

**Office of the Child Advocate  
Child Fatality Review Division**

# **Child Abuse Protocol**

**State of Georgia, Second Edition**



**2010**

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# 1 Introduction

***19-15-2.*** *Each county shall be required to establish a child abuse protocol.*

## ***1.1 Purpose***

The State Model Child Abuse Protocol was created by the Georgia Child Fatality Review Panel in collaboration with the Office of the Child Advocate, the Department of Family and Children Services and the Georgia Bureau of Investigation as an instrument to **assist** counties with understanding and implementing best practices by all mandated agencies to investigate, treat and manage cases of child abuse and neglect. This work represents the good faith effort of the involved agencies to offer complete, accurate and thorough advice; but this is a working document, that will be updated on a regular basis to address gaps in information or changes in best practices. The goal of this protocol is to ensure collaborative, efficient, effective investigations; as well as successful subsequent management of cases.

## ***1.2 Customizing this model to fit your County/Region***

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.

Brackets have been placed within the document around areas that require county specific information.

To efficiently 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 the Replace field.

**NOTE:** *If you need further assistance concerning the model protocol, please call the Office of the Child Advocate, Child Fatality Review Division at 404-656-4200.*

## **2 Preface**

### **2.1 History**

*{We recommend that counties include their history of operation/ implementation as it relates to the child abuse protocol.}*

### **2.2 Mission**

The mission of the Child Abuse Protocol Committee is:

- 1) 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;
- 2) To coordinate the efforts of all agencies that investigate, review, treat and manage cases of alleged child abuse;
- 3) To investigate and review cases of unexplained child fatalities; and
- 4) To facilitate and support agencies, organizations and individuals whose efforts are directed toward abuse prevention.

To accomplish this mission, the Protocol Committee meets regularly to ensure coordination and cooperation of the various agencies, organizations and individuals, as they work with cases of abuse in the course of their duties. The Protocol Committee strives to increase the efficacy of the member agencies as well as to minimize the trauma inflicted by the legal and investigatory process upon the child victim. Additionally, the Protocol Committee functions in an oversight capacity to ensure that more effective treatment is provided for the perpetrator, the victim and the family. The effectiveness of the Protocol itself is monitored and revised as necessary and goals are established on a yearly basis.

### **2.3 Membership**

The current Protocol Committee consists of representatives of the following agencies whose membership is required by O.C.G.A. § 19-15-2:

- a) The office of the sheriff;**
- b) The county department of family and children's services;**
- c) The office of the district attorney;**

- d) The juvenile court;**
- e) The magistrate court;**
- f) The county board of education;**
- g) The county mental health organization;**
- h) The office of the chief of police of the county policy department**
- i) The office of the chief of police of the largest municipality in the county;**
- j) The county board of health, which shall designate a physician;**
- k) The office of the coroner or county medical examiner.**

In addition, the law requires that the chief superior court judge appoint a member who represents a local citizen or advocacy group that focuses on child abuse awareness and prevention.

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. These members can include:

- Children’s Advocacy Center (CAC) with appropriate jurisdiction;
- Medical Provider, preferably with child maltreatment expertise, understanding that inclusion of the CAC and medical provider are not mandated by the Georgia code but are crucial to the effectiveness of the protocol committee.

Additional representation other committees have found useful on an as-needed basis includes:

- City board of education;
- A psychiatrist;
- Local college police;
- Department of Corrections (Probation);
- CASA;
- Victim Witness;
- Fire Department;
- E-911;
- EMS.

The law also requires each committee to elect or appoint a chairperson responsible for ensuring that written protocol procedures are followed by all agencies. That person can be independent of required agencies listed but is recommended to be the District Attorney or his/her authorized representative.

*Requirements by O.C.G.A. § 19-15-2: Chief Superior court Judge of the county circuit shall establish the child abuse protocol committee and shall appoint an interim chairperson who shall preside over the first meeting. This judge shall appoint persons to fill any vacancies on the committee. Thus established, the committee shall thereafter elect a chairperson from its membership.*

## **2.4 Meetings**

*Requirements by O.C.G.A. §19-15-2 (g): The protocol committee shall continue in existence and shall meet at least twice annually for the purpose of evaluating the effectiveness of the protocol and appropriately modifying and updating same.*

## **2.5 Confidentiality**

The meetings and proceedings of a committee or subcommittee of the Child Abuse Protocol in the exercise of its duties shall be closed to the public.

Records and other documents, which are made public records pursuant to any other provisions of law, shall remain public records notwithstanding their being obtained, considered, or both, by a committee, a subcommittee, or the panel.

Members of the Child Abuse Protocol Committee shall not disclose what transpires at any meeting nor disclose any information prohibited by O.C.G.A. § 19-15-6, except as required by law.

Members of the Child Abuse Protocol Committee shall not be questioned in any civil or criminal proceeding regarding confidential information obtained by such person as a result of their service on the protocol committee. However, such a person shall not be prohibited from testifying regarding information obtained independently of the committee or subcommittee. In any proceeding in which testimony of such a member is offered, the court shall first determine the source of such witness's knowledge.

Except as otherwise provided, information acquired by and records of the Child Abuse Protocol Committee shall be confidential; they shall not be disclosed nor made subject to Article 4 of



Chapter 18 of Title 50 of the Official Code of Georgia relating to open records, or subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding.

## ***2.6 Ensuring Compliance***

In order to ensure compliance, the child abuse protocol committee should:

- Meet quarterly, or more often if needed, to determine if the protocol is being followed;
- Conduct a semi-annual review of all sections of the protocol and should amend or revise as necessary.
- Further, this document reflects and is consistent with state DFCS policy as of June, 2010. Jurisdictions utilizing this model should ensure that it comports with local DFCS policy.

## **Participation**

The following is a suggested list of actions that may be initiated if a member of the Child Abuse Protocol Committee is routinely absent from committee meetings:

- 1) The Chair or designee of the committee will contact the member directly via telephone, mail or in person and notify the member of his/her responsibility to attend the meetings. For those members mandated in O.C.G.A §19-5-2 (c)(1), the chair will remind them that the law mandates him/her to attend the meetings.
- 2) Follow-up with a letter to the member referencing Step #1, and copy it to his/her supervisor within the agency.
- 3) Contact the member's supervisor and follow-up with a letter. Copy and send this letter to the member.
- 4) Continue to follow the chain of command within the member's respective agency of employment or affiliation and appeal to the state, director/co-director and/or division director of that agency.
- 5) Submit copies of all correspondence from the chair of committee to the Georgia Child Fatality Review Panel, and a motion may be filed by the panel with the local superior court judge requesting that this person be held in contempt of court pursuant to O.C.G.A §19-15-2 (3).

## **Annual Report (as required by Georgia Code)**

The Annual Report should evaluate the following:

- the extent to which child abuse investigations within the county have complied with the protocol,
- recommendations to improve compliance, and
- measures taken within the county to prevent child abuse that have been successful.

The Annual report will be provided to the following:

- the county governing authority
- the fall term Grand Jury of the judicial circuit
- the chief superior court judge
- the Georgia Child Fatality Review Panel

The Annual Report should be submitted to these entities by **July 1st** of each year.

## 3 Prevention

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

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

It is important for professionals engaged in any practice involving children to understand the types of abuse and to be able to recognize the physical and behavioral indicators of abuse. It is also at least equally, if not more, important to understand that every individual plays a role in preventing maltreatment. Mandated reporters play a critical role in recognizing when to help parents and children reach out for assistance and support before child abuse occurs. **Child abuse is not inevitable; it is preventable.**

All mandated reporters should be trained in recognizing, reporting, and preventing maltreatment. Contact Prevent Child Abuse Georgia's Helpline, 1-800-CHILDREN, for further information.

### ***3.1 Risk factors for maltreatment***

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

Family	Community
Parental or caregiver immaturity – very young or inexperienced parents or caregivers may not understand a child’s behaviors and needs and may not know what to expect at each stage of child development.	Drug endangered environment or neighborhood
Unrealistic expectations of a child’s development	Inadequate housing
Social isolation – a lack of family or friends to help with the demands of parenting	Underemployment & unemployment
Frequent crises – stress related to finances, employment, relationships, etc.	Lack of access to medical care
Drug or alcohol problems	Residential turnover
Mental illness	Violent community
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
Dangerous home environments including exposure to drugs, weapons and dangerous objects or animals	Economic factors
Parents who were victims of maltreatment and have not learned additional coping skills	Lack of supportive resources
	Lack of social connections

### ***3.2 Protective factors for maltreatment***

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

Family	Service Provider	Community
Develops close bonding with a child	Expresses positive expectations	Leaders prioritize community health, safety & quality of life for families
Those who are nurturing & protective	Encourages pro-social development	Engage supportive neighbors
Value & encourage education	Provides opportunities for	Develop neighborhood

	leadership & participation	watch groups, mentoring groups
Manage stress	Staff view themselves as caring people	Ensure safe neighborhoods free from violence
Makes spending time with their children a priority	Support families when they recognize signs of stress or need	Provide supportive social & health networks
Seeks professional help when needed	Have family friendly information available which includes information on child development, bonding, parenting	
	Have appropriate community resource referrals available	

### **3.3 Resources**

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.

#### **National Resources**

American Academy of Pediatrics

Phone: 847/434-4000

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

American Humane Association

Phone: 303-792-9900

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

American Professional Society on the Abuse of Children (APSAC)

Phone: 405-271-8202

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

Centers for Disease Control

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

Website: <http://www.cdc.gov/violenceprevention/childmaltreatment/index.html>

Child Welfare Information Gateway

Phone: 800-394-3366

Website: [www.childwelfare.gov](http://www.childwelfare.gov)

Children's Defense Fund (CDF)

Phone: 202-678-8787

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

National Center for Missing and Exploited Children

Phone: 1-800-THE-LOST

Website: [www.missingkids.com](http://www.missingkids.com)

The National Center on Shaken Baby Syndrome

Phone: 801-627-3399

Website: [www.dontshake.com](http://www.dontshake.com)

National Children's Advocacy Center

Phone: 800-747-8122

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

National Children's Alliance

Phone: 800-239-9950

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

National Council on Child Abuse and Family Violence (NCCAFV)

Phone: 202-429-6695

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

Prevent Child Abuse America

Phone: 312-663-3520

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

**State Resources**

Children's Advocacy Centers of Georgia

Phone: 770-319-6888

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

Prevent Child Abuse Georgia

Phone: 404-870-6580 in Atlanta

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

1-800-CHILDREN

Email: [helpline@pcageorgia.org](mailto:helpline@pcageorgia.org)

*{ Delete or add as resources are available. }*

*YourCountyNameHere* has: *(provide name/contact information for relevant organizations)*

- home health nurse
- an umbrella agency which plans, coordinates, and evaluates needed children and family programs and services
- hospital-based social service workers
- hospital-based prevention visits for all new parents
- improved access to health care
- parent education programs
- pre-kindergarten programming
- after-school and summer programming
- a system of identification of “at-risk” teen families and home-based prevention and services
- hospital-based referrals to community-based agencies for services
- a shelter for battered women
- a shelter for children and youth
- an alternative learning school
- school-based mental health counseling
- a “Drug Elimination Program”
- prevention education & counseling
- community awareness information and events program
- a rape prevention education & crisis line
- a child-friendly interview room
- parenting support assigned by CPS through DFCS

### ***3.4 Children Expressing Suicidal Ideations***

Children experiencing acute thoughts of self-harm or suicide are a growing population. These concerns frequently come to light when the child is at school, and he or she discloses these feelings to peers or school personnel. There may be many reasons and factors contributing to the child’s thoughts or ideation of self-harm. Issues of child maltreatment by the child’s parent/guardian may or may not be one of the issues immediately apparent. In order to deal

with every such occurrence in a consistent and effective manner and to help the child safely through the immediate crisis, the following guidelines for intervention will be followed:

- When a student is thought to be in imminent danger of suicide, school personnel will immediately notify the school designee. The school designee will attempt to speak with the child and make the determination to either:
  - Notify the parents/guardians and urge them to obtain an emergency evaluation. (If the family needs assistance or advice in regards to this, school personnel may contact the Georgia Crisis and Access Line (GCAL): 1-800-715-4225.)

**OR**

- When a student is thought to be in imminent danger of suicide and there are suspicions or accusations of child abuse regarding the parent/guardian, school personnel will contact the Department of Family and Children Services (DFCS).
- When a student is thought to be in imminent danger of suicide and parents/guardians are unwilling or unable to obtain an evaluation, school personnel will inform the parents that a report will be made to DFCS. School personnel may also contact GCAL for support in arranging an evaluation.
- If the parent/guardian still refuses to seek help or cannot be contacted, school personnel should contact the School Resource Officer (SRO) and DFCS. At that time, both agencies may attempt to contact the parent/guardian and stress the need for cooperation.
- DFCS will initiate a Child Protective Services (CPS) response immediately for all reports from a school indicating a child is expressing suicidal thoughts or ideation and parental maltreatment is suspected or parental response is insufficient to meet the child's immediate safety needs.
- If necessary, DFCS may contact Juvenile Court and request a deprivation petition be filed. The SRO, or the appropriate police jurisdiction, should work with DFCS regarding transportation of the student to the evaluation.
- The protocol may be terminated at any time the parent/guardian is located and cooperates in taking responsibility for seeking appropriate help for the child.



## 4 Reporting Procedures

### 4.1 Preamble

It is strongly encouraged that all mandated reporters and investigative members of the Child Abuse Protocol Committee follow a multi-disciplinary team approach. Further, early and continued communication between involved agencies is strongly recommended and is vital to the successful investigation and prosecution of child abuse cases.

### 4.2 Procedure for Reporting Child Abuse

O.C.G.A. § 19-7-5(e) states “An oral report shall be made immediately, but **in no case later than 24 hours** from the time there is reasonable cause to believe a child has been abused, by telephone or otherwise and followed by a report in writing, if requested, to a child welfare agency providing protective services, as designated by the Department of Human Services, or, in the absence of such agency, to an appropriate police authority or district attorney. If a report of child abuse is made to the child welfare agency or independently discovered by the agency, and the agency has reasonable cause to believe such report is true, or the report contains any allegations or evidence of child abuse, then the agency shall immediately notify the appropriate police authority or district attorney”.

“Such reports shall contain the names and addresses of the child and the child's parents or caretakers, if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator. Photographs of the child's injuries to be used as documentation in support of allegations by hospital staff, physicians, law enforcement personnel, school officials, or staff of legally mandated public or private child protective agencies may be taken without the permission of the child's parent or guardian. Such photographs shall be made available as soon as possible to the chief welfare agency providing protective services and to the appropriate police authority.”

Reporting procedures need to include:

- *The telephone number that must be called when reporting abuse and/ or neglect*
- *See suggested Template in Appendix 9.5 for filing a written report*

Please refer to Appendix 9.1 for further information regarding the legal requirement to report abuse as well as definitions from O.C.G.A. § 19-7-5.

### **4.3 YourCountyNameHere Department of Family and Children's Services (DFCS)**

*{County DFCS address and phone number}*

- DFCS and Law Enforcement will designate an individual to accept notifications of abuse allegations received by one another and communicate in cases involving the following circumstances:
  - Any form of sexual abuse involving a child
  - Any form of sexual exploitation of a child
  - Any form of physical assault by a parent, stepparent or other caretaker
  - Any form of physical abuse involving a child
  - Any severe neglect of a child for which DFCS requests assistance
  - Any refusal by a family to allow a DFCS worker to see the child victim in any abuse or neglect investigation or response
  - The presence of any serious injury on a child for which the explanation offered is inadequate to explain the injury
  - Any physical abuse where there have been previous confirmed reports by DFCS
  - Any referral of abuse diagnosed by a physician
  - Any form of Munchausen by Proxy/ Pediatric Condition Falsification and Factitious Disorder by Proxy
  - Any suspicious death of a child
- Reports assigned for investigation will be given a response time of either immediate to 24 hours or 5 working days. The seriousness of the allegations in the report and the urgency of the safety needs of the child determine response times.
- The 5 day response time for non-emergency reports is set as a minimum standard; reports should be responded to sooner whenever possible. In cases such as these, the DFCS investigator will conduct interviews as previously outlined and determine whether maltreatment has occurred and to what extent the child remains at risk.
- If at any time the DFCS investigator discovers the child is in immediate danger or there is evidence that a criminal act may have occurred, the investigator will immediately call the law enforcement agency having jurisdiction and request assistance.
- In non-emergency removal of children from the home there should be a meeting to inform the parents why the child is being removed, what they need to do in regard to the 72 hour hearing and that they have a right to legal counsel. This will also give DFCS the opportunity to make the removal less traumatic on the child.

- While promotion of family preservation and stability is encouraged, there must be continuing assurance of safety and protection for children. The seriousness of a substantiated or suspected incident of maltreatment may preclude working with the family.
- Should the DFCS investigator and supervisor determine that the child(ren) must be removed from the home in order to meet the safety needs, this can be accomplished in two ways:
  - 1) *DFCS may request the assistance of law enforcement which has the authority to take immediate action in taking a child into protective custody.*
  - 2) *DFCS may contact their Special Assistant Attorney General (SAAG) and seek from the Juvenile Court an emergency order for shelter care signed by a Judge or an authorization for shelter care signed by a Juvenile Court Intake Officer granting DFCS immediate temporary custody until a hearing is convened within 72 hours.*
- All incidents of child death, serious injury of children with open social service cases, and any other alleged incident of abuse or neglect in foster homes will be assessed by the Field Program Specialist (FPS) to avoid any appearance of a conflict of interest within DFCS.
  - If the FPS is not available, the county may request that another county conduct the investigation.
- DFCS should advertise after-hours contacts to community so that severe cases can be reported as soon as possible.
- After Hours
 

*{After hours procedures should be established by each committee and developed into the protocol}*

#### **4.4 YourCountyNameHere Law Enforcement**

##### A. Law Enforcement will:

- Designate one or more individual(s) to accept notifications of abuse allegations from DFCS.
- Initiate an investigation within 24 hours for children who are at imminent risk and within five days on all other referrals.

- Determine if the allegation of sexual abuse, physical abuse, emotional abuse or neglect is founded by probable cause, and if the crime occurred in the jurisdiction of the agency.
- Handle child abuse cases in a priority manner depending on the severity of the abuse being referred.
- Be familiar with the “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 their agency, if necessary.
- Ensure that an interview is to be conducted by a trained interviewer preferably at the local CAC.”
- File a report when a referral of child abuse is received from any source other than DFCS and notify DFCS.
- Notify DFCS immediately if the abuse occurred in the child’s home or in a caretaker situation.
  - In cases of child-on-child abuse, DFCS should be notified.

B. Law enforcement agrees to work jointly with DFCS in situations including but not limited to cases involving the following circumstances:

- Any form of sexual abuse involving a child.
- Any form of sexual exploitation of a child.
- Any substance abuse in the home, including by parents or children.
- Any form of physical assault by a parent, stepparent or other caretaker.
- Any form of physical abuse involving a child.
- Any form of severe emotional abuse.
- Any severe neglect involving a child for which DFCS requests assistance.
- Any refusal by a family to allow a DFCS worker to see the child victim in any abuse or neglect investigation or response .
- The presence of any serious injury on a child for which the explanation offered is inadequate to explain the injury.
- Any physical abuse where there have been previous confirmed reports by DFCS.
- Any referral of abuse diagnosed by a physician.

- Any form of Munchausen by Proxy/ Pediatric Condition Falsification and Factitious Disorder by Proxy.
  - Any suspicious death of a child.
- C. Law Enforcement Staffing Referrals with DFCS - It is imperative that the committee recognize the value of early and continued communication between DFCS and Law Enforcement (LE). Separate and parallel investigations are suboptimal and should be discouraged.

Law Enforcement will:

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

#### ***4.5 Medical Personnel***

Medical personnel should respond to suspected abuse and neglect cases as outlined below. It should be emphasized that according to O.C.G.A. § 19-7-5(e), an oral report should be made to DFCS within 24 hours; however, a timely referral is critical in a multidisciplinary approach and immediate reporting to DFCS is desirable.

A. Sexual Abuse:

(1) Recent Sexual Contact (within 72 hours)

- Identify and manage acute medical problems.
- If child presents to the Emergency Room, obtain a medical history to identify possible sexual contact. (Information is taken only as necessary for medical treatment.)

- Notify DFCS and law enforcement.
  - Arrange for a formal specialized medical evaluation to be conducted at an appropriate location.
  - Conduct testing and treatment for sexually transmitted diseases and pregnancy as necessary.
  - Make a referral for a Mental Health assessment and evaluation if needed.
  - Facilitate the scheduling of a follow-up appointment by DFCS or the patient; the information shall be forwarded to the primary care physician.
  - Send a written report is to DFCS and law enforcement with expert medical opinion clearly stated. Forensic interviews should occur at the Children’s Advocacy Center or designated equipped location (for children 17 years or younger) according to Protocol guidelines.
- 2) Sexual Abuse at remote time (> 72 hours)
- Complete medical interview to confirm sexual contact (detailed questioning to be reserved for investigative interview).
  - Evaluate and treat acute medical problems.
  - Make a mental health referral if appropriate.
  - Notify DFCS and law enforcement.
  - Support the making of a referral for medical evaluation by DFCS.
  - Send a copy of Emergency Room evaluation to follow-up physician.
- 3) Medical condition suspicious for sexual abuse (bleeding or infection)
- Conduct thorough physical and laboratory examination of the patient. (Sexual assault kit is utilized as deemed necessary.)
  - Treat any injuries and/or illnesses.
  - Notify DFCS and law enforcement.
  - Refer the child to abuse specialist for a specialized medical evaluation as necessary.
  - Send a copy of Emergency Room Report to follow-up physician.
  - Send written report to DFCS, with expert medical opinion clearly stated on report.
- 4) Sexual exploitation suspected
- Notify security if the child has been brought in by someone who appears to be his or her pimp.
  - Identify and manage acute medical problems .

- Conduct thorough physical and laboratory examination of the child , including drug testing or sexual assault kit, as appropriate.
- Send copy of emergency record to follow-up physician.
- Notify DFCS and law enforcement.

**B. Physical Abuse - Take a thorough history of the injury separately from each person with the child.**

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

**C. Neglect:**

**1) Failure to thrive**

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

**2) Other Neglect issues**

- Take complete medical history and conduct full physical examination.

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

Please refer to Appendix 9.3 for legal statute regarding the legal requirement for a physician to take emergency custody of a child.



## Procedures

The desired procedure whenever abuse is suspected is to notify DFCS or Law Enforcement of the suspected abuse as outlined in the preceding sections; 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 emergency custody to be taken by the physician are:

- **Abuse** is present- There should be a strong belief by the physician that abuse is present and/or will occur. Whereas child abuse reporting requires only a reasonable suspicion, taking emergency custody of a child should be based on a stronger belief by the physician.
- **Imminent danger**- Some sort of emergency should exist; for example:
  - The abusing parents are attempting to remove the child against medical advice, or
  - Law enforcement refuses to assume custody and a court order is necessary but cannot be obtained timely.
- **No time** for usual procedures to be followed before the child is removed. Events are moving too fast to contact anyone.

After a determination is made by the physician to take emergency custody, the physician should:

- Ensure that there is sufficient security to avoid danger to staff.
- Tell any persons with the child that you have assumed custody of the child pursuant to law; take reasonable and diligent efforts to inform the parents, guardian or custodian of the child of the child’s whereabouts.
- Orally notify DFCS immediately and thereafter report in writing if requested.
- Within 24 hours notify the Juvenile Court Intake officer (911 will assist in such notification) who will determine, based on your information, whether the child shall be detained. If the intake officer determines that the child should not be detained, the child is to be released immediately to the child’s parents, guardian or custodian. Alternatively the physician may contact a law enforcement officer who shall take the child into custody and promptly bring the child before a juvenile court intake officer.
- Document thoroughly what has been done and why.
- If detention of the child is authorized, the physician should admit the child if medically necessary; if not medically necessary DFCS shall pick up the child within 6 hours.
- Be prepared to go to court and testify within 72 hours – the physician will be notified of the hearing time and day.

- The physician is given the obligation under the law to file the appropriate Deprivation Petition in the Juvenile Court within five days of the detention hearing. The physician should determine from DFCS if they intend to file a petition first; if they indicate that they will, the physician's obligation will be obviated. However, the physician should know that should this Petition not be filed the child must be released to the parent at the end of the five days.

## **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.

### **4.6 *Your County Name Here* Public Health**

*{Address and Phone Number of Public Health Center}*

- The staff member shall immediately orally notify DFCS of suspected cases of abuse, pursuant to O.C.G.A. § 19-7-5(e). In no case shall the report be made more than 24 hours from the time staff member has reason to believe the child has been abused.
- The incident as reported or observed shall be documented in the child's medical record.
- The child's attending physician shall be notified and advised of the incident.
- The report to protective services shall contain the following information: child's name, address, age, race, parent's names, care provider, children involved, as appropriate, and nature of the allegation. See Appendix 9.4 for optional form to assist in the written reporting process.
- A copy of the written report shall be maintained in the child's record.
- The child's right to confidentiality should be respected. Information regarding diagnosis, current condition, and prognosis should be shared only as necessary in response to pertinent questions posed by protective services personnel. No release of information is required to make this report.
- The staff member should not verbally disclose to the parents/guardians or legal custodians of the child that a report is being made to protective services until the safety of the child has been established.

- When a report is made, a therapeutic approach shall always be utilized, presenting protective services as a “help” for families, not a punishment.
- Reports of suspected abuse and/or neglect made to appropriate protective services or police agencies in good faith render the reporter immune from civil or criminal liability.
- An incident report should be completed by a public health staff member for each suspected/actual incident of abuse.

#### **4.7 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, an oral report should be made to DFCS immediately pursuant to O.C.G.A. § 19-7-5(e). In no case shall the report be postponed more than 24 hours from the time staff member has reason to believe abuse has occurred.

- A. Classroom teacher or other school staff who suspects abuse or neglect should immediately notify the appointed designee. Teachers are encouraged to document their suspicion of child abuse in writing as well as confirming with the appointed designee that a report was made.
- B. Appointed designee should immediately cause a report to be made to the Department of Family and Children Services (DFCS). Reports shall contain:
  - the names and addresses of the child and the parent/guardian, if known
  - the child’s age
  - the nature and extent of suspected abuse/neglect
  - any other information that the designee believes would be helpful (See Appendix 9.4 for optional form.)
- C. A brief report is to be sent to the Student Services Department at the Central Office by the appointed designee.
- D. No employee shall contact a parent/guardian regarding the interview of their student in child abuse/neglect referrals.
- E. DFCS or law enforcement will be allowed to a brief, preliminary interview as necessary on school grounds. Every effort will be made to provide a private area for abuse investigations to be conducted.
- F. Charges against teachers abusing children?

*School staff should NOT conduct their own detailed interview of the child and that the staff should only question the child enough to determine if a report is necessary.*

#### **4.8 YourCountyNameHere Department of Juvenile Justice**

*{Address and Phone Number}*

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

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

See Appendix 9.5 for suggested written report template. Should DFCS be closed for the day, then that employee shall report to law enforcement rather than wait for the next working day.

#### **4.9 YourCountyNameHere Mental Health Services**

*{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. Instead, a referral to DFCS or law enforcement should be made immediately. The mental health provider should reassure the child and prepare him/her for a possible forensic interview by a third party.

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

- Therapists should report directly to the Department of Family and Children Services (DFCS) or law enforcement.
- Clerical staff or other support staff should report the incident or information directly to supervisory staff, to be reported to DFCS within 24 hours.

- Reports are to be made by phone with a written follow-up if requested by DFCS. (See Appendix 9.4 for optional form to assist in this process.)

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

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

## 5 Investigative and Assessment Procedures

### 5.1 By Department of Family and Children's Services

*{Address and Phone Number-including after hours phone number}*

#### A. Investigation of Accepted Reports

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

#### B. Interviewing Children at School:

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

#### C. Investigations Where Removal is Not Warranted

In reports where maltreatment has been indicated and the risk to the child is low, moderate or high, the CPS case manager may develop a safety plan to reduce the risk to the child in the least restrictive way possible. The plan must be agreed to and signed by the caretaker. If

caretaker does not agree, law enforcement or Juvenile Court assistance may be requested for protection. (Law enforcement, protective custody or Juvenile Court Instant Order will be requested in cases of imminent danger. If no imminent danger, a petition for deprivation will be filed with Juvenile Court.)

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

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

#### D. Investigations Substance Abuse in Mothers Affecting Newborn Infants

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

- When a report is received by DFCS from a medical facility indicating that a mother has given birth and either the mother or infant has tested positive for an illegal substance and/or alcohol, DFCS will accept and assign the referral for an immediate to 24 hour response.
- DFCS will notify the appropriate law enforcement agency of the report and assess the need for a joint investigation.
- DFCS will communicate with the referral source (medical personnel/facility) that the investigation has been initiated. DFCS will then make a request for medical information/documentation concerning the following:
  - Current condition of the infant and mother
  - Written detail regarding the type of intoxicant in the mother and/or infant upon delivery
  - Anticipated date of discharge

- Necessary medical follow-up that will be required for the care of the infant (e.g. heart or apnea monitors)
- DFCS will proceed to the medical facility to interview the parent and observe the infant, determine the level of extended family support which might reduce risk to the child, assess the mother's acceptance and responsibility for the situation and her willingness to accept treatment for substance abuse related problems. A referral to a prevention provider is needed for the newborn.
- In all cases involving substance-abusing mothers of newborns, DFCS will seek Court intervention to ensure the safety of the child. The staffing will determine which of the following actions will be pursued:
  - 1) An Ex Parte order or authorization for shelter care from the Juvenile Court granting DFCS immediate temporary custody;

**OR**

  - 2) An immediate protective order mandating the mother complies with specific requirements to ensure for the safety of the child pending a formal hearing before the Juvenile Court.

## ***5.2 By Law Enforcement***

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

- Meet with complainant for nature of allegation.
- Give immediate consideration to the child's safety and arrange for medical attention if needed.
- Determine if the allegation of sexual abuse, sexual exploitation, physical abuse or neglect is founded by probable cause.
- If the offense occurred outside of the responding officer's jurisdiction, advise complainant and assist with filing a report with the appropriate law enforcement agency.
- Gather information for the incident report from complainant and any other adult witnesses with information.
- If the responding officer has to interview the victim, ask only basic non-detailed questions. A more detailed interview will be deferred to the investigator or trained interviewer. Contact his/her supervisor so that they can notify an investigator.
- Notify and assist DFCS if circumstances justify taking a child into protective custody.



- Complete the initial incident report. Respond to and obtain evidence at the scene or medical facility. Observe, record, photograph, document and report events at any relevant location.
- Obtain physical or testimonial evidence from medical personnel if a medical examination occurs.
- Consult with and document information gathered from hospital or school professionals at the scene (i.e., pediatrician, emergency room doctor, counselor, administrator, etc.).
- Consult with other involved agencies and interview witnesses and parents of victim.
- Obtain statements from victim by audio and/or video recordings through trained interviewer at the children's advocacy center, as appropriate
- Arrange analysis and evaluation of evidence and review results with involved agencies.
- Interview suspect when identified and re-interview as appropriate.
- Obtain and execute any applicable search warrants for evidence to include known samples from victim, corroborating evidence from scene or other location.
- Obtain arrest warrants, apprehend suspect and conduct additional interviews or interrogations within the issued rights of the suspect.
- Compile case file for prosecution, criminal history check, etc.
- Consult with District Attorney's office for prosecution.
- Participate in subsequent judicial proceedings.

#### B. Law Enforcement Procedure for Joint Investigations

*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 important to recognize that each report of child abuse brings with it its own set of circumstances, therefore making each report unique in some way. Law enforcement will refer to their own set of policies, consult with other agency policies and the law when presented with these obstacles. 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.*

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

- Conduct an initial screening of the referral.

- Make contact with the reporter whenever possible to assess the accuracy of the referral, safety of the child and other issues that may influence the interview.
- Check records for previous law enforcement histories with the family.
- Meet with DFCS to discuss the case and decide how to proceed with the investigation.
- Schedule an interview at the CAC or designated equipped location within 24 hours or assist DFCS to do so.
- If the interview does not take place within 24 hours, assist DFCS with protection of the victim if necessary.

### **5.3 Forensic Interview Procedure**

*{Children's Advocacy Center or designated location Address and Phone Number}*

#### **A. Joint Investigation**

DFCS and law enforcement have committed to the joint investigation of child abuse cases, and to the coordination of the investigation of child sexual abuse, severe physical abuse cases, and other cases deemed necessary through the Children's Advocacy Center or the designated location. Frequently, these may also include neglect cases or children as witnesses to Domestic Violence. Children who are alleged victims of sexual abuse or severe physical abuse will receive multidisciplinary response coordinated through the Children's Advocacy Center or the designated location. Joint investigation shall include cross-reporting of allegations, collaborative interviewing of witnesses and suspects (performing joint interviews or discussion of interviews by involved investigators prior to and after individual interviews are performed) , and multidisciplinary case review.

#### **B. Forensic Interview s, General Info**

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

Some of these areas include:

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

- false allegations
- criminal codes
- effect of childhood trauma and stress
- recantation

The competence and objectivity of interviewers and the quality of the interview itself are frequently the focus of abuse investigations. Because most perpetrators deny the abuse and most acts of maltreatment are not witnessed, the alleged victim's statement is critical evidence in child abuse cases. Yet developmental issues, such as children's varying abilities to recall events and use language, as well as the trauma they may have experienced, complicate efforts to obtain information about the abuse. The forensic interview is designed to overcome these obstacles. **Trained interviewers employed by law enforcement, DFCS, district attorney or children's advocacy center should be utilized to conduct forensic sexual abuse interviews of children.** (*Opportunities for training are available. Please contact the Office of Child Advocate or the Children's Advocacy Centers of Georgia for more training information.*)

The child victim and his or her legal guardian should be made aware that even though the forensic interview has been, or will be, conducted, the child may be required to testify if the case is resolved at trial.

#### C. Children 's Advocacy Center (CAC) {if applicable}

Interviews of children alleged to be victims of child sexual abuse should be conducted at the Children's Advocacy Center. 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.

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

##### 1. Services

All forensic services by the Children's Advocacy Center are provided upon referral from DFCS, law enforcement, and/or the district attorney's offices. The Children's Advocacy Center will provide the following services:

- Video and/or audio taped forensic interviews
- Coordination of multidisciplinary team (MDT) staffing

- Court testimony
- Court preparation

Additional services that may be provided are:

- Photo documentation of physical abuse
- Physical/sexual medical examinations by qualified personnel on a referral basis
- Forensic evaluations
- Individual therapy
- Group therapy
- Assessment and referrals
- Resource library materials
- Parent education/support groups
- Lectures, workshops, and other educational presentations
- Mental Health services (on or off site referrals)
- Medical examinations (on or offsite referrals)

## 2. Making Referrals

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

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

### 3. Performing Forensic Interviews

Video/audio documentation of forensic interviews with alleged child victims and/or child witnesses of alleged abuse or homicide is available upon referral from appropriate agencies, including DFCS, law enforcement, the District Attorney's office, and the Department of Juvenile Justice.

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

### 4. Forensic Evaluations

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

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

### 5. Multi-Disciplinary Meetings (MDT)

The Children's Advocacy Center will coordinate multidisciplinary team (MDT) meetings for the primary purpose of facilitating communication between agencies involved in the investigation and prosecution of allegations of child maltreatment as well as those agencies responsible for protecting child victims. MDT staffing will provide agency members with a forum to discuss complex cases with other

professionals, and as a result, will enhance both the decision-making and intervention processes.

- Requests for cases to be staffed by the MDT are accepted from any MDT member and/or appropriate agencies. Appropriate referral sources include, but are not limited to, DFCS, Board of Education, Law Enforcement, District Attorney's office, the Department of Juvenile Justice, and medical and mental health personnel.
- MDT 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
- MDT meetings will be held at a location decided by the protocol members, and an agenda identifying cases to be staffed at each meeting will be provided to all involved agencies at least 48 hours prior to the regularly scheduled meeting time (at least monthly). A weekly meeting is considered ideal.
- A special reconvening of the MDT should be called by the District Attorney's office representative if circumstances change prior to indictment.
- Because the purpose of the MDT staffing is to facilitate the sharing of information between agencies, all individuals from DFCS, Law Enforcement, prosecution, medical, and mental health that are involved with a case being staffed should be present.

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

#### ***5.4 Forensic Interview 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 should occur after at least 30 days.
- Sexually exploited children are often pimped. Pimps teach victims to be distrustful of health/social service providers, police, and government officials.

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

#### B. Children with Special Needs

If a forensic interview is needed for a child with a cognitive or physical disability, the protocol should be modified to accommodate the needs of the individual child. Children with learning disabilities should also be accommodated to maximize their ability to communicate effectively. All agencies involved in the investigation are required to adhere to federal regulations, specifically, Titles II and III of the Americans with Disabilities Act and the Rehabilitation Act. These requirements include accommodations for communication and requirements for accessibility for services. Regarding communication, the federal

regulations require “State and local government programs must ensure effective communication with individuals with disabilities by providing appropriate auxiliary devices.” The basic core of the forensic interview is communication and it is likely these individuals already have communication devices they use on a daily basis. The requirements include to “furnish auxiliary aids when necessary to ensure effective communication, unless undue burden or fundamental alteration would result.” There should also be non-discrimination on the basis of a disability by public accommodations.

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

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

## **5.5 Investigations of Abuse in a School Setting**

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

***A statewide helpline number, for use only in cases alleged to have occurred in a school environment, has been proposed and is being considered to be utilized as a back-up to the local reporting system. If made available, reporters of all types may utilize the helpline number initially, although the purpose of the helpline is to allow a reporter to follow-up where there is concern that an initial report made pursuant to local practice has not been investigated. This section presumes availability of the helpline, which is still currently in the planning stages.***

*In the student handbook and within the any school building in the jurisdiction, the current*



*local reporting method and the secondary abuse reporting helpline number will be provided for parents.*

A. Reporting:

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

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

the helpline if they desire.

- Mandated reporters are required to report alleged abuse pursuant the law and should additionally utilize the helpline, where there is concern or question as to whether the initial report resulted in the initiation of an investigation.
- Upon receiving a report, Helpline staff will disseminate the report of alleged abuse to appropriate local authorities, to include: law enforcement with appropriate jurisdiction, local DFCS, the appropriate regional DFCS Specialist, the local district attorney, the PSC and the local school superintendant. Helpline staff will confirm that the guardians/parents of the alleged victim have been notified of the nature of the allegations of abuse.

## B. Investigative Procedures

1. When a report of abuse in the school setting is received by the Department of Family and Children Services, the matter shall be assigned to a specialist who has received training on the unique nature of cases where abuse is alleged in a school environment. This specialist will have information about resources needed for the investigation, such as forensic interviewers with specific training regarding evaluation of special developmental needs.
2. Within 72 hours of the receipt of the report, an audio/visual recorded forensic interview of the child in question should be performed by trained personnel. An example of appropriate training is the Child First/Finding Words Program offered by the Office of the Child Advocate. *If the child has special needs, the interview will be conducted by a professional specifically trained to assess and conduct the forensic interview to accommodate the special needs of the individual child.* This forensic interview will be monitored or immediately reviewed by the DFCS specialist assigned to the case.
3. The forensic interview recording will immediately be made available to law enforcement, the district attorney and DFCS. This schedule will be monitored by the DFCS specialist assigned to the case.
4. Within five days of the forensic interview, the case should be staffed by appropriate law enforcement, prosecution and DFCS personnel. This staffing could be organized and/or led by the DFCS specialist assigned to the case.
5. Within 24 hours of the staffing, the local authorities should provide a preliminary

summary of the information in the case to the PSC and to the local Superintendent to be used in the employment and licensing investigations. The DFCS specialist or another participating local authority will prepare this summary. The DFCS specialist shall ensure that the summary is made available to the PSC and Superintendent.

6. In cases where the helpline was utilized to initiate the investigation, within 45 days of the report, the DFCS specialist should forward to the helpline staff, a summary of the investigation, utilizing a form including basic information regarding the allegation, the stage of the investigation and any actions taken by local authorities.
  - Said report shall be presented to the District Attorney and shall be provided to the school district's superintendent, the chairman of the local school board, DFCS, the Professional Standards Commission, the parent or legal guardian of the alleged victim, the alleged offender, and the local district attorney. If the child is enrolled in a school operated by a RESA or other agency, the determination report shall also be forwarded to the executive director of the agency.
  - In cases in which the summary of the current status of the investigation cannot be completed within 45 days for good cause, the lead agency shall give appropriate notification of the delay.
  - In cases in which the investigation is unconfirmed, the report shall note any interviews or evidence the investigating agency was unable to obtain and give reasons such interviews or evidence were unavailable.
  - If the investigatory report is not presented to the District Attorney within the time allowed, the District Attorney may take such action necessary to ensure the report is prepared and issued in a timely and appropriate manner.

C. Recommendations for School Authorities:

1. School authorities should consider taking some or all of the following steps to protect both the alleged victim and the alleged perpetrator during the course of the investigation:
  - immediate removal of the teacher or the child (with measures taken to ensure the student will receive appropriate instruction) from one another's presence;
  - instructions to any potential witness to the allegations that their cooperation with the investigation is required and will not be penalized.

2. School authorities should consider taking some or all of the following steps to protect both teachers and students in special needs classrooms:
  - inclusion of a two-way mirror in special needs classrooms so that parents can observe class time without disrupting the educational process, particularly in classrooms that include non-verbal children;
  - mandating training specific to approaches to managing dangerous or disruptive situations with children that provide alternatives to seclusion, restraint and physical management for all personnel working in special needs classrooms;
  - consider banning the practice of restraint and seclusion of special needs children.
3. All mandated reporter training of school personnel should include training on indicators of abuse which occurs in the school setting and appropriate reporting methods in addition to training on recognizing signs of abuse that occurs outside the school setting.

## 6 Judicial Procedures

### 6.1 Juvenile Court Proceedings

#### Intake Decisions applicable to Juvenile Court Staff

Make certain that seven days a week, twenty-four hours a day, including holidays and weekends, an individual will be available to authorize child pickups.

- When making intake decisions, staff shall authorize placement in shelter care by completing the form entitled, “Authorization for Shelter Care”.
- Three factors shall be considered in the authorization decision making process:
  1. Sufficient information to believe that the child is in immediate danger and removal from the home is necessary to protect the child;
  2. Review of the resources available which could prevent shelter care; and
  3. Placement should be in the least restrictive, most family-like setting consistent with the best interest and needs of the child.
- Upon authorizing shelter care, the authorization form shall be faxed to DFCS on the next business day.
- If the intake officer is called by the police and informed of possible abuse, the police shall be advised to contact the DFCS worker who is on call.

#### Court Operations and Scheduling

*{Each county should specify how scheduling and court proceedings should be maintained}*

- Scheduling of Cases: Every effort should be made to schedule cases involving child abuse as soon as possible and must be set within the time limitations set by law.
- Operations: Whenever it appears that DFCS should be involved in any hearing before the Court, the clerk shall call in advance and request the presence of a DFCS worker.
- A guardian *ad Litem* or CASA should be appointed for every child abuse or deprivation case. Such appointment should occur before the detention hearing occurs.
- A deprivation hearing will be held within 72 hours to determine whether continued shelter care is required.
- Deprivation hearings are normally scheduled within 48 hours to be heard in 72 hours of a child’s removal and placement in emergency foster care.

- Crisis intervention and a comprehensive bio-social assessment should be done at the 72 hour hearing to determine treatment options for the family.
- The adjudicatory hearing will be set no later than ten days after the filing of the petition or 30 days if the child is not detained.
- DFCS will be responsible for preparing and presenting the evidence necessary to prove deprivation exists.
- DFCS will take action required to have hearing scheduled.
- When appropriate, the court will issue a protective order to restrain a person from having contact with a child if that contact may be detrimental to the child.
- If it is the recommendation of the DFCS case manager that the child remain in foster care pending formal adjudication, and the court rules in favor of this, the Special Assistant Attorney General (SAAG) representing DFCS will ensure that a proper petition is filed by DFCS.
- In the rare event that scheduling/ filing deadlines are missed, the parties are aware that the department may reinitiate the case by obtaining a new emergency pick up order.
- In preparation for court, caseworkers should contact the SAAG representing DFCS prior to the stated hearing.
- A child may not be placed with a parent/ custodian from whom he/she was removed without permission from the court.

### **Continuance**

- In abuse cases the court should be reluctant to grant continuances, and should only do so, in its discretion, for providential, good or legal cause.
- Any continuance granted should be for the shortest period of time possible so that the case can reach an early resolution.
- Continuances should always be granted when in the best interest of the child.

*{County should outline subpoenas procedures}*

*{County should include procedures for DFCS to notify foster/adoptive parent of change of custody}*

### **6.2 Court Appointed Special Advocate (CASA)**

*{Contact Information if Applicable}*

In Juvenile Court deprivation proceedings, an attorney or a court appointed special advocate (CASA), or both, may be appointed as the child's guardian *ad Litem*. A CASA is a community volunteer who has been screened and trained regarding deprivation, child development, and juvenile court procedures and has been appointed as a lay guardian *ad Litem* by the court. The juvenile court judge has the authority to appoint a CASA volunteer at the earliest stage possible of deprivation proceedings. 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.

#### A. Roles and Responsibilities of a CASA volunteer

A CASA volunteer is an officer of the Court, who must advocate for the best interest of the child(ren) he or she is assigned. The role of the CASA is to provide the Court with independent and objective information regarding the best interests of children involved in deprivation proceedings. In all cases assigned, except as ordered by the judge, a CASA volunteer shall:

- Conduct an independent assessment to determine the facts and circumstances surrounding the case;
- Maintain regular and sufficient in-person contact with the child;
- Submit written reports to the court regarding the child's best interests;
- Advocate for timely court hearings to obtain permanency for the child;
- Request judicial citizen review panel or judicial review of the case;
- Collaborate with the GAL attorney/child's attorney, if any;
- Attend all court hearings and other proceedings to advocate for the child's best interests;
- Monitor compliance with the case plan and all court orders; and
- Review all court related documents.

As a lay guardian *ad Litem*, a CASA volunteer shall not be required to:

- Engage in activities which could reasonably be construed as the practice of law;



- Obtain legal counsel or other professional services for a child;
- Interview the child concerning facts relating to allegations of abuse; and
- Conduct in-depth investigation of allegations of abuse.

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

#### B. Confidentiality

The CASA volunteer must maintain strict confidentiality of all information related to a case. Once appointed, the CASA volunteer has the responsibility to interview all persons having knowledge of the child's situation and to review documents and reports relating to the child and family. The CASA volunteer shall have access to all records and information relevant to the child's case with few exceptions.

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

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

The reproduction and distribution of confidential and personal information related to any child or family should be limited. Documents and reports contained in the records of an agency or institution should be reviewed by appointment. Upon request, copies may be provided to a CASA volunteer.

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. Any CASA volunteer who discloses confidential information obtained during the course of his or her appointment shall be guilty of a misdemeanor.

### ***6.3 Magistrate Court Procedures***

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

- When an individual seeks to secure a warrant for any type of child abuse, the magistrate shall inquire as to the whereabouts of the child and ensure his/her safety is protected.

- The magistrate shall then notify the appropriate police agency for investigation and further proceedings.
- Setting of bonds in child abuse cases shall be the responsibility of the Magistrate or Superior Court Judge as provided by law.
- It is unnecessary for a child abuse victim to appear at probable cause hearings. Evidence of such abuse at a preliminary or bond hearing shall be by alternate means, which are consistent with the Uniform Magistrate Court Rules.
- In considering bond, the Magistrate should pay particular attention to the safety of the child, preferably prohibiting contact between the child and the accused
- In setting further bond conditions, the Magistrate should consider precluding contact between the accused and all children under the age of sixteen in sex abuse cases and under eighteen in physical abuse cases; for the protection of both the accused and the protected classes of children alike.
  - Bond conditions imposed should be made known to DFCS and the Juvenile Court.

#### ***6.4 Superior Court Procedures***

##### **A. Trial Court**

In Superior court during the trial of criminal charges against a defendant in child abuse case, the judge has particular responsibility to ensure a fair and judicious process for all parties including the victim. Outlined below are concerns requiring paramount consideration:

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

## B. District Attorney

The primary concern of this protocol as it pertains to proceedings in the Superior Court relates to the role of the victim and the family in the prosecution of the perpetrator.

- All cases should be assigned to an Assistant District Attorney to determine whether sufficient evidence exists to seek an indictment against the accused
- The Victim Witness Program will offer services, support and information regarding the court process to the victim and the non-offending caregiver.
- At trial, if the verbal testimony of the child is to be required, a private room should be made available to the child to prevent contact with the perpetrator prior to the child's testimony.
- Planned disposition of the case, whether by trial or plea negotiations should always be discussed with the victim's guardian and/or the victim prior to disposition. The input of the victim and/or the guardian should be noted in the file and should be taken into consideration during the decision-making process.

## ***6.5 Victim Protection***

### **Magistrate and Superior Courts**

- When issuing a warrant for any type of child abuse, the Magistrate will seek to ensure the safety of the child.
- Setting of bonds in child abuse cases shall be the responsibility of the Magistrate or Superior Court Judge as provided by law.
- As a consideration of bail, the Magistrate or Superior Court Judge should consider all the circumstances of the case paying particular attention to the safety of the child.
- The Judge hearing the bond motion should impose certain restrictive conditions of bond other than a mere monetary bond, including but not limited to an order to have no contact with the alleged child victim or any other child prior to finalization of the case.
- All such conditions of bond should be communicated to DFCS and the Juvenile Court.

### **Juvenile Court**

The Juvenile Court may enter a protective order pursuant to O.C.G.A. § 15-11-57 and the order, among other possibilities, may do the following:

- Restrain or otherwise control the conduct of any person in relationship to the child.

- Require appropriate persons to refrain from or take actions, including staying away from the home of the child or participating in counseling or treatment.

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

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

## **7 Treatment**

### ***7.1 Treatment Format for Child Abuse Cases***

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

### ***7.2 Reporting Child Sexual Abuse when a Child Discloses During Therapy***

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 attempt to question the child in detail about the alleged abuse or attempt to use anatomically correct dolls for investigative purposes. Instead, a referral to DFCS or law enforcement should be made immediately. The mental health provider should attempt to reassure and prepare the child for a possible forensic interview by a third party.

## **8 Training**

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

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

### ***8.1 Neglect and Maltreatment***

#### **A. Child**

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

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

1. Behavioral findings that may be associated with abuse:
  - Apathetic

- Craving for excitement/change
  - Desire to be rid of the demands of the child (i.e., isolates child for long periods of time, not listening or talking to child, leaves child alone or unattended)
  - Lack of interest in child's activities (i.e., fails to provide supervision and guidance, severely criticizes child, name-calling, scaring, lack of affection)
  - Lack of cooperation with agency
2. Environmental findings that may be associated with abuse:
- Lack of parenting skills
  - Financial pressures
  - Marital problems
  - Inconsistent employment
  - Mental health problems
  - Drug/alcohol abuse
  - Long term illness
  - Chaotic family life
  - Neglected as a child
  - Poverty (i.e., low income, poor housing, isolation, large family)

## ***8.2 Physical Abuse***

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

### A. Child

1. Physical findings that may be associated with abuse:
  - Bruises (i.e., occurring in unusual patterns; occurring on posterior side of body; occurring in clusters; occurring on an infant, especially on the face; in various stages of healing)
  - Burns (i.e., immersion burns, cigarette-type burns, restraint burns, appliance related burns etc.) Unexpected missing or loosened teeth
  - Unexplained lacerations and abrasions
  - Inflicted marks (i.e., human bite marks, choke marks)
  - Skeletal injuries
  - Head injuries (i.e., absence of hair, nasal or jaw fractures, sub-dural hematomas, other more serious injuries)

- Internal injuries

2. Behavioral findings that may be associated with abuse:

- Wary of adults
- Extreme behaviors (i.e., aggressive or withdrawn, frightened of sudden movements, apprehensive when other children cry)
- Reports injuries by parents (i.e., frightened of parents, afraid to go home)
- Wear long sleeves or other concealing clothing
- Explanation of injury is inconsistent with nature of injury
- Aggressive behavior to other children/animals
- Indiscriminately seeks affection

B. Parent/Caretaker

A. Behavioral findings that may be associated with abuse:

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

B. Environmental findings that may be associated with abuse:

- Parental history of child abuse
- Lack of parenting skills
- Marital problems
- Mental/physical illness
- Drug/alcohol problems
- Social isolation



- Financial pressures
- Unemployment
- Inadequate housing
- Target child in home (i.e., physically or emotionally handicapped, developmentally disabled, unwanted)

### **8.3 Pediatric Condition Falsification**

*(Munchausen syndrome by proxy)*

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

#### A. Child – presentations

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

#### B. Parent/Caretaker – characteristics

1. Psychological findings that may be associated with abuse:
  - Perpetrator reports false psychological symptoms (examples—excessive anxiety, school refusal, stress reactions, schizophrenia)
2. Sexual Abuse

- Perpetrator repeatedly requests evaluation for false allegations of sexual abuse. This is Pediatric Condition Falsification although there is some dispute whether all cases are also Factitious Disorder by Proxy.
3. Goal is to gain attention for self
  4. Masquerading as the “good mother”
  5. Occasionally uses the child to gain material goods
- C. Colluding family members – possibilities
1. Passive spouse
  2. Abusive spouse
  3. Help maintain deception by defending the perpetrator
- D. Others
1. Doctors may be found who are more easily fooled and help to continue the deception.
  2. “Doctor shopping” may occur to hide the deceptions (e.g. obtaining multiple medications) or to avoid a doctor getting wise to the situation.
  3. Lawyers and judges may have problems recognizing this form of abuse as serious and propose plans that do not adequately protect the child’s physical and emotional health.

## ***8.4 Sexual Abuse***

### A. Child

1. Physical findings which may be associated with abuse:
  - Difficulty in walking or sitting
  - Complaints of pain or discomfort in genital area
  - Torn/stained/bloody underclothing
  - Unusual or offensive odors
  - Poor sphincter control in previously toilet trained child
  - Self-Mutilation, disfigurement
  - Medical indicators (i.e., bruises/bleeding/laceration in genitalia or anus; genital or rectal pain, itching, or swelling; venereal disease; discharge; pregnancy; extreme passivity in a pelvic exam)
2. Behavioral findings which may be associated with abuse:
  - Sophisticated or unusual sexual knowledge and/or behavior (i.e., preoccupation with sexual organs of self/parent/other children, seductive behavior, sexual promiscuity,

- excessive masturbatory behavior, poor physical boundaries, perpetration to other children)
- Wearing many layers of clothing, regardless of weather
  - Reluctance to go to a particular place or to be with a particular person
  - Recurrent nightmares or disturbed sleep patterns and fear of dark
  - Withdrawal/fantasy
  - Infantile behavior
  - Overly affectionate/indiscriminately seeks affection

#### B. Parent/Caretaker

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

### ***8.5 Child Commercial Sex Exploitation Victims***

#### A. Child

1. Physical findings that are associated with child prostitution victims:
  - Inappropriate dress, including oversized clothing or overtly sexy clothing
  - Poor personal hygiene
  - Unexplained bruises or injuries
  - Cigarette burns
  - In possession of large amounts of money or more than one cell phone
  - Presence of “gifts” the origin of which is unknown
  - Rumors among students regarding sexual activity, which victim may not necessarily deny
  - Diagnosed with sexually transmitted disease(s)
  - Older boyfriend or male friend or relative
  - Older female friend

- In the Juvenile Court system, probably on repeated status offenses particularly running away or truancy
- Failing grades and/or school suspensions
- Fake identification and/or fake dance permits
- Substance abuse
- Gang clothing or other gang symbols
- Tattoo of a someone's name or nickname, particularly on the back of the neck
- Has a history of recruiting others into prostitution
- The arrest of the child is in or around an area known for prostitution, such as an adult entertainment venue, strip club, massage parlor, X-rated video shop and/or hotel

2. Behavioral findings that are associated with child prostitution victims:

- Angry, aggressive, clinically depressed, suicidal and/or tearful
- Withdrawn, uncommunicative, and/or isolated
- Little to no eye contact
- Truancy and/or chronic absenteeism
- Sleeping in class
- Not eating

B. Family indicators associated with child prostitution victims:

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

## ***8.6 Emotional/ Verbal Abuse***

A. Child

1. Physical findings which may be associated with abuse:

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

## B. Parent/Caretaker

### 1. Behavioral findings which may be associated with abuse:

- Unrealistic expectations of child
- Uses extreme discipline, overreacts when child misbehaves or does not meet parents' expectations
- Consistently ridicules and shames child
- Does not reward, praise or acknowledge child's positive qualities or achievements
- Blames and punishes child for things over which the child has no control
- May use bizarre and inappropriate forms of punishment, such as isolating a child in a closet or humiliating a child in public
- Threatens the child with abandonment or placement in an institution

### 2. Environmental Risk Factors

- Parents were victims of some form of child abuse: physical, sexual, emotional
- Marital problems
- Isolated, no support system
- Low self-esteem
- Drug/alcohol problems
- Does not understand normal developmental stages of children
- Mentally/physically ill
- Financial/employment problems
- Child unwanted

- Family Violence

All training designed to help professionals deal appropriately with children who have suffered abuse should include information found below. Professionals working with children are often unsure of the appropriate response to children who have been abused. Try to normalize the situation by acknowledging it as you would divorce, death, or other traumatic crises in a child's life. Try not to dwell on the abuse or ignore inappropriate behavior. Your role is to help build the child's self-esteem and sense of safety and security. Some suggestions are:

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

Suggested additional areas of training:

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

## **9 Appendix**

### ***9.1 Legal Requirement to Report Child Abuse***

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

O.C.G.A. § 19-15-1. Definitions

As used in this chapter, the term:

- (1) "Abused" means subjected to child abuse.
- (2) "Child" means any person under 18 years of age.
- (3) "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, physical forms of discipline may be used as long as there is no physical injury to the child;
  - (B) Neglect or exploitation of a child by a parent or caretaker thereof;
  - (C) Sexual abuse of a child; or
  - (D) Sexual exploitation of a child.
- (4) "Child protection professional" means any person who is employed by the state or a political subdivision of the state as a law enforcement officer, school teacher, school administrator, or school counselor or who is employed to render services to children by the Department of Community Health, the Department of Behavioral Health and Developmental Disabilities, or the Department of Human Services or any county board of health, community service board, or county department of family and children services.
- (5) "Eligible deaths" means deaths meeting the criteria for review by a county child fatality review committee including deaths resulting from Sudden Infant Death Syndrome, unintentional injuries, intentional injuries, medical conditions when unexpected or when unattended by a physician, or any manner that is suspicious or unusual.

(6) "Investigation" in the context of child death includes all of the following:

(A) A post-mortem examination which may be limited to an external examination or may include an autopsy;

(B) An inquiry by law enforcement agencies having jurisdiction into the circumstances of the death, including a scene investigation and interview with the child's parents, guardian, or caretaker and the person who reported the child's death;

(C) A review of information regarding the child and family from relevant agencies, professionals, and providers of medical care.

(7) "Panel" means the Georgia Child Fatality Review Panel established pursuant to Code Section 19-15-4. The panel oversees the local child fatality review process and reports to the Governor on the incidence of child deaths with recommendations for prevention.

(8) "Protocol committee" means a multidisciplinary, multiagency child abuse protocol committee established for a county pursuant to Code Section 19-15-2. The protocol committee is charged with developing local protocols to investigate and prosecute alleged cases of child abuse.

(9) "Report" means a standardized form designated by the panel which is required for collecting data on child fatalities reviewed by local child fatality review committees.

(10) "Review committee" means a multidisciplinary, multiagency child fatality review committee established for a county or circuit pursuant to Code Section 19-15-3. The review committee is charged with reviewing all eligible child deaths to determine manner and cause of death and if the death was preventable.

(11) "Sexual abuse" means a person's employing, using, persuading, inducing, enticing, or coercing any minor who is not that person's spouse to engage in any act which involves:

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

(B) Bestiality;

(C) Masturbation;

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

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

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



- (G) Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;
- (H) Defecation or urination for the purpose of sexual stimulation; or
- (I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

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

(12) "Sexual exploitation" means conduct by any person who allows, permits, encourages, or requires that child to engage in:

- (A) Prostitution, as defined in Code Section 16-6-9; or
- (B) Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.

## ***9.2 Child Fatality Review (CFR)***

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

O.C.G.A §19-15-3

(a)(1) Each county shall establish a local multidisciplinary, multiagency child fatality review committee as provided in this Code section. The chief superior court judge of the circuit in which the county is located shall establish a child fatality review committee composed of, but not limited to, the following members:

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

(G) A county board of health representative; and

(H) A county mental health representative.

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

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

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

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

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

(1) Sudden Infant Death Syndrome;

(2) Any unexpected or unexplained conditions;

(3) Unintentional injuries;

(4) Intentional injuries;

(5) Sudden death when the child is in apparent good health;

(6) Any manner that is suspicious or unusual;

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

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

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

(g) If the death of a child occurs outside the child's county of residence, it shall be the duty of the medical examiner or coroner in the county where the child died to notify the medical examiner or coroner in the county of the child's residence.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) The review committee may obtain from any superior court judge of the county or circuit for which the review committee was created a subpoena to compel the production of documents or attendance of witnesses when that judge has made a finding that such documents or witnesses are necessary for the review committee review. However, this Code section shall not modify or impair the privileged communications as provided by law except as otherwise provided in Code Section 19-7-5.

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

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

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

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

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

- (5) State whether there have been any acts or reports of violence between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household;
  - (6) Conclude whether services or agency activities delivered prior to death were appropriate and whether the child death could have been prevented;
  - (7) Make recommendations for possible prevention of future deaths of similar incidents for children who are at risk for such deaths; and
  - (8) Include other findings as requested by the Georgia Child Fatality Review Panel.
- (m) The review committee shall transmit a copy of its report within 15 days of completion to the panel.
- (n) The review committee shall transmit a copy of its report within 15 days following its completion to the district attorney of the county or circuit for which the review committee was created if the report concluded that the child named therein died as a result of:
- (1) Sudden Infant Death Syndrome when no autopsy was performed to confirm the diagnosis;
  - (2) Accidental death when it appears that the death could have been prevented through intervention or supervision;
  - (3) Any sexually transmitted disease;
  - (4) Medical causes which could have been prevented through intervention by an agency or by seeking medical treatment;
  - (5) Suicide of a child in custody or known to the Department of Human Resources or when the finding of suicide is suspicious;
  - (6) Suspected or confirmed child abuse;
  - (7) Trauma to the head or body; or
  - (8) Homicide.
- (o) Each local review committee shall issue an annual report no later than the first day of July in 2001 and in each year thereafter. The report shall:
- (1) Specify the numbers of reports received by that review committee from a county medical examiner or coroner pursuant to subsection (h) of this Code section for the preceding calendar year;
  - (2) Specify the number of reports of child fatality reviews prepared by the review committee during such period;

- (3) Be published at least once annually in the legal organ of the county or counties for which the review committee was established with the expense of such publication paid each by such county; and
- (4) Be transmitted, no later than the fifteenth day of July in 2001 and in each year thereafter, to the Georgia Child Fatality Review Panel.

### ***9.3 Emergency Custody by a Physician***

#### § 15-11-15. Detainment of child in temporary protective custody of physician

(a) Notwithstanding Code Section 15-11-45 or any other provision of law, a physician, licensed to practice medicine in the State of Georgia in accordance with Article 2 of Chapter 34 of Title 43, who is treating a child may take or retain temporary protective custody of the child, without a court order and without the consent of a parent, guardian, or custodian, provided that:

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

(2) There is not sufficient time for a court order to be obtained under this article for temporary custody of the child before the child may be removed from the presence of the physician.

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

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

(2) As soon as possible, make a report of the suspected abuse or neglect which caused him or her to take temporary custody of the child, as required by subsection (e) of Code Section 19-7-5, and inform the child welfare agency designated by the Department of Human Services to which such report is made that the child has been detained in temporary custody as provided in this Code section; and

(3) Not later than 24 hours after the child is detained in temporary custody:

(A) Contact a juvenile court intake officer as provided in paragraph (2) of subsection

(a) of Code Section 15-11-47, and inform such intake officer that the child is in

imminent danger to his or her life or health as a result of suspected abuse or neglect; or

(B) Contact a law enforcement officer who shall take the child into custody and promptly bring the child before a juvenile court intake officer as provided in Code Sections 15-11-47 and 15-11-48.

(c) A child who meets the requirements for inpatient admission shall be retained in the hospital or institution until such time as the child is medically ready for discharge. Upon notification by the hospital or institution to the department that a child who is not eligible for inpatient admission or who is medically ready for discharge has been taken into custody by a physician in accordance with subsection (b) of this Code section, provided that the child has been placed in the custody of the Department of Human Services, the department shall take physical custody of the child within six hours of being notified.

(d) If the intake officer determines that the child is to be detained, in accordance with Code Sections 15-11-46 and 15-11-48 and subsection (a) of Code Section 15-11-49 and the court orders that the child be detained in the legal custody of the Department of Human Services, acting by and through any of the county departments of family and children services, then:

- (1) If the child remains in the physical care of the physician, the department shall take physical possession of the child within six hours of being notified by the physician, unless the child meets the criteria for admission to a hospital, or other medical institution or facility where he or she has been detained in the temporary custody by a physician; or
- (2) If the child has been brought before the juvenile court by a law enforcement officer, the department shall promptly take physical possession of the child.

(e) If the child is not released, then the court shall notify the child's parents, guardian, or other custodian, the physician, and the Department of Human Services of the detention hearing which is to be held within 72 hours as provided in subsection (c) of Code Section 15-11-49.

(f) If the intake officer determines that the child should not be detained, the child shall be released pursuant to the provisions set forth in Code Section 15-11-49.

(g) If after the detention hearing the child is not released, the physician shall file the petition required by subsection (e) of Code Section 15-11-49 in accordance with this article, provided that such physician continues to believe that the child's life or health is in danger as a result of suspected abuse or neglect.

(h) Any hospital or physician authorized and acting in good faith and in accordance with acceptable medical practice in the treatment of a child under this Code section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed as

a result of taking or failing to take any action, pursuant to this Code section. This Code section shall not be construed as imposing any additional duty not already otherwise imposed by law.

#### ***9.4 Signature Page***

The signature page should be attached and signed by all members. Member titles should also be given.

---

**County District Attorney**

---

**County Coroner or  
Medical Examiner**

---

**County Public Health  
Department**

---

**County Department of  
Family and Children Services  
Representative**

---

**County Sheriff Department**

---

**County Police Department**

---

**County Juvenile Court**

---

**County Magistrate Court**

---

**County Board of Education**

---

**Children's Advocacy Center  
(recommended)**

---

**County Mental Health**

---

**Medical Provider  
(recommended)**



## 9.5 Sample Template for Filing a Written Report of Suspected Child Abuse

{Provide County DFCS contact information}

SUBJECTS OF REPORT												
List all children in household, adults responsible and alleged subjects.												
Line #	Last Name	First Name	Aliases	Sex (M, F, Unk)	Birthday or Age Mo/Day/ Yr	Race Code	Ethnicity (Ck Only If Hispanic/Latino)	Relation Code	Role Code	Lang. Code		
1.							<input type="checkbox"/>					
2.							<input type="checkbox"/>					
3.							<input type="checkbox"/>					
4.							<input type="checkbox"/>					
5.							<input type="checkbox"/>					
6.							<input type="checkbox"/>					
7.							<input type="checkbox"/>					
<input type="checkbox"/> MORE												
List Addresses and Telephone Numbers (Using Line Numbers From Above)								(Area Code) Telephone No.				
BASIS OF SUSPICIONS												
Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".												
<input type="checkbox"/> DOA/Fatality				<input type="checkbox"/> Child's Drug/Alcohol Use				<input type="checkbox"/> Swelling/Dislocation/Sprains				
<input type="checkbox"/> Fractures				<input type="checkbox"/> Poisoning/Noxious Substances				<input type="checkbox"/> Educational Neglect				
<input type="checkbox"/> Internal Injuries (e.g., Subdural Hematoma)				<input type="checkbox"/> Choking/Twisting/Shaking				<input type="checkbox"/> Emotional Neglect				
<input type="checkbox"/> Lacerations/Bruises/Welts				<input type="checkbox"/> Lack of Medical Care				<input type="checkbox"/> Inadequate Food/Clothing/Shelter				
<input type="checkbox"/> Burns/Scalding				<input type="checkbox"/> Malnutrition/Failure to Thrive				<input type="checkbox"/> Lack of Supervision				
<input type="checkbox"/> Excessive Corporal Punishment				<input type="checkbox"/> Sexual Abuse				<input type="checkbox"/> Abandonment				
<input type="checkbox"/> Inappropriate Isolation/Restraint (Institutional Abuse Only)				<input type="checkbox"/> Inadequate Guardianship				<input type="checkbox"/> Parent's Drug/Alcohol Misuse				
<input type="checkbox"/> Inappropriate Custodial Conduct (Institutional Abuse Only)				<input type="checkbox"/> Other (specify) _____								
State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.								(If known, give time/date of alleged incident)				
								MO				
								DAY				
								YR				
								Time	:	<input type="checkbox"/> AM <input type="checkbox"/> PM		
<input type="checkbox"/> Additional sheet attached with more explanation.				<b>The Mandated Reporter Requests Finding of Investigation</b>				<input type="checkbox"/> YES		<input type="checkbox"/> NO		
CONFIDENTIAL			SOURCE(S) OF REPORT					CONFIDENTIAL				
NAME			(Area Code) TELEPHONE		NAME			(Area Code) TELEPHONE				
ADDRESS					ADDRESS							
AGENCY/INSTITUTION					AGENCY/INSTITUTION							
RELATIONSHIP												
<input type="checkbox"/> Med. Exam/Coroner		<input type="checkbox"/> Physician		<input type="checkbox"/> Hosp. Staff		<input type="checkbox"/> Law Enforcement		<input type="checkbox"/> Neighbor		<input type="checkbox"/> Relative		<input type="checkbox"/> Instit. Staff
<input type="checkbox"/> Social Services			<input type="checkbox"/> Public Health			<input type="checkbox"/> Mental Health			<input type="checkbox"/> School Staff		<input type="checkbox"/> Other (Specify)	
<b>For Use By Physicians Only</b>		Medical Diagnosis on Child			Signature of Physician who examined/treated child				(Area Code) Telephone No.			
					<b>X</b>							
		Hospitalization Required: <input type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks										
Actions Taken Or		<input type="checkbox"/> Medical Exam		<input type="checkbox"/> X-Ray		<input type="checkbox"/> Removal/Keeping		<input type="checkbox"/> Not. Med Exam/Coroner				
About To Be Taken		<input type="checkbox"/> Photographs		<input type="checkbox"/> Hospitalization		<input type="checkbox"/> Returning Home		<input type="checkbox"/> Notified DA				
Signature of Person Making This Report:					Title			Date Submitted Mo. Day Yr.				
<b>X</b>												

**9.6 Sample Report of Alleged Child Abuse in the Educational Setting**

YourCountyNameHere Schools

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 10 Glossary

<b>Age of Consent</b>	The age of consent for sexual activity is sixteen (16).
<b>Children's Advocacy Center (CAC)</b>	The Children's Advocacy Center (CAC) model is a child-focused, facility-based program in which representatives from many disciplines -- law enforcement, child protection, prosecution, mental health, medical and victim advocacy - work together, conducting joint forensic interviews and making team decisions about the investigation, treatment, management and prosecution of child abuse cases. CACs are community-based programs designed to meet the unique needs of a community, so no two CACs look exactly alike. They share a core philosophy that child abuse is a multifaceted community problem and no single agency, individual or discipline has the necessary knowledge, skills or resources to serve the needs of all children and their families. They also share a belief that the combined wisdom and professional knowledge of professionals of different disciplines will result in a more complete understanding of case issues and the most effective, child and family-focused system response. The primary goal of all CACs is to ensure that children are not further victimized by the intervention systems designed to protect them.
<b>Court Appointed Special Advocate (CASA)</b>	A volunteer that is a trained citizen who is appointed by a judge to represent the best interests of abused and neglected children in court.
<b>Child</b>	Any person under 18 years of age for purposes of alleged physical abuse. Any person under the age of 16 years for the purposes of alleged sexual abuse. Any person under the age of 17 for the purposes of lodging jurisdiction in the juvenile court where it is alleged that the child is delinquent.
<b>Commercial Sexual Exploitation of Children (CSEC)</b>	Includes the prostitution of children; child pornography; and other forms of transactional sex where a child engages in sexual activities to have key needs fulfilled, such as food, shelter or access to education. It includes forms of transactional sex where the sexual abuse of children is not stopped or

reported by household members, due to benefits derived by the household from the perpetrator.

**Eligible deaths** Deaths meeting the criteria for review by a county child fatality review committee including deaths resulting from Sudden Infant Death Syndrome, unintentional injuries, intentional injuries, medical conditions when unexpected or when unattended by a physician, or any manner that is suspicious or unusual.

**Forensic interview** A neutral, developmentally sensitive, investigative and legally sound method of gathering information regarding allegations of abuse and/ or exposure to violence.

**Forensic interviewer** A professional employed with or contracted by law enforcement, DFCS, district attorney or children’s advocacy center to conduct forensic interviews and/or evaluations. Individuals employed or contracted by a CAC must meet Children’s Advocacy Centers of Georgia standards governing the work of a forensic interviewer and comport with the forensic interviewing guidelines of the American Professional Society on the Abuse of Children. All forensic interviewers must have had training in a nationally recognized interview technique and routinely participate in multidisciplinary team investigations and/or interventions.

**Guardian *ad Litem*** A guardian appointed to represent the interests of a child with respect to a single action in litigation.

**Maltreatment** Any act or series of acts of commission or omission by a parent or other caregiver that results in harm, or threat of harm to a child.

**Multidisciplinary Team (MDT)** A multidisciplinary team (MDT) is a public/private partnership between mandated government agencies and professionals from the private sector who work together in a coordinated and collaborative manner to ensure an effective response to reports of child abuse and neglect. The MDT typically includes professionals from law enforcement, child protective services,

prosecution, children’s advocacy center, medical, counseling, and related fields for the purpose of investigating crimes against children and protecting and treating children in a particular community.

**Munchausen by Proxy/Pediatric Condition Falsification**

A physician-diagnosed condition in which a caretaker falsifies physical and/or psychological signs and/or symptoms in a victim, causing the victim to be regarded as ill or impaired by others. (See Training section for more information.)

**Panel**

The Georgia Child Fatality Review Panel established pursuant to Code Section 19-15-4. The panel oversees the local child fatality review process and reports to the Governor on the incidence of child deaths with recommendations for prevention.

**Protocol committee**

A multidisciplinary, multiagency child abuse protocol committee established for a county pursuant to Code Section 19-15-2. The protocol committee is charged with developing local protocols to investigate and prosecute alleged cases of child abuse.

**Report (Child Fatality)**

A standardized form designated by the panel, which is required for collecting data on child fatalities reviewed by local child fatality review committees.

**Review committee**

A multidisciplinary, multiagency child fatality review committee established for a county or circuit pursuant to Code Section 19-15-3. The review committee is charged with reviewing all eligible child deaths to determine manner and cause of death and if the death was preventable.

**Sexual exploitation**

Conduct by a child’s parent or caretaker who allows, permits, encourages, or requires that child to engage in: Prostitution, as defined in Code Section 16-6-9; or sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.

**Prostitution**

Performing or offering/consenting to perform a sexual act, including but not limited to sexual intercourse or sodomy, for money or other items of value

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