.g., instead of saying that the mother was uncooperative and rude, state exactly what she said or did);
- State whether an answer is unknown or cannot be recalled;
- Speak clearly, distinctly, and loudly enough to be heard;
- Make eye contact with the questioner and the judge; and
- Refer to the case file only as necessary in order to recall information.

When an attorney objects to a question or moves to strike an answer, the case worker should wait until the judge rules on the motion before speaking.

(Working with the Courts in Child Protection, Child Abuse & Neglect User Manual Series, U.S. Department of Health and Human Services Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau Office on Child Abuse and Neglect, The Honorable William G. Jones, 2006.)

In dependency cases, CPS caseworkers must also make '**reasonable efforts**' to preserve and reunify families under **OCGA § 15-11-102**. Juvenile court judges decide at each critical stage of an abuse or neglect case whether the agency has complied with the 'reasonable efforts' requirement.

Factors that the juvenile judge considers for reasonable efforts include:

- Were the services offered relevant to safety and protection of child?
- Were the 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? and
- Were the services realistic under the circumstances?

There are certain situations when **reasonable efforts are not required (OCGA § 15-11-203)**:

- Where a child is 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 or abetting to commit murder or involuntary manslaughter of another child of such parent;
- Conviction of felony assault with serious bodily injury to child or another child of such parent;
- Conviction of rape, sodomy, aggravated sodomy, child molestation, aggravated child molestation, incest, sexual battery, aggravated sexual battery of child or another child of such parent;
- Registered as sex offender and preservation of parent-child relationship is not in child's best interests; and
- Where rights to a sibling were involuntarily terminated and circumstances leading to termination have not been resolved.

A court can find that DFCS has **failed to make reasonable efforts** to:

- Prevent a child's removal from the home;
- Reunite a child with the family from which the child was removed; and/or
- Secure an adoptive home or other permanent placement for a child.

Dependency Proceedings – Different Steps in the Process

- (1) Shelter Care Request: A child is at 'imminent risk' and requires immediate removal.
- (2) Removal Authorization: A juvenile court intake officer can provide a verbal order for removal but the judge has to sign the order within 24 hours. (Local procedures vary on calling the juvenile court intake officer or the judge directly.)
- (3) Complaint: The initial document setting out the circumstances that resulted in a

child being brought before the court and is filed the next day. **OCGA § 15-11-2(14)**. (Local procedures vary as to whether the case manager or SAAG makes the complaint.)

- (4) **Preliminary Protective hearing (PPH)**: held within 72 hours of removal unless the 72-hour time frame expires on a weekend or legal holiday, when such hearing shall be held on the next day which is not a weekend or legal holiday. **OCGA § 15-11-102(a)**.
 - (5) Court determines whether:
 - a) Reasonable grounds exist to believe the allegations in the 'complaint' are true and the child is dependent;
 - b) 'Petition' should issue; and
 - c) A child should be removed from the home (i.e., remain in DFCS custody) pending adjudication.
 - (6) Court findings for removal include continuation in the home is contrary to the welfare of the child; return to the home is contrary to the welfare of the child; and reasonable efforts were made to prevent removal or were not required. **OCGA § 15-11-134, 15-11-146**.
 - (7) DFCS must conduct a diligent search for relatives or others who have shown an ongoing commitment to the child. The initial diligent search must be filed with the court within thirty (30) days of the child being removed from his or her home. **OCGA § 15-11-2(27) and § 15-11-211**.
 - (8) **Adjudication**: A formal trial within 10 days of filing the Petition or 60 days if the child is not kept in DFCS custody to determine whether there is clear and convincing evidence of the facts listed in the Petition that the child is presently dependent and continued protective custody is necessary. If there are new facts or allegations, a new Petition must be filed.
- NOTE:** Under the Indian Child Welfare Act (ICWA) there is a higher standard of proof and DFCS must notify the tribe if the child falls within the definition of an "Indian Child" pursuant to ICWA.
- (9) **Disposition**: A hearing to determine how the case will proceed and to identify all relatives who could serve as a resource for the child. At this hearing, the court determines (1) what services the family and child need; (2) where the child will be placed following the adjudication; and (3) the best long-term or permanency plan for the child.
 - (10) **Case Plan**: is designed to achieve placement in the most appropriate, least restrictive, and most family-like setting available and in close proximity to the alleged dependent child's parent's home, consistent with the best interests and special needs of such child, and shall consider the placement's proximity to the school in which such child is enrolled at the time of placement. **OCGA § 15-11-201(a)**.

A Case Plan is presented to determine whether the following is in the best interest of the child:

- Reunification or
- Non-Reunification –
 - non-reunification hearing required within 30 days
- Adoption;
- Permanent Guardianship; or

- Another Planned Permanent Living Arrangement (APPLA)

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. The same time frame applies whether or not the child was taken into DFCS custody at the PPH.

The initial Periodic Review (75 days from removal) is conducted for the purpose of determining:

- if the child is still dependent;
- if the case plan is still appropriate;
- if the parties are complying with the case plan to reunify the child and parent(s);
- approval of completion of the relative search is done;
- appropriateness of placement change recommendations;
- progress on permanency plan;
- if services are being provided;
- appropriateness of visitation;
- if transition services are being provided to children 14 and older; and
- if reasonable efforts to eliminate removal and reunify are being made.

Periodic Reviews are required for children in foster care and they must take place at least every four months. The first periodic review must be conducted by the court within seventy-five (75) days following the adjudicatory hearing. Subsequent Periodic Reviews may be conducted by the court or citizen review panel. Every party has the right to have Periodic Reviews conducted by a judge. Reviews of children who are available for adoption must be conducted by a judge every six (6) months. **OCGA § 15-11-216.**

Permanency Plan Hearing: To achieve the permanent plan and determine whether reasonable efforts have been made to finalize the permanent plan, i.e., reunification, TPR/Adoption, Non-reunification/Permanent Guardianship, or APPLA.

Termination of Parental Rights (TPR)

TPR Purpose – OCGA § 15-11-206(a)

- (1) To protect a child who has been adjudicated as a dependent child from his or her parent who is unwilling or unable to provide safety and care adequate to meet such child's physical, emotional, and mental health needs by providing a judicial process for the termination of all parental rights and responsibilities;
- (2) To eliminate the need for a child who has been adjudicated as a dependent child to wait an unreasonable period of time for his or her parent to correct the conditions which prevent his or her return to the family;
- (3) To ensure that the continuing needs of a child who has been alleged or adjudged to be a dependent child for proper physical, mental, and emotional growth and development are the decisive considerations in all proceedings;
- (4) To ensure that the constitutional rights of all parties are recognized and enforced in all proceedings conducted pursuant to this article while ensuring that the fundamental needs of a child are not subjugated to the interests of others; and
- (5) To encourage stability in the life of a child who has been adjudicated as a dependent child and has been removed from his or her home by ensuring that all proceedings are conducted expeditiously to avoid delays in resolving the status of

the parent and in achieving permanency for such child.

Grounds for Determining TPR – OCGA § 15-11-310

- (1) In considering the termination of parental rights, the court shall first determine whether one of the following statutory grounds for termination of parental rights has been met:
 - a) The parent has given written consent to termination which has been acknowledged by the court or has voluntarily surrendered his or her child for adoption;
 - b) The parent has subjected his or her child to aggravated circumstances;
 - c) The parent has wantonly and willfully failed to comply for a period of 12 months or longer with a decree to support his or her child that has been entered by a court of competent jurisdiction of this or any other state;
 - d) A child is abandoned by his or her parent; or
 - e) A child is dependent due to lack of proper parental care or control by his or her parent; reasonable efforts to remedy the circumstances have been unsuccessful or were not required; and such cause of dependency is likely to continue or will not likely be remedied, and the continued dependency will cause or is likely to cause serious physical, mental, emotional, or moral harm to such child.
- (2) If any of the statutory grounds for termination has been met, the court shall then consider whether termination is in a child's best interests after considering the following factors:
 - a) Such child's sense of attachments, including his or her sense of security and familiarity, and the continuity of affection for such child;
 - b) Such child's wishes and long-term goals;
 - c) Such child's need for permanence, including his or her need for stability and continuity of relationships with a parent, siblings, and other relatives; and
 - d) Any other factors, including the factors set forth in **OCGA § 15-11-26**, considered by the court to be relevant and proper to its determination.
- (3) If the court determines that a parent has subjected his or her child to aggravated circumstances because such parent has committed the murder of the other parent of such child, the court shall presume that termination of parental rights is in the best interests of the child.

TPR Timeline for Hearings; Orders – OCGA § 15-11-301

- (1) Hearings shall be conducted within 90 days of the date a petition to terminate parental rights is filed.
- (2) An order of disposition shall be issued by the Juvenile Court no later than 30 days after the conclusion of the hearing on the petition to terminate parental rights.

Foster Care Considerations during TPR

There is a deference to placement with relatives in both the law and DFCS policy. Relative foster care is residential care provided by a relative to a child who is the subject of dependency proceedings.

Additional training should be provided to foster parents to prepare them for the special needs and considerations of sexually exploited children. For example, foster parents need to be aware of the high potential for these children to run away and how to limit their

unsupervised and/or overnight activities.

Foster parents have a Foster Parent Bill of Rights under **OCGA §§ 49-5-280 and 49-5-281**.

Foster parents may file a grievance through a 3-step process under DFCS Policy 14.17. Step 1 grievances are submitted to the County Director, Step 2 grievances are submitted to the State DFCS Division Director and Step 3 Grievances are handled through the Office of the Child Advocate for the Protection of Children.

Contacting the School if a Child is Removed from Home

The Case Manager or other designated DFCS staff shall contact the school where the child attends or changes to within one (1) workday of the child's initial entry or re-entry into care, placement in foster care, or placement change by providing the school with information regarding:

- (1) Change in the custody or caregiver;
- (2) Emergency contacts; and
- (3) Individuals authorized to act on behalf of the child and DFCS.

(DFCS Policy 10.13.)

Interstate Compact on the Placement of Children (ICPC) can also play an important role in case worker practice. ICPC is an agreement among all 50 States, the District of Columbia, and the U.S. Virgin Islands regarding placement (i.e., kinship care, adoption, foster care) across state lines. The placement must be approved by the ICPC offices of each of the affected states before it can occur.

B. Children in Need of Services (CHINS) (f/k/a Unruly)

The Children in Need of Services (CHINS) framework represents an approach to court involvement with children who have committed status offenses (i.e., an act prohibited by law which would not be an offense if committed by an adult), and their families. CHINS replaces Georgia's previous approach to children who are deemed "unruly" (i.e., truant, runaway or ungovernable) and those who have been adjudicated status offenders and provides for court intervention with essentially the same class of children.

(Children In Need Of Services: A Guide to Cases under Article 5 of Georgia's New Juvenile Code, Prepared by: Kirsten Widner, Barton Child Law and Policy Center, Emory University School of Law.)

The Purpose of CHINS – OCGA § 15-11-380

- To acknowledge that certain behaviors or conditions occurring within a family or school environment indicate that a child is experiencing serious difficulties and is in need of services and corrective action in order to protect such child from the irreversibility of certain choices and to protect the integrity of such child's family;
- To make family members aware of their contributions to their family's problems and to encourage family members to accept the responsibility to participate in any program of care ordered by the court;
- To provide a child with a program of treatment, care, guidance, counseling, structure, supervision, and rehabilitation that he or she needs to assist him or her in becoming a responsible and productive member of society; and
- To ensure the cooperation and coordination of all agencies having responsibility to supply services to any member of a family referred to the court.

A Child in Need of Services – OCGA § 15 -11-2(11)

- A child who is under the age of 18;

- Adjudicated to be in need of care, guidance, counseling, structure, supervision, treatment, or rehabilitation; and
- Is found by the court to have been one or more of the following:
 - Required by mandatory school attendance laws to attend school but is habitually 'truant'*;
 - Habitually disobedient to his or her parent, 'ungovernable' or places self in unsafe circumstances;
 - A 'runaway,' meaning that the child has been away from his or her parent, guardian or legal custodian for more than 24 hours without permission and without 'just cause';
 - Out in public between midnight and 5 am;
 - Present in a bar without his or her parent, guardian or legal custodian, or in possession of alcoholic beverages;
 - In violation of a court order from a previous CHINS case;
 - Someone who has committed an offense that is only applicable to a child (covers any other status offense that might not be specifically captured by the list); and/or
 - Someone who has committed a delinquent act** who is in need of supervision but not treatment or rehabilitation.

* In Georgia, school attendance is mandatory for all children ages 6 to 16. "Truant" is having ten (10) or more unexcused absences in the current school year.

** "Delinquent act" means:

1. An act, committed by a child, designated a crime by the laws of this state, or by the laws of another state if the act occurred in that state, under federal laws, or by local ordinance, and the act is not an offense applicable only to a child or a juvenile traffic offense;
2. The act of disobeying the terms of supervision contained in a court order which has been directed to a child who has been adjudicated to have committed a delinquent act; or
3. Failing to appear as required by a citation issued for an act that would be a crime if committed by an adult.

A **CHINS Complaint** is an initial pleading describing the circumstances believed to require the court's intervention. **OCGA § 15-11-390.**

A **CHINS complaint can be filed** by the child's parent, guardian, or legal custodian; a DFCS employee; a school official; a law enforcement officer who has knowledge of the facts alleged or is informed and believes such facts are true; a prosecuting attorney; a guardian ad litem; or an attorney. The juvenile court intake officer is responsible for receiving CHINS complaints.

Law Enforcement can take a child into temporary custody if:

- (1) they have reasonable grounds to believe the child has run away (a parent can request that a first-time runaway complaint be dismissed);
- (2) The child's health or welfare is in danger from his or her circumstances unless immediate action is taken; or
- (3) An officer is acting pursuant to a court order.

A law enforcement officer who has taken a child into custody must take the child directly to a medical facility if the child has an injury or other condition that needs treatment. The

officer must also make every effort to contact the child's parent, guardian, or legal custodian right away. Law Enforcement may not keep the child in temporary custody for longer than 12 hours; by that point they must either release the child to his or her parent, guardian, or legal custodian, or contact the Juvenile Court. **OCGA § 15-11-411.**

Where to File a CHINS Complaint and Notifications

A CHINS complaint can be filed in the county where the act is alleged to have occurred or where the child legally resides. If filed where the act occurred, the Juvenile Court must transfer it to where the child resides. **OCGA § 15-11-401.**

Upon filing the CHINS complaint, the case should be reviewed to determine if a DFCS referral is appropriate or if the child is currently under the supervision of DFCS or DJJ or has a pending delinquency case.

If the child is placed with DFCS or is already under the supervision of DFCS or DJJ, the respective agencies should be **notified**. If a delinquency case is pending, the District Attorney and DJJ should be notified of the CHINS complaint.

The Juvenile Court determines placement of the child. If Law Enforcement notifies Juvenile Court, the court will select the least restrictive placement consistent with the child's need for protection or control and should consider:

- Placement with a parent, guardian or legal custodian with that person's promise to bring the child to court upon request;
- Placement in custody of DFCS for foster care; or
- In limited circumstances, placement in a DJJ facility* (Never in an adult jail)
OCGA §§ 15-11-411 and 15-11-412.

DJJ Detention - 24 hour Time Limit

One of the following circumstances must apply for DJJ placement. The child must be alleged to be:

- a) A runaway;
- b) Habitually disobedient to parent and ungovernable; or
- c) Previously failed to appear for a scheduled hearing.

The court must also administer and consider a detention assessment.

A **Continued Custody Hearing** must happen in 72 hours but in practice should happen in 24 hours to coincide with the 24 hour DJJ placement limit. Regardless of where the child is placed, once the court finds there is probable cause that the child is in need of services, it must be determined at the continued custody hearing what should happen next in the case.

The court may either:

- (1) Refer the child to a community-based risk reduction program* which is an alternative to formal court proceedings (**OCGA § 15-11-414(c)(1)**);
OR

- (2) Order a CHINS petition be filed and set a date for an adjudication hearing. **OCGA § 15-11-414(c)(2).**

The petition must be filed within five (5) days of a continued custody hearing if the child is in custody, 30 days from release to parents, or 30 days of filing complaint if the child is never taken into custody.

If continued custody is warranted, the court can place the child with DFCS for foster care or in a DJJ facility for up to 72 hours after the continued custody hearing, but only for the purpose of allowing time to arrange for another appropriate placement for the child.

If continued custody is not warranted, the child will be returned to parents, but the court can set conditions for the child's release and may order services to support the child's safe return home.

* The purpose of community-based risk reduction programs is to use existing community resources for assessment and intervention with children and families in CHINS, delinquency, or dependency cases. **OCGA §§ 15-11-38(a), 15-11-38, 15-11-39, 15-11-40 and 15-11-10.**

CHINS adjudication must be held ten (10) days from the filing of the petition if the child is not released at the continued custody hearing, or 60 days from the filing of the petition if the child is released at the continued custody hearing or never taken into state custody.

At the **CHINS disposition hearing**:

- (1) The Juvenile Court determines services, supervision, and placement (never a DJJ facility). The CHINS disposition hearing can be held immediately after an adjudication hearing or scheduled at a later date*.

* Later date is 30 days. **AND/OR**

- (2) Issue an order restraining or otherwise controlling the conduct of the child's parent, guardian, or legal custodian so as to promote the child's treatment, rehabilitation and welfare: **OCGA § 15-11-29.1**

- a) In any proceeding involving a Child in Need of Services, a delinquent child, or when a case plan has been imposed under Code Sections 15-11-38 and 15-11-39, upon the application of the prosecuting attorney or a party to the plan under Code Sections 15-11-38 and 15-11-39, or on the court's own motion, the court may issue an order restraining or otherwise controlling the conduct of such child's parent, guardian, or legal custodian so as to promote such child's treatment, rehabilitation, and welfare, provided that due notice of the application or motion and the grounds therefore and an opportunity to be heard thereon have been given to such parent, guardian, or legal custodian. When the court is determining if an order is appropriate, it shall consider:

1. The best interests of such child;
2. The risk to public safety such delinquent child poses;
3. Evidence of a repeated pattern of behavior by such child, and
4. The extent to which enhanced involvement and supervision of such child may ameliorate public safety concerns.

- b) An order issued under this Code section may require a parent, guardian, or legal custodian to:

1. Ensure that child attends school pursuant to any law related to compulsory attendance;
2. Monitor the child's homework and studies after school;
3. Attend school meetings as requested by the child's teacher, counselor, or school administrator;
4. Participate with the child in any counseling or treatment deemed necessary after consideration of employment and other family needs, and follow recommendations made by such professionals;
5. Provide transportation for the child to attend counseling, programs, or other services ordered by the court;
6. Provide instruction and guidance to improve the child's behavior;
7. Prohibit specific individuals from having contact with the child or

- from entering the child's residence;
8. When the child is on probation:
 - a. Provide transportation to the probation office or any other counseling or program directed by the child's probation officer,
 - b. Cooperate with the child's probation officer and answer all of his or her questions truthfully, and
 - c. Allow access to the child upon request of the probation officer;
 9. Enter into and successfully complete a substance abuse program approved by the court;
 10. Abstain from offensive conduct against the child;
 11. Pay for the costs and expenses of the child's counseling, treatment, or other services in the same manner as set forth in **OCGA § 15-11-36(c)**;
 12. Pay restitution as set forth in **OCGA § 17-14-5**;
 13. Pay any judgment entered pursuant to **OCGA § 51-2-3**; and
 14. Take any other action or refrain from any other action that the court finds reasonably related to the child's treatment, rehabilitation, or welfare and the safety of the community.
- c) After notice and opportunity for hearing afforded to a person subject to an order entered under this Code section, such 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.
 - d) An order entered pursuant to this Code section may be enforced by citation to show cause for contempt of court by reason of any violation thereof, and when 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.

A **CHINS Cooperative Agreement or Memorandum of Understanding ("MOU")** has been developed between DFCS, DJJ, DOE, DBHDD, DPH and DCH requiring each county to develop a local MOU with the respective offices, Law Enforcement and any relevant community stakeholders to promote increased cooperation and coordination of services and resources for CHINS and their families. The MOU shall include protocols to address, but is not limited to, participating in a multi-agency staffing, the provision of services, court hearing participation and the development of service plans for youth determined to be incompetent. This Cooperative Agreement or MOU can be found on the Office of the Child Advocate website at www.oca.georgia.gov.

C. ORDERS

(1) Protective Orders – OCGA § 15-11-2

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 to:

- a) Stay away from a person's home or a child;
- b) Permit a parent to visit his or her child at stated periods;
- c) Abstain from offensive conduct against a child, his or her parent, or any person to whom custody of such child is awarded;

- d) Give proper attention to the care of his or her home;
- e) 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;
- f) Refrain from acts of commission or omission that tend to make a home not a proper place for a child;
- g) Ensure that a child attends school pursuant to any valid law relating to compulsory attendance;
- h) Participate with a child in any counseling or treatment deemed necessary after consideration of employment and other family needs; and
- i) Enter into and complete successfully a substance abuse program approved by the court.

If the protective order is not considered at the Disposition Hearing, where appropriate, DFCS, through its counsel, may apply for a protective order. DFCS counsel should request a hearing within ten (10) days after the filing of the application for a protective order.

(2) Medical and Psychological Evaluation Orders When Investigating Child Abuse and Neglect – OCGA § 15-11-101

- a) If necessary, the investigator of a report of child abuse or neglect may apply to the court for certain medical examinations and evaluations of a child or other children in the household.
- b) Upon a showing of probable cause in an affidavit executed by the applicant, the court may order a physical examination and evaluation of a child or other children in the household by a physician. Such order may be granted ex parte.
- c) Upon a showing of probable cause in an affidavit executed by the applicant and after a hearing, the court may order a:
 1. Psychological or psychiatric examination and evaluation of a child or other children in the household by a psychologist, psychiatrist, or other licensed mental health professional;
 2. Forensic examination and evaluation of a child or other children in the household by a psychologist, psychiatrist, or other licensed mental health professional; and/or
 3. Physical, psychological, or psychiatric examination of the child's parent, guardian, or legal custodian.

(3) Social Study Orders – OCGA § 15-11-191

If the allegations of the petition alleging dependency are admitted or after an adjudication hearing the court has adjudicated a child as a dependent child, the court may direct that a written social study and report be made by a person designated by the court. **OCGA § 15-11-190.**

Social Study Orders include, but are not limited to, a factual discussion of each of the following subjects:

- a) What plan, if any, for the return of the dependent child to his or her parent and for achieving legal permanency for such child if efforts to reunify fail is recommended to the court;
- b) Whether the best interests of the child will be served by granting reasonable visitation rights to his or her other relatives in order to

- maintain and strengthen the dependent child's family relationships;
- c) Whether the dependent child has siblings under the court's jurisdiction, and, if so:
 - 1. The nature of the relationship between such child and his or her siblings
 - 2. Whether the siblings were raised together in the same home and whether the siblings have shared significant common experiences or have existing close and strong bonds
 - 3. Whether the dependent child expresses a desire to visit or live with his or her siblings and whether ongoing contact is in such child's best interests
 - 4. The appropriateness of developing or maintaining sibling relationships
 - 5. If siblings are not placed together in the same home, why the siblings are not placed together and what efforts are being made to place siblings together or why those efforts are not appropriate
 - 6. If siblings are not placed together, the frequency and nature of the visits between siblings and
 - 7. The impact of the sibling relationship on the dependent child's placement and planning for legal permanence;
 - d) The appropriateness of any placement with a relative of the dependent child; and
 - e) Whether a caregiver desires and is willing to provide legal permanency for a dependent child if reunification is unsuccessful.

D. Guardian ad Litem and the Court Appointed Special Advocate (CASA)

[Contact Information if Applicable]

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. **OCGA § 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 the abused and neglected child. 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 [YourCountyNameHere] CASA and is organized under the auspices of [YourCountyNameHere] County. The [YourCountyNameHere] CASA program operates with the approval of the Juvenile Court of [YourCountyNameHere] County/Circuit. [YourCountyNameHere] CASA is responsible for screening, training, and supervising local CASA volunteers. [YourCountyNameHere] CASA has a paid staff person(s) that supervise(s) the daily operations and volunteer supervision.

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. **OCGA § 15-11-106.**

Pursuant to **OCGA § 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:

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

Responsibilities of Guardian ad Litem/CASA Volunteer – OCGA § 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:

- 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;
- In a manner appropriate to such child's developmental level, ascertain such child's needs, circumstances, and views;
- Conduct an independent assessment to determine the facts and circumstances surrounding the case;
- Consult with the child's attorney, if appointed separately, regarding the issues in the proceeding;
- Communicate with health care, mental health care, and other professionals involved with such child's case;
- Review case study and educational, medical, psychological, and other relevant reports relating to such child and the respondents;
- Review all court related documents;

- Attend all court hearings and other proceedings to advocate for such child's best interests;
- Advocate for timely court hearings to obtain permanency for such child;
- Protect the cultural needs of such child;
- Contact the child prior to any proposed change in such child's placement;
- Contact the child after changes in such child's placement;
- Request a judicial citizen review panel or judicial review of the case;
- 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;
- 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' 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;
- When appropriate, encourage settlement and the use of any alternative terms of dispute resolution and participate in such processes to the extent permitted; and
- 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 and reported to the Central Intake Center.

Confidentiality – OCGA §15-11-105(e), (f) and (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.

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

- Identify 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; or
- 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 **OCGA § 49-5-44**, any GAL/CASA volunteer who discloses confidential information obtained during the course of his or her appointment shall be guilty of a misdemeanor.

6.2 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.

- When an individual seeks to secure a warrant for any type of child abuse, the Magistrate Court shall inquire as to the child's whereabouts and ensure his or her

safety is protected.

- The Magistrate Court 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 Magistrate Court 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 Court should consider all the circumstances of the case, paying particular attention to the safety of the child, preferably prohibiting contact between the child and the accused.
- In setting further bond conditions, the Magistrate Court should consider precluding contact between the accused and all children under the age of 16 in sexual abuse cases and under 18 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.

6.3 Probate Court

Probate Court may issue temporary guardianship or transfer such petitions to the Juvenile Court under **OCGA § 29-2-6**. The Juvenile Court has concurrent jurisdiction over these transferred petitions under **OCGA § 15-11-11(4)**. The standard for determining temporary guardianships is whether it is in the best interest of the minor.

6.4 Superior Court

- The Superior Court may also issue warrants and set bonds in certain child abuse cases. Such bond considerations should include attention to the safety of the child. Certain restrictive conditions of the bond include, but are not limited to, no contact with the 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.

Paramount consideration during criminal jury trials include:

- Ensuring that the child is protected during the trial by conducting proceedings in a manner both protective of the child and absent of perpetrator intimidation and consistent with the defendant's Constitutional rights;
- Ensuring that these cases are given priority on the trial calendar;
- Continuances should not generally be given except on legal grounds and the case should be rescheduled as promptly as possible; and
- Sentencing should reflect the need to protect the victim from the perpetrator.

7.0 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 Court.

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 included in a felony indictment.

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

7.1 Charging Decisions and Standards of Proof

The *charging document* for a felony is called an indictment. Felony indictments may include misdemeanor charges but at least one felony offence must be included. The charging document for misdemeanors only is an accusation. Both are filed with the Clerk of Court's office and are public record.

An indictment, like a warrant, only requires probable cause. The Prosecutor has a special responsibility to refrain from prosecuting a charge that he or she *knows* is not supported by probable cause.

The Prosecutor has the discretion to determine whether to commence a prosecution or to discontinue one already begun. This determination is based in part on the amount and the nature of the evidence obtained from the initial investigation.

A conviction at trial requires proof beyond a reasonable doubt.

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.

Critical evidence to establish proof beyond a reasonable doubt includes, but is not limited to:

- Law Enforcement reports detailing the scene, evidence gathered and observations;
- Witness contact information, interviews and statements;
- Photographs of the scene and/or victim;
- Forensic interview of the child;
- Forensic medical exam of the child; and
- Child's medical records from birth.

Child Molestation Case Considerations

Potential Witnesses

(1) Law Enforcement

- a) How did the report get to Law Enforcement? (911 call (get audio), walk-in or via DFCS?)
- b) Who reported it?

- (2) **Division of Family and Children Services (DFCS)**
 - a) Was DFCS called out to the scene/home?
 - b) Did DFCS speak to the child?
 - c) Did DFCS conduct an investigation? (DFCS records can provide additional information as to the family members, family dynamics, safety and placement of the child.)
- (3) **Outcry Witness**
 - a) Who did the child tell first?
 - b) Who else did the child disclose to? (Friends, relatives, teachers, counselors, etc.)
- (4) **The Child Victim** (What happened, when, where and for how long?)
- (5) **Forensic Interviewer**
 - a) Did the child have a forensic interview?
 - b) Has the tape been reviewed?
 - c) Has the forensic interviewer been interviewed?
- (6) **Sexual Assault Examiner (SAE)**
 - a) Did the child have a sexual assault examination?
 - b) Were photos or videos taken?
 - c) Were any injuries found?
 - d) What did the child disclose to the SAE?
 - Consider Medical Hearsay Exception
- (7) **Counselor/Mental Health Provider**
 - a) Is the child in counseling?
- (8) **Any Witnesses who Saw the Act**
- (9) **Expert Qualified as a Child Sexual Abuse Expert and/or Forensic Interviewer**
 - a) The expert can testify as to the dynamic of child sexual abuse, the disclosure process, delayed disclosure, reasons for recantation and much more

Witnesses to whom the child disclosed sexual abuse may fall under the **Child Hearsay Exception** and can testify as to what the child told them (as long as Notice is provided to the defense and the child testifies).

Evidence to Consider:

- Photos of the crime scene – the house, the bedroom, etc.
- Photos of the victim at the age when abuse happened
- Diaries, notes or letters from the victim
- Text messages and/or Snapchat
- Facebook and/or other social media
- Defendant letters
- Jail phone calls and/or emails
- Recorded forensic interview tape
- Results of the sexual assault examination

- Recorded 911 call
- Transcripts of Bond and Preliminary hearings

Notices and Motions to Consider (not exclusive):

- Notice of Child Hearsay
- Motion in limine – Rape Shield Statute (keep out sexual history of victim)
- Motion in limine – Good Character of Defendant
- Motion for child to testify outside presence of defendant (in cases which would cause undue trauma on the child and/or have any of the other ten (10) factors in the statute)
- 414 Motion for prior child molestation transactions

Sleep-Related Child Death with Aggravating Circumstances Case Considerations

Aggravating Circumstances that Rise to the Level of Reckless Conduct

Involuntary Manslaughter (reckless conduct underlying misdemeanor)
 Bohannon v. State (230 Ga. App. 829, 498 S.E.2d 316 (1998).)

A person can be charged with manslaughter or criminal negligence for *disregarding a substantial risk* of causing death or serious bodily harm.

This legal test was met in Bohannon where a baby was smothered when sleeping between her drunken parents. Even though it was the father who rolled onto the baby, the mother was convicted of involuntary manslaughter for bringing the baby into their bed under party to the crime.

Aggravating Circumstances to Consider:

- Alcohol or drugs are involved;
- Prior sleep-related death of another child;
- Prior history of co-sleeping;
- Told about the dangers of co-sleeping or bed sharing by a relative, DFCS, pediatrician, hospital, etc.;
- Prior DFCS history; and/or
- Prior criminal history.

7.2 Criminal Statutes Involving Children

Family Violence – OCGA § 19-13-1

“Family violence” is defined as 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:

- Any felony; or
- 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.

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

- Cruelty to Children **OCGA § 16-5-70**
- Second Degree Murder **OCGA § 16-5-1(d)**
- Statutory Rape **OCGA § 16-6-3**
- Child Molestation and Aggravated Child Molestation **OCGA § 16-6-4**
- Enticing a Child for Indecent Purposes **OCGA § 16-6-5**
- Sexual Assault by Persons with Supervisory or Disciplinary Authority; Sexual Assault by Practitioner of Psychotherapy against Patient (consent not a defense) **OCGA § 16-6-5.1**
- Sexual Battery **OCGA § 16-6-22.1**
- Aggravated Sexual Battery **OCGA § 16-6-22.2**
- Sexual Exploitation of Children **OCGA § 16-12-100**
- Electronically Furnishing Obscene Material to Minors **OCGA § 16-12-100.1**
- Computer or Electronic Pornography and Child Exploitation Prevention **OCGA § 16-12-100.2**
- Obscene Telephone Contact (conviction or penalties) **OCGA § 16-12-100.3**

Laws that apply to Sexual Exploitation include, but are not limited to:

- Trafficking of Persons for Labor or *Sexual Servitude** **OCGA § 16-5-46**
- Keeping a Place of Prostitution **OCGA § 16-6-10**
- Pimping **OCGA § 16-6-11**
- Pandering **OCGA § 16-6-12**
- Penalties for violating OCGA § 16-6-9 through § 16-6-12 **OCGA § 16-6-13**
- Proceeds from Pimping, Forfeiture and Distribution **OCGA § 16-6-13.3**
- Pandering by Compulsion **OCGA § 16-6-14**
- Solicitation of sodomy **OCGA § 16-6-15**
- Kidnapping **OCGA § 16-5-40**
- Battery **OCGA § 16-5-23.1**
- Child Molestation **OCGA § 16-6-4**
- Enticing a Child for Indecent Purposes **OCGA § 16-6-5**
- Aggravated Assault with Intent to Commit Rape **OCGA § 16-5-21**
- Serious Violent Sex crimes **OCGA §§ 16-6-1, 16-6-2, and 16-6-22.2**
- False Imprisonment **OCGA § 16-6-41**
- Document Fraud/Forgery **OCGA §§ 16-9-4 & 16-9-5**
- Extortion **OCGA § 16-8-16**

* 2016 Legislative changes to the definition of sexual servitude
“Sexual servitude” means any sexually explicit conduct or performance involving sexually explicit conduct (***broad range of acts from physical contact with private parts to intercourse***) for which anything of value is directly or indirectly given, promised to, or received by any individual, which conduct is induced or obtained:

- a) By coercion or deception;
- b) From an individual who is under the age of 18 years;
- c) From an individual whom the accused believes to be under the age of 18 years;

- d) From an individual who has a developmental disability; or
- e) From an individual whom the accused believes to have a developmental disability

Safe Harbor for Sexually Exploited Children

Affirmative Defense: Child under 18 shall not be guilty if at the time of the conduct he or she was being trafficked for sexual servitude in violation of **OCGA § 16-5-46**.

7.3 Discovery – Constitutional, Statutory and Professional Obligations

The Prosecutor has a special responsibility, as well as a legal duty, to disclose to the defense all evidence or information known to the Prosecutor that tends to negate the guilt of the accused or that mitigates the offense, i.e., exculpatory evidence favorable to the defense. Brady v. Maryland, 373 U.S. 83 (1963).) Failure to fulfill that duty can result in a reversal of conviction, court sanctions and disciplinary action by the Bar.

Evidence in possession of the government includes law enforcement agencies involved in the investigation of the case being prosecuted. **OCGA § 17-16-1**.

Discovery includes, but is not limited to:

- Copy of indictment or accusation and list of witnesses (**OCGA § 17-16-3**);
- Relevant written or recorded statements made by the defendant (**OCGA § 17-16-4(a)(1)**);
- Statement of a witness that relates to the subject matter concerning the testimony of the witness that the party intends to call as a witness at trial (**OCGA § 17-16-7**);
- Copy of the defendant's criminal history (**OCGA § 17-6-4(a)(2)**);
- Books, papers, documents, photographs, tangible objects, audio and visual tapes, films and recordings, e.g., forensic interviews (**OCGA § 17-6-4(a)(3)(A)**);
- Report of any physical or mental examinations and of scientific tests or experiments, including a summary of the basis for the expert opinion rendered in the report (**OCGA § 17-6-4(a)(4)**); and
- Lists of names and information (e.g., current locations, dates of birth, and telephone numbers) concerning witnesses unless for good cause the judge allows an exception to this requirement, in which event the counsel shall be afforded an opportunity to interview such witnesses prior to the witnesses being called to testify. **OCGA § 17-16-8**.

7.4 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 required, all efforts are made to protect the child from revictimization, 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.

7.5 Child Hearsay – OCGA § 24-8-820

A statement made by a child younger than 16 years of age *describing* any act of *sexual contact or physical abuse* performed *with or on* such child by another or with or on another *in the presence* of such child shall be admissible in evidence by the testimony of the person to whom made if the proponent of such statement (1) provides notice to the adverse party prior to trial of the intention to use such out-of-court statement and (2) such child testifies at the trial, *unless* the adverse party forfeits or waives such child's testimony as provided in this title, and, at the time of the testimony regarding the out-of-court statements, the person to whom the child made such statement is subject to cross-examination regarding the out-of-court statements. (*Effective July 1, 2013.*)

Thus, the child must be called to testify at trial unless the defendant forfeits or waives the right to the child's testimony in order for the child's hearsay statements to be admissible.

The age of the child at the time of trial is irrelevant as long as the child was under 16 at the time the statement was made.

Child hearsay statements introduced at trial include testimony of family members, outcry witnesses, forensic interviewers, physicians, nurse examiners and investigators who dealt with the child during the course of the investigation.

Forensic interviewers and nurse examiners can testify as experts and give their opinion that the child's statements and demeanor were consistent with a child who has been abused. They cannot give their opinion on the ultimate issue, i.e., that the offense happened, as that invades the jury's province.

7.6 Victim Assistance During Trial

It is critical for victims to understand that the Prosecutor represents only the State, not the victim. While Prosecutors take the interests of the victim into account whenever possible, there is no attorney-client relationship between the Prosecutor and the victim. However, the victim is afforded many rights through the Crime Victim's Bill of Rights as set out below.

Crime Victim's Bill of Rights

Notifications - OCGA § 17-17-8

- (1) Upon initial contact with a victim, a prosecuting attorney shall give prompt notification to the victim of the following:
 - a) The procedural steps in processing a criminal case including the right to restitution;
 - b) The rights and procedures of victims under this chapter;
 - c) Suggested procedures if the victim is subjected to threats or intimidation;
 - d) The names and telephone numbers of contact persons at both the office of the custodial authority and in the prosecuting attorney's office; and
 - e) The names and telephone numbers of contact persons at the office of the investigating agency where the victim may make application for the return of any of the victim's property that was taken during the course of the investigation, as provided by **OCGA § 17-5-50**.
- (2) If requested in writing by the victim and to the extent possible, the prosecuting attorney shall give prompt advance notification of any scheduled court proceedings and notice of any changes to that schedule. Court proceedings shall include, but not be limited to, pretrial commitment hearings, arraignment, motion hearings, trial, sentencing, restitution hearings, appellate review, and post-conviction relief. The prosecuting attorney shall notify all victims of the requirement to make such request in writing.

Other Rights

- A victim shall have the right to refuse to submit to an interview by the accused, the accused's attorney, or an agent of the accused. It shall be the duty of the prosecuting attorney to advise a victim that he or she has the right to agree to such an interview or to refuse such an interview. **OCGA § 17-17-8.1(a).**
- Protection of communications between victim assistance personnel and victims is privileged and considered attorney work product not subject to disclosure. **OCGA § 17-17-9.1.**
- It is a requirement by the court that defense counsel not disclose victim information to the accused. **OCGA § 17-17-10.**
- Right of victim to express opinion on disposition of accused's case **OCGA § 17-17-11**
The prosecuting attorney shall offer the victim the opportunity to express his or her opinion on the disposition of an accused's case, including the views of the victim regarding:
 - Plea or sentence negotiations; and
 - Participation in pretrial or post-conviction diversion programs.
- Temporary restraining and protective orders prohibiting harassment of a victim or witness in a criminal case **OCGA § 17-17-16.**
- Collection of fines and restitution in criminal cases **OCGA § 17-10-20.**

Appendix A – Prevention

(1) Protective Factors across the Spectrum

Family	Service Provider	Community	Society
Develops close bond with a child	Expresses positive expectations	Leaders prioritize community health, safety & quality of life for families	Values youth contribution
Those who are nurturing & protective	Encourages pro-social development	Engage supportive neighbors	Values collaboration
Value & encourage education	Provides opportunities for leadership & participation	Develop neighborhood watch groups, mentoring groups	Laws that hold perpetrators accountable
Manage stress	Staff view themselves as caring people	Ensure safe neighborhoods free from violence	Emphasis on academics
Makes spending time with their children a priority	Support families when they recognize signs of stress or need	Provide supportive social & health networks	Family-friendly atmosphere
Seeks professional help when needed	Have family friendly information available which includes information on child development, bonding, parenting	Community organizations have written child protection policies in hiring and monitoring staff as well as reporting abuse	
	Have appropriate community resource referrals available	Community organizations train staff & volunteers in the prevention of child abuse and mandated reporting	

Appendix A – Prevention (Continued)

(2) Risk Factors Across the Spectrum

Risk factors will vary depending on the community. If potential risk factors for maltreatment are known, supports and services to mitigate those risks can be offered.

Child	Family	Community	Society
Low birth weight	Parental or caregiver immaturity – very young or inexperienced caregivers may not understand a child’s behaviors and needs	Drug endangered environment or neighborhood	Acceptance of violence in media
Colic	Unrealistic expectations of a child’s development	Inadequate or overstressed housing	Gender inequity
Disabilities (Physical, developmental, and emotional/behavioral)	Social isolation – a lack of family or friends to help with the demands of parenting	Underemployment & unemployment	Diminishing views of children and their rights
Chronic illness	Frequent crises – stress related to finances, employment, relationships, etc.	Lack of access to medical care	Sexualization of children
Unplanned/Unwanted child	Drug or alcohol problems	Frequent housing transitions	Criminalization of victims
	Mental illness	Violent community	Myths about abuse and social norms
	Poor family boundaries – failure to protect a child from harm which includes access to the home by many outsiders, lack of supervision, etc.	Promotion of violence	Taboo nature and lack of communication around sexuality
	Dangerous home environments including exposure to drugs, weapons and dangerous objects or animals	Economic factors	
	Family who were victims of maltreatment and have not learned additional coping skills	Lack of supportive resources or opportunities for community involvement	

Appendix A – Prevention (Continued)

(3) Resources

Local, state and national resources listed below promote the general welfare of children and families, provide prevention activities to children, families and the community and provide prevention of the recurrence of abuse and neglect.

Local Resources: Use this checklist as a planning tool when developing the list of available resources in your county.

- A child-friendly interview room
- A “Drug Elimination Program”
- After-school and summer programming
- An alternative learning school
- An umbrella agency which plans, coordinates, and evaluates needed children and family programs and services
- A shelter for battered women
- A shelter for children and youth
- A system to connect “at-risk” teen families with home-based prevention and services
- Community awareness information and events program
- Home health nurse program
- Hospital-based prevention visits for all new parents
- Hospital-based referrals to community-based agencies for services
- Hospital-based social service workers
- Access to health care for all residents
- Parent education programs
- Parenting support assigned by CPS through DFCS
- Pre-kindergarten program for 3-4 year olds
- Prevention education & counseling
- Rape prevention education & crisis line
- School-based mental health counseling
- Therapy dogs or cats

Appendix A – Prevention (Continued)

State Resources

1-800-CHILDREN Helpline for Parents and Caregivers
1-800-244-5373

1-855-GACHILD (statewide number to report suspected abuse)
1-855-422-4453

Better Brains for Babies
706-542-7566
www.bbbgeorgia.org/index.php

Childkind (Services for medically fragile children)
404-248-1980
www.childkind.org/

Children’s Advocacy Centers of Georgia
770-319-6888
www.cacga.org

Children’s Healthcare of Atlanta, Stephanie V. Blank Center for Safe and Healthy Children
404-785-5004
www.choa.org/cptraining

Darkness to Light- Stewards of Children Training
Georgia Center for Child Advocacy
678-904-2880
www.georgiacenterforchildadvocacy.org/what-we-do/prevention/

Georgia Cares
1-844-8GA-DMST
www.gacares.org/

Georgia Coalition Against Domestic Violence
404-209-0280
www.gcadv.org

Georgia Court Appointed Special Advocates (GA CASA)
404-874-2888 Or 1- 800-251-4012
<http://www.gacasa.org>

Georgia Department of Behavioral Health and Developmental Disabilities
Office of Children, Young Adults and Families
404-657-2252
www.dbhdd.georgia.gov

Georgia Division of Family and Children Services
Prevention and Community Support
404-656-9255
www.dfcs.ga.gov/office-prevention-and-family-support

Georgia Department of Early Care and Learning (Bright From the Start)
404-656-5957
www.decgal.ga.gov

Georgia Department of Public Health
Georgia WIC
1-800-228-9173
www.dph.georgia.gov/wic

Georgia Early Education Alliance for Ready Students (GEEARS)
404-410-8564
www.geears.org

Georgia Family Connection Partnership
404-527-7394
www.gafcp.org

Healthy Mothers, Healthy Babies
1-800-300-9003
www.hmhbga.org/

Prevent Child Abuse Georgia
404-413-1419
www.preventchildabusega.org

Strengthening Families Georgia
www.strengtheningfamiliesga.net

Voices for Georgia’s Children
404-521-0311
www.georgiavoices.org

Appendix A – Prevention (Continued)

National Resources

American Academy of Pediatrics

847-434-4000

www.aap.org

American Professional Society on the Abuse of Children (APSAC)

405-271-8202

www.apsac.org

Centers for Disease Control

800-CDC-INFO (800-232-4636)

www.cdc.gov/violenceprevention/childmaltreatment/index.html

Center for the Study of Social Policy

Strengthening Families (202) 371-1565

www.cssp.org/young-children-their-families/strengtheningfamilies

Child Welfare Information Gateway

800-394-3366

www.childwelfare.gov

Children's Defense Fund (CDF)

202-678-8787

www.childrensdefense.org

FRIENDS National Resource Center for Community-Based Child Abuse Prevention (CBCAP)

www.friendsnrc.org/

State Contact, Deborah Chosewood

404-656-9255

National Association for Education of Young Children

800-424-2460

www.naeyc.org/

National Center for Children in Poverty

646-284-9600

<http://nccp.org/>

National Center for Missing and Exploited Children

1-800-THE-LOST

www.missingkids.org

The National Center on Shaken Baby Syndrome

801-627-3399

www.dontshake.com

National Children's Advocacy Center

800-747-8122

www.nationalcac.org

National Children's Alliance

800-239-9950

www.nationalchildrensalliance.org

National Council on Child Abuse and Family Violence (NCCAFV)

202-429-6695

www.nccafv.org

National Fatherhood Initiative (NFI)

301-948-0599

www.fatherhood.org/

National Institute of Health

National Safe to Sleep Public Education Campaign

800-505-CRIB

www.nichd.nih.gov/

Prevent Child Abuse America

312-663-3520

www.preventchildabuse.org

Prevention Institute

510-444-7738

www.preventioninstitute.org/

Rape, Abuse, and Incest National Network (RAINN)

202-544-1034

www.rainn.org

ZERO TO THREE

800-899-4301

www.zerotothree.org/

Appendix B - Sample Protocol Committee Annual Report

PROTOCOL COMMITTEE - ANNUAL REPORT

County:

Judicial Circuit:

Date of Submission:

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

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 the Child Advocate, 7 Martin Luther King, Jr. Drive, Suite 347, Atlanta, GA 30334
4. Division of Family and Children Services, 2 Peachtree St., Atlanta, GA 30303
5. Chief superior court judge

Appendix C – DFCS Mandated Reporter Form



Nathan Deal, Governor

Keith Horton, Commissioner

Georgia Department of Human Services • Family & Children Services • Sharon Hill, Division Director
Two Peachtree Street, NW • Suite 19-490 • Atlanta, GA 30303 • 404-651-8409 • 404-657-5105 (Fax)

Georgia Child Protective Services Mandated Reporter Form

We strongly recommends that you participate in the brief Georgia Mandated Reporter Training @ <https://www.gocftrainingonline.com/> prior to making your initial child maltreatment report. This Mandated Reporter Training was developed in conjunction with The Governor's Office for Children and Families and provides in-depth information for all Mandated Reporters who are required under Georgia Law to report any suspicion of child maltreatment.

Mandated Reporters have the choice of two options for submitting this completed form electronically.

Option One: E-mail to cpsintake@dhr.state.ga.us. You will receive an auto-reply stating that the CPS report has been received.

Option Two: Fax to 229-317-9663. Faxed reports convert to a PDF (Adobe) format and are automatically forwarded to the cpsintake@dhr.state.ga.us e-mail box. Once the report is opened by a designated in take Case Manager, you will receive an e-mail stating that the CPS report has been received, if you provide an e-mail address. Please indicate an e-mail address here at which you can receive a confirmation e-mail

Please note that you may be called for additional information regarding this report if there is insufficient information.

DATE:

Time: _____ County where child resides: _____

Location of child at time of report: _____

Reporter's Name, Title, Telephone, & e-mail address: _____

Reporter's Organization and Organization address: _____

Primary Caretaker of Child: _____

Address of Primary Caretaker: _____

Reporter's relationship to Child: _____

Additional person (and contact information) who can be contacted if you, the reporter, are not

available and additional information is needed:

If you are the designated reporter for your agency (e.g., school counselor, law enforcement dispatch...), please indicate the primary staff-person in your organization who has firsthand knowledge of the suspected child maltreatment and/or knows the child and family. DFCS's ability to speak directly with those having firsthand knowledge of the suspected child maltreatment and/or knows the child and family is critical for assessment of short and long term safety and well-being of the alleged victim child.

Name, Contact Information and Best Time to Reach Staff-person with firsthand knowledge of child/family: ____

Family Name/Who has custody of child(ren):

Mother's Name: RACE: DOB: SSN:

Mother's Residence:
Mother's Employment: _____

Mother's Telephone Number: Marital Status:

Father's Name: RACE: DOB: SSN:

Father's Residence:
Father's Employment: _____

Father's Telephone Number: _____ Marital Status:

Language: _____ ALT Contact Info

If a school reporter, please indicate all Emergency Contact information on file with the school and date this information was obtained from family:

CHILDREN:

Child's Name	Victim	Sex	Race	DOB	SSN	Grade Level

OTHER HOUSEHOLD MEMBERS:

Name	RELATIONSHIP To Primary Caretaker	LANGUAGE	MARITAL STATUS	Race	DOB	SSN

OTHER ADULTS OF SIGNIFICANCE NOT RESIDING IN HOME:

Name	RELATIONSHIP To Primary Caretaker	LANGUAGE	MARITAL STATUS	Race	DOB	SSN

The following information is critical to ensuring that we respond appropriately to this report of suspected child maltreatment. The importance of your supplying as much and as detailed information as possible for each of these areas cannot be stressed enough. (The sections will expand to accommodate as much information as you enter.)

Specific Concern *(What are your specific concerns about the child(ren)? Has something happened to the child? If so, what happened? When and where did it occur and who was involved? Was an object used and if so, what type of object? How serious is the harm to the child?) Provide a detailed description of your specific concern.*

Circumstances surrounding your concern: *(What was going on with the family before, during and after the specific circumstance/event/alleged child maltreatment you are concerned about? Where were the children at the time and where are they now? What did the child say happened? What is the caregiver's explanation? How do you know about this circumstance/event/alleged maltreatment? Is your concern an ongoing concern with the children? Has this specific concern, or any other concerns about this child, come to your attention previously? If so, please provide an explanation of prior concerns you have. Who else knows about this? Were the police called? If so what is the officer's name?*

Child Functioning *(Describe each child's day to day functioning in relation to other children their age. What is the child's overall appearance, health and wellbeing? Does the child(ren) have any behavioral, mental, emotional, intellectual or physical disabilities? If so what and how does it affect their functioning? Is chi/d(ren) receiving services from any agency? If so who and what for? Are they on any medications?. Do they get meds regularly? If school age what grade? On grade level? Describe attendance/discipline issues/general performance. How do the child(ren) interact with their peers? Has child(ren) expressed concerns about going home? If so what concerns and why?*

Parenting Discipline *How do the parents manage the child's behaviors? What do the parents do when the child gets in trouble? How do they view the purpose of discipline? Do they have house rules for the children and if so, what are they? What kind of things does the child get in trouble for? Is the caregiver ever out of control when disciplining the child? If so, explain when and the circumstances.*

General Parenting *(What is the overall parenting style of the parents-structured, strict, laid back....? How do the parents / child(ren) interact? Do parents seem to understand the child(ren's) needs? Are they able to meet these needs? Why or why not? Does the caregiver have realistic expectations of child(ren) given the child's age/functioning? Explain. Describe how caregiver accesses and uses available resources to provide basic needs for the children. Who usually cares for the child(ren)? Are the parents living in the same home? If not, is the nonresidential parent involved with the child? Describe how caretakers react to bad behavior. Describe how they show love and nurturing.*

Adult Functioning *(What is the overall functioning of each parent on a personal level-- rather than as a parent?) How does the caretaker care for themselves? Are they employed? If so what shift? Stable employment? Who cares for child when they are at work? Do caregivers have a steady source of income? Stable housing? Are there any concerns relating to mental health, substance abuse, domestic violence? If yes, what frequency? How do the parents respond when you approach them with concerns?*

Additional Comments Section - Anything else you feel we need to know about this family.

Appendix D - 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 document