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Senior Capstone Project : Monterey County Child Abuse Response Team protocol (C.A.R.T.) – law enforcement

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Senior Capstone/Field Seminar

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Senior Capstone Project
Monterey County Child Abuse Response Team Protocol (C.A.R.T.) – Law Enforcement

Keywords: Child Abuse Response Team (CART) Protocol, forensic interview, Law Enforcement, child sexual abuse,

Abstract: This capstone project is designed to motivate others involved in the Child Abuse Response Team Protocol by promoting a shared vision on understanding and following the CART Protocol. This capstone project includes a power point presentation on a CD which will be used as part of Law Enforcement's training, thus will enable everyone to have a better understanding on the CART Protocol.

Executive Summary

Agency and Population

I created this capstone project while interning at The Natividad Medical Center – Archer Child Advocacy Center (CAC). The CAC opened in late 1998. The CAC's mission is to assist children and families during their time of need when child sexual abuse has been reported. The center works as a multidisciplinary team along with law enforcement, the district attorneys office, and Family and Children Services. The client population that my field agency serves consists of anyone under the age of 18 and also people over the age of 18 who are developmentally delayed.

Summary of the issue

The CAC is part of the Child Abuse Response Team (CART) protocol which was written 10 years ago. The CART protocol states that once children have made allegations they are briefly interviewed by law enforcement and then are scheduled for an in-depth interview at the CAC. However, that's not happening all the time. Therefore, the issue is that not all law enforcement officers follow the CART Protocol at all times. Consequently, when law enforcement officers do not follow the CART Protocol it affects the client population because the impact reflects on the children.

Description of the capstone project

I created a power point presentation of the CART protocol on a CD which was burnt and has been given to different jurisdictions, so they can better understand and follow the CART Protocol. The CD will be included as part of law enforcement training. By including the CART Protocol CD as part of Law Enforcements training they will understand it and follow it. By everyone understanding the CART Protocol and following it, the CART Protocol will keep from traumatizing children further by having multiple interviews. Law Enforcement will also be able to have a better interview on tape which they can use for their evidence and which would help law enforcement with their investigation. It would also help family and children services so they have all the information they need.

Recommendations

For my recommendations, I would suggest that if my mentor gets another inter, one of the interns tasks can be to help my mentor evaluate the effectiveness of the CART Protocol CD after one year of it being implemented.

Description of the Agency

The Natividad Medical Center – Archer Child Advocacy Center opened in late 1998. Susan Gleason, my mentor, was one of a small group who pushed to expand services and create an all-inclusive child advocacy center that would serve the entire county. “She presented the idea to Social Service and law enforcement, and was instrumental in forming a committee to develop the center. She worked tirelessly with the District Attorney's Office and Natividad Hospital to secure the space, funding, and cooperation among law enforcement for the center” (Child Welfare Information Gateway, 2007).

The Archer Child Advocacy Center’s mission is to assist children and families during their time of need when child sexual abuse has been reported. They do this by assisting in the investigation of the allegations through forensic interviews which are performed by trained interviewers and by medical-legal examinations which are done by trained medical professionals. The center works as a multidisciplinary team along with law enforcement, the district attorneys office, and Family and Children Services.

The goals and objectives of my agency are to interview children who are alleging sexual abuse as well as to have medical-legal examinations performed by a physician. The forensic interviews and medical-legal examinations are then used to evaluate cases of suspected or actual child abuse in the pediatric population. These examinations are also used to provide documented evidence which assists in the prosecution of criminal cases. The examination consists of in-depth evaluation using state-of-the art colposcopy and personnel trained in child sexual abuse. Therefore their main goal is to get the whole story and record it, to prevent the child from going on multiple interviews. Another goal

which my agency has is to offer its services to anyone who is referred to them from the Monterey county and surrounding counties.

Issue to be Addressed

The Child Advocacy Center is part of the Child Abuse Response Team (CART). CART's main goal is "a multi-disciplinary team approach to child abuse investigation centered around a Child Interview Center and Child Interview Specialist" (Child Abuse Response Team, Monterey County, 2007). "The purpose of establishing a Child Abuse Response Team is to reduce the number of interviews a child abuse victim must undergo, and to coordinate more effective criminal investigation and prosecution of child abuse cases" (Child Abuse Response Team, Monterey County, 2007). Therefore, while working under the CART Protocol's guidelines once children have made allegations they are briefly interviewed by law enforcement or social services and then are scheduled for an interview at the Archer Child Advocacy Center, which is when the whole team comes together.

However, in reality that is not happening all the time. Therefore our problem is that the CART Protocol is not happening at all times, and not everyone is following it. Every couple of years, my mentor, Susan Gleason, gets the opportunity to do brief presentations to law enforcement to train them about the CART Protocol, which is not usually enough. When Ms. Gleason goes out to give the presentations she does not have any training materials to hand out, only phone numbers.

The way in which my mentor and I realized there was an issue was because we noticed a significant amount of Law Enforcement and Social Workers who were not following the CART Protocol at all times. The CART Protocol was not happening at all

times therefore we determined this to be a problem. We would constantly find out about a significant amount of incidents where Social Workers or Law Enforcement would not follow the CART Protocol. Therefore we determined that not everyone following the CART Protocol at all times was an issue. For example, on a continuous basis while my mentor is talking to someone she finds out about cases in which children were supposed to be taken to the center but were not. Instead she comes to find out that in some cases Law Enforcement officials interview the children on their own rather than taking them to the center to get the in-depth and recorded interview by a professional. Also, in other cases my mentor constantly receives calls from Social Workers where she finds out about Social Workers who have been working for a long while and should know better, but who are still not following the CART Protocol.

The issue of Law Enforcement and Social Workers not following the CART Protocol significantly affects the population which we serve at the agency. The client population that my field agency serves consists of anyone under the age of 18 and also people over the age of 18 who are developmentally delayed. Consequently, the CART Protocol not happening at all times is a problem because the impact reflects on the children. If everyone understands and follows the protocol it can keep from traumatizing children, due to multiple interviews.

Project Description

This capstone project is intended to increase the CART members' knowledge on the CART Protocol, so they can better understand and follow the CART Protocol. Therefore, I have created a power point presentation on a CD which my mentor and I have burnt. Burning the CD has enabled us to provide several jurisdictions with a copy

of the CD. Therefore, several law enforcement agencies have a copy of the CART Protocol CD which will be included as part of their ongoing training.

By including the CART Protocol CD as part of Law Enforcements training they will understand it and follow it. By everyone understanding the CART Protocol and following it, the CART Protocol will keep from traumatizing children further by having multiple interviews. Law Enforcement will also be able to have a better interview on tape which they can use for their evidence and which would help law enforcement with their investigation. It would also help family and children services so they have all the information they need.

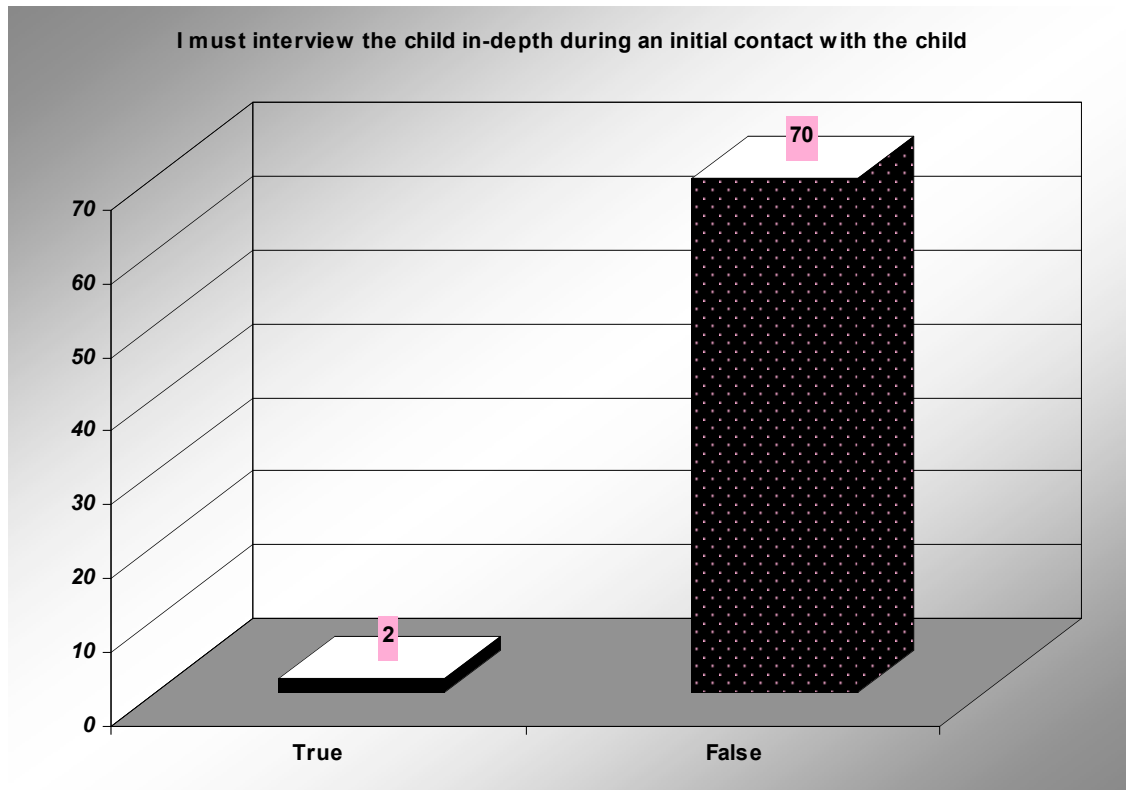
The methods which I have used to implement my proposed intervention are collaboration and negotiation. In order to have the new Law Enforcement Officers using the CART Protocol CD as part of their training my mentor has negotiated with several jurisdictions and came to an agreement about using the CART Protocol CD as part of the new officers on-going training. I have also used collaboration to implement my proposed intervention because I worked collaboratively with my mentor throughout the capstone process. By working collaboratively with my mentor she was able to assist me whenever I had questions about the capstone project. I also worked collaboratively with my mentor by receiving and incorporating her input and possible suggestions while creating the CART Protocol CD.

If my capstone project is successfully implemented the main thing which will be different is that all Law Enforcement Officers will be following the CART Protocol at all times. Therefore, once children have made allegations they will be briefly interviewed by law enforcement or social services, and then they will be scheduled for an interview at

the Archer Child Advocacy Center where they will get the in-dept forensic interview. Additionally, a higher amount of sexually abused children will be taken to the Archer Child Advocacy Center for a forensic interview. Therefore children will not be put through multiple interviews.

Evaluation of the Project

During the past months my mentor used the CART Protocol presentation I created in several trainings. Additionally, I developed a survey which my mentor gave out during the trainings. The survey contained true and false questions, multiple choice questions, closed ended questions and open ended questions. Having a variety of questions within the survey enabled me to get feedback on what was helpful, what was not helpful and if there was anything I had to change to make the presentation more effective. Furthermore, after analyzing the answers I took the feedback and modified the power point presentation. For example, a couple people said that it had too much writing so I went back and edited the power point to make it have less writing. Additionally the survey enabled me to quiz the new law enforcement officers and determine if they understood the CART Protocol. I was able to determine the amount of officers understanding the CART Protocol by using Excel to put my data in and analyzing the answers.



The chart above illustrates the amount of officers during the trainings which understood one of the questions. The question stated “I must interview the child in-depth during an initial contact with the child”. After analyzing the responses I was able to see that while two officers answered true, 70 officers answered false. Therefore, a significant amount of police officers understood that they should not interview the child in-depth during the initial contact. Moreover, the CART Protocol power point presentation was effective in getting the information across to the police officers.

Furthermore, the final impact of my capstone project will be evaluated by my mentor. Therefore we will not be able to know if the project was successful or not until after a year. My mentor will get data from the various law enforcement agencies as to how many new officers they are training a year, and how many use the CART Protocol CD to train those officers. My mentor will also be observing the number on interviews at

the Child Advocacy Center. She will see if the number of interviews have increased at the center following the adoption of the CD for training purposes. Additionally, while interning at the CAC I was able to analyze and create charts/graphs of all the cases which have been taken to the CAC during the past three years. Furthermore, I was able to provide my mentor with the total number of interviews which were performed each year. Therefore my mentor will use the statistics I created and will develop a chart with the total number of interviews taken during the year 2008, to compare all 4 years. My mentor will also see if the number of interviews conducted at the CAC increased after the implementation of the CART Protocol CD.

Capstone Project and California State University Monterey Bay's Vision Statement

CSUMB, a highly vision driven university, "prepares for the future through integrated and experimental use of technologies as resources to people, catalysts for learning, and providers of increased access and enriched quality learning" (CSUMB Vision Statement, 1994). Additionally, CSUMB's vision statement also focuses in the well being of our communities.

This capstone project reflects on my commitment to address the well being of our communities by serving as a catalyst while educating future law enforcement agencies through and educational resource, the Child Abuse Response Team Protocol CD.

Capstone Project and MLOs

This capstone project reflects on Information Management, Professional Development, and Leadership, three of CSUMB's Major Learning Outcomes (MLOs).

I have addressed Information Management by "demonstrating the ability to apply computer and Internet technology to health and human services practice" (Collaborative

Health and Human Services, 2006), and I have also presented information using Power Point.

I have addressed Professional Development by demonstrating the ability to apply the knowledge, skills, and attitudes necessary for growth and development as an entry-level professional by producing the CART Protocol CD which reflects on my ability to be self-aware of the issue, and developing a CD for self-correcting behavior. (Collaborative Health and Human Services, 2006)

I have addressed Leadership by creating the CD and understanding the CART Protocol. “I have mastered the ability to motivate others by promoting a shared vision and the skills necessary to set clear direction for collaborative implementation and sustained change in interprofessional settings and diverse communities” (Collaborative Health and Human Services, 2006).

Literature Review

The review of the professional literature increased my knowledge and made me understand the importance Child Advocacy Centers play on the lives of children that have been sexually abused. For example, after conducting various literature reviews I strongly believe that there should be more Child Advocacy Centers to help the families and children who are victims of sexual abuse. The Salinas Child Advocacy Center serves all of the Monterey County along with other nearby counties. “Child advocacy programs should be established in each county to provide a full range of advocacy and support services to child victim witnesses throughout all investigative and judicial proceedings” (California Attorney General’s Office, 1988, p. 112). Having more accessible Child

Advocacy Centers would be of high benefit to the communities because children who have been sexually abused would receive the services they need.

Receiving the appropriate services is essential to children. The Child Advocacy Center's main focus, the child's well being, is addressed through their services. By providing their services, medical legal examinations and forensic interviews, they make sure the children are "safe from future trauma and also build on the child and family's strengths" (Child Welfare Information Gateway, 2007). Medical examinations, an important service they provide, are performed by trained medical professionals. Forensic interviews, a crucial service to a child's well being, are also provided by Child Advocacy Centers. (Sally P. Archer Child Advocacy Center and Bates-Eldredge Clinic, 2007).

Forensic Interviews, an important service, enables children to get interviewed one time rather than multiple times. The interview is recorded, which is good because the child gets to tell the story only once. If one has questions about the child's case, during the investigation and prosecution of the suspect, many get to watch the interview rather than interview the child multiple times. Not interviewing the child several times is good for him/her because multiple interviews can traumatize the child. Therefore, forensic interviews are of high benefit to a child's well being.

Forensic interviews, an essential service Child Advocacy Centers provide, benefit the children in many ways. "Forensic interviews provide a child friendly environment in which to conduct the interview. Forensic interviews decrease the stress on the child victim and the family. Forensic interviews are a neutral, non-leading account in the child's own words. Forensic interviews reduce the number of redundant interviews" (The

Child Advocacy Center, Inc., 2007). Therefore, forensic interviews are an effective service Child Advocacy Centers provide.

Child Advocacy Centers are also effective because they work together with law enforcement, child protective services, prosecutors, and the medical health professions. By working together collaboratively they investigate and prosecute cases of child sexual abuse. “As a result, Child Advocacy Centers work to minimize trauma, break the cycle of abuse and provide communities with an added bonus: increased prosecution rates for perpetrators” (Race Against Abuse of Children Everywhere, 2007).

Consequently, after doing various literature reviews I strongly believe that Child Advocacy Centers are extremely important and should exist nationally. Prosecuting the perpetrators is the Child Advocacy Centers and the victims’ families focus. Protecting victims, sexually abused children and their families, is also the Child Advocacy Centers main focus. So having said all this, “more Child Advocacy Centers should be established to ensure that children receive all necessary mental health services and are not harmed by the system itself” (California Attorney General’s Office, 1988, p. 113). By more centers providing mental health services and making sure children are not harmed by the system, sexually abused children will be able to continue with their daily life in a healthier way.

The review of the professional literature also increased my knowledge about the CART Protocol. For example, in the CART Protocol, the CART Committee states that, “It is recognized that patrol officers are likely to be the first to begin the investigation of a suspected child abuse, neglect or sexual assault or complaint”. Therefore the CART Protocol should be used as a guideline to assist Law Enforcement Officials in the investigation of the cases. The CART Protocol should also serve as a reminder to Law

Enforcement that “the interview process shall occur at the Child Advocacy Center located at Natividad Medical Center, 1441 Constitution Blvd., Building 200, Salinas” (CART Committee, 1998).

Furthermore, I also learned that Law Enforcement, Social Services, and other agencies must investigate and protect families when allegations for child sexual abuse have been made. Law Enforcement, Social Services, and other agencies work together as multidisciplinary teams (MDTs). Recently, “researchers theorize that MDTs reduce traumatization of children and contamination of evidence gathered during the investigative and judicial process” (Lalayants, 2005). Lalayants also states that “MDTs assume a coordinated effort among diverse professional groups is a more effective method of investigating child sexual abuse than single-agency, uncoordinated strategies”.

Finally, while reviewing professional literature I also learned principles an interviewer has to keep in mind while interviewing a child. Some of the principles include remembering that children and adults do not speak the same language, to keep the questions short and simple, inconsistency in a child’s statement is normal, and pausing is productive. (Walker, 1999). Walker also states that one of the main reasons why children’s testimonies contain inconsistencies is because children are not adults. “Their cognitive system, their linguistic system, their inter-relational and conversational activities are all in a state of grown. While the information that adults seek may be firmly lodged in children’s memories, children are still developing skills in retrieving it, packaging it, and reporting it in ways that adults can understand” (Walker, 1999, p.84).

Conclusion

While working on my capstone project I learned many new things. For example I learned and understood the CART protocol. I was also able to better understand the importance about multidisciplinary teams working together. Furthermore, in addition to working on my capstone project I was also able to review several professional literatures, observe multiple interviews and participate in a three day Child Forensic Interview Training. These activities enabled me to learn many new things such as methods, approaches and how to design the questions to effectively interview a child who is alleging sexual abuse.

For my recommendations, I would suggest that if my mentor gets another inter, one of the interns tasks can be to help my mentor evaluate the effectiveness of the CART Protocol CD after one year of it being implemented. Furthermore, this would enable the new intern to gather data, analyze it, create charts and determine the effectiveness of the CART Protocol CD. Moreover, the intern would be able to fulfill the Statistics and Research Methods MLO as well as the Collaboration MLO.

Finally, if my mentor is able to determine that the CART Protocol CD was effective, this project will be a significant benefit to the Child Advocacy Center, to law enforcement officers and to the children. This project will be an important benefit because by everyone understanding the CART Protocol and following it, a higher amount of interviews will be done at the center. Since the interviews are recorded they will help Law Enforcement with their investigation and most importantly children will not have to go through multiple interviews and will be able to receive the services needed.

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Monterey County Child Abuse Response Team Protocol (C.A.R.T.)

Law Enforcement

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Capstone Project, Spring 2008
Collaborative Health and Human Services program
California State University Monterey Bay

Mission

- To establish and promote a coordinated countywide multi-disciplinary approach to child sexual assault and abuse investigation.



Purpose

- To protect child sexual assault victims from further harm and to enhance the investigation and prosecution of child sexual abusers.



C.A.R.T. History

- The Monterey County Child Abuse Response Team (CART) protocol was developed in 1998 by a team of representatives from law enforcement, Family and Children's Services, Monterey County District Attorney's Office, and Natividad Medical Center who met weekly for almost one year to develop a comprehensive protocol that would aid in the investigation of child sexual abuse.

- Following best practice standards provided by the state of California Office of Emergency Services, this protocol gave guidelines to team members across the county on improving case investigations and cooperation between those who protect children.



- All Monterey County law enforcement jurisdictions, Family and Children's Services, Monterey County District Attorney's office, Natividad Medical Center, and the Monterey County Health Department signed a memorandum of cooperation, pledging to work together to protect child sexual assault victims from further harm and to enhance the investigation and prosecution of child abusers.

- Yearly meetings are held to ensure that this document is up-to-date, and the CART protocol still is the guide to use in the investigation of child sexual abuse.
- All law enforcement officers working for any agency in Monterey County are members of the Child Abuse Response Team and need to know basic information regarding the CART protocol and how the Archer Child Advocacy Center/Bates-Eldredge clinic operates.

Investigative Procedures

- A patrol officer begins the investigation of a suspected child abuse, neglect or sexual assault complaint.
- The law enforcement agency should consult their discipline's protocol for information on making a joint initial response along with an emergency response social worker.



Assessing the need for Family and Children's Services (FCS)

- Upon receipt of a suspected child abuse report the patrol officer should conduct the following initial assessment:

Yes or No

- ε Does the case involve intra-familial situations?
- ε Does the minor appear to be at continued risk of molest?
- ε Is the abuse or neglect due to parents/caretakers inability to protect the child?
- ε Is there an unwillingness of parents/caretakers to believe minor's allegations?
- α Is it an abuse or neglect case where the first responder feels immediate crisis counseling or assistance is needed for the family?
- α Is there some confusion as to the relationship of the perpetrator to the victim?

- If you answered yes to one or more of the questions in the previous slide you should involve FCS.
- If it is an out of home molest and the parents/caretakers are protective, FCS does not need to be involved.

- A good initial investigation includes communication between law enforcement and Family and Children's Services (FCS). Together, they determine an interview strategy and direction that will best assess the situation and not further traumatize the child by subjecting them to multiple interviews. The interview should cease as soon as the law enforcement officer and FCS worker determine that sexual abuse has probably occurred.

Assessment interviews of sexual assault victims

- The initial assessment may include interviews of the reporting party and the victim(s).
- Information, such as names, addresses, and phone numbers are needed, but only three other facts are necessary for the initial report.
 - Jurisdiction
 - When the alleged incident occurred
 - The basic elements of the crime

- The initial reporting parties may not have acquired all of the facts necessary for a criminal investigation; however, repeated questioning is often traumatic for children and often jeopardizes the child's statement. The child will be asked for details when interviewed at ACAC at a later time.
- The officer or FCS worker may determine that a crime has occurred by speaking to other people than the child.

- In the absence of a direct verbal disclosure, an independent witness may observe an alleged molestation or an expert may observe physical evidence indicating molestation.
 - Either of those observations warrants a referral to ACAC.
 - Absent those observations or a verbal disclosure by the child, the case is to be referred to FCS for further assessment.

➤ At times additional information from the assessment interview may be needed but should be limited to the determination of the following:

- A crime has occurred
- Jurisdiction
- Statue of limitations
- Additional victim and suspect information
- Safety issues pertaining to the child
- If the suspect(s) is a flight risk, the community is at risk or if it appears evidence may be destroyed and therefore immediate arrest (P.C. 836) is necessary

- If immediate arrest is necessary, the officer may conduct a more in-depth interview to establish sufficient probable cause for the arrest and filing of a criminal complaint. Otherwise, a detailed interview should be avoided if possible as this will be better accomplished by a child interview specialist.

The District Attorney's office

- Assistance or advice from the District Attorney's office may be obtained prior to proceeding by contacting the attorney or investigator assigned to the Child Sexual Assault Unit.



Who should not conduct interviews?

- Interviews of suspected child sexual assault victims should not be conducted by:
 - Teachers
 - School counselors
 - Other non-law enforcement or non-FCS personnel



- This practice subjects the child to unnecessary repetitive interviews and additional emotional trauma. This may also result in the untrained interviewer being required to testify in court.

Forensic Interview-The location

- The interview shall occur at the Archer Child Advocacy Center located at Natividad Medical Center, 1441 Constitution Blvd., Building 200, Salinas. The entrance is located on Care Lane.



Scheduling of Interviews

- In situations where the initial assessment is done jointly with law enforcement and FCS, during normal working hours, the Law Enforcement officer shall be responsible for contacting the ACAC coordinator to schedule an interview.
- The ACAC coordinator will contact the FCS worker and attempt to set up a time for the interview that is agreeable to all parties.

- Either Law Enforcement or FCS will contact the non-offending parent or caretaker with whom the child resides and notify them of the date and time of the interview and provide directions to the ACAC.
- If the law enforcement officer or the FCS social worker involved in the investigation is a trained interview specialist as described in the CART protocol, that person can conduct the forensic interview at ACAC.

Forensic Interview-Investigative Assistance

- If the offense is investigated during the normal working hours of the agency's investigative support personnel, the patrol officer shall request an investigator for assistance.* The investigative supervisor shall determine the extent of assistance to be provided.

*Depending on individual agency policies.



Forensic Interview-Investigative Assistance

- If the agency does not have investigative support personnel or personnel qualified to conduct a child interview, the agency may request assistance from the District Attorney's Office, or Family and Children's Services.



Forensic Interview-Investigative Assistance

- After Hours Interviews – It is not recommended that nighttime interviews be conducted. There may be, however, some exigent cases involving older children which require a forensic interview after 4:00 p.m..
- Contact County Communications and request contact with the District Attorney's Chief Investigator for a D.A. investigator if assistance is needed in interviewing a child.

Pre-Interview Procedures

- Prior to the interview, the person designated to conduct the interview shall receive a briefing by the investigating officer as to the circumstances known concerning the allegation.



Interview Procedures

- If the investigating officer has questions he/she wishes answered, they should be written and given to the interviewer when appropriate, preferably at the end of the interview. The interview should not be interrupted for these questions.
- During occasions when a follow-up interview is necessary it should be conducted at the Child Advocacy Center.

Interview procedures continued

- Persons allowed to observe the actual interview shall be limited to the investigating officer, FCS worker, member of the District Attorney's Office, and medical personnel. Upon request, a victim/witness advocate may also be present.



Special Needs Victims

- The first responder(s) shall take care to see that any medications or special equipment (such as wheelchairs) the child may need are transported with the child and that arrangements are made for the child to receive whatever medication or special care needed while with the first responders.
- The safety of the child should always be considered first, even at the risk of loss of physical evidence.



Medical Examination

- The law enforcement agency responsible for the investigation shall consult with the C.A.R.T. coordinator as to the need for a medical examination.
- This should be done upon having a clear understanding of the facts of the case, the need to secure physical evidence and in consultation with the FCS, the physician, and District Attorney.

Acute Cases

Immediate medical examination of the victim(s) should be obtained if alleged penetration of the child's vagina or anus has occurred within 72 hours.

If the offense is investigated between 8am and 4pm Monday through Friday, the agency should notify the CART Coordinator.

The C.A.R.T Coordinator will schedule an examination.

If the Bates-Eldredge Clinic is unable to conduct the examination, S.A.R.T. will be contacted to gather evidence at the Bates-Eldredge Clinic.

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If the offense is investigated after hours, 4pm to 8am, the on-call S.A.R.T. nurse should be contacted via County Communications and requested to respond. The child should then be taken to the Bates-Eldredge Clinic.

A follow-up colposcope exam at the Bates-Eldredge Clinic may be required depending upon the extent of injury or if no colposcope examination was conducted at the first exam. All agencies should use NMC so that the Bates-Eldredge follow-up exam will occur before evidence dissipates.

Continued →

Continued ...

Law enforcement shall provide information relating to the circumstances of the allegation to medical personnel prior to the sexual assault examination.

Agencies and medical personnel must ensure the Department of Justice (DOJ) "Rape Kit" and accompanying procedure is used for all acute cases.
The agency responsible for the investigation is responsible for receiving, preserving, and coordinating laboratory examination of the rape kit.

Non-Acute Cases

An assault occurring more than 72 hours PRIOR to the report and with no obvious sign of acute injuries to the child.

If a colposcope exam is required as part of an investigation to determine whether a Crime has been committed, the Child Advocacy Center Coordinator should be contacted to schedule an examination. Non-acute cases are not an emergency and should not be taken to emergency rooms.

Continued →

Continued ...

It is recommended the agency not routinely seek medical care or other examination for an uninjured child disclosing past abuse at clinics not trained in sexual abuse examinations. Parents may wish to seek medical attention for their children on their own but the agency should inform them of the importance of working with the agency in avoiding unnecessary examinations and interviews of their children.

In non-acute cases, medical assessment is normally not a time sensitive priority unless there is indication of injury or current infections.

Evidence Collection

- The law enforcement agency responsible for the investigation shall adhere to that agency's policies and procedures for the collection and preservation of evidence.
- Evidence collected by law enforcement during the course of investigation shall be retained by the law enforcement agency.
- The rape kit used by medical personnel shall be relinquished to law enforcement at the conclusion of the medical examination.
- Photographs, films, and medical records produced by medical personnel conducting the sexual assault examination shall be retained by the medical personnel conducting the examination. Copies may be obtained by the agency requesting the examination.



Documentation

- Each agency shall complete the appropriate documentation for each investigation in accordance to that agency's policies and procedures and those set forth in the Penal Code for such reporting.
 - Law enforcement personnel are encouraged to share their information with medical personnel for the completion of required OES forms.
- All forensic interviews conducted at the Child Advocacy Center shall be video and audio recorded.
 - The agency conducting the investigation shall provide a person to operate the video/audio equipment during the interview.
 - Upon completion of the interviews, the video/audio tapes become the property of the agency conducting the investigation and shall be placed into evidence.
 - Law enforcement agencies having jurisdiction shall provide their own audio and/or video tapes for recording the interview.
- It shall be the responsibility of the investigating officer to document in writing the interview of the child.



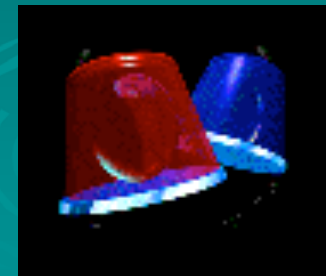
Follow-up Investigation

- C.A.R.T. will not assume any investigation nor shall it be responsible for follow-up investigation.
- It shall be the responsibility of the initiating agency to conduct any further follow-up investigation and submit their findings to the District Attorney as warranted.



Dissemination of Reports

- Each agency producing documents concerning a sexual assault investigation shall be responsible for the timely dissemination of their reports to the appropriate agency.
- The dissemination of reports shall be in accordance with the department policy and state laws concerning the dissemination of such reports.



Qualifications of Interview Specialist

- Interview specialists must have satisfactorily completed a multi-disciplinary interview team training program approved by P.O.S.T or training conducted by the Office of Emergency Services (OES) in order to conduct the interview.
- The interview should not be conducted by a non-trained person.
- Federal law enforcement personnel shall have completed similar training according to the standards set forth by their respective agency.



Payment Authorization

- The agency requesting the sexual assault examination shall be responsible for the cost of said examination (Penal Code Section 13823.95). Written authorization from the law enforcement agency requesting the examination shall be made.
- Law enforcement may consult with the District Attorney, medical personnel, FCS workers, or the C.A.R.T. Coordinator to determine the need for a sexual assault examination.
- The law enforcement agency having jurisdiction of the investigation shall be the deciding agency as to the need of a sexual assault examination. (Penal Code Section 13823.95)
- If the criminal complaint is filed by the District Attorney and the District Attorney requests a sexual assault examination, the cost shall be that of the District Attorney's Office.
- Agencies utilizing the services of S.A.R.T. for victims shall follow the S.A.R.T. payment guidelines.



Archer Child Advocacy Center

Bates-Eldredge Clinic

Natividad Medical Center

1441 Constitution Blvd., Bldg. 200

Salinas, CA 93906

(831)769-8682

Coordinator: Susan Gleason, M.S.

Medical Director: Dr. Valerie Barnes

Hours: Mon. – Fri. 8 – 5

Thank You!

