

# **JASPER COUNTY CHILD ABUSE SEXUAL ABUSE SEXUAL EXPLOITATION PROTOCOL**

**Prepared by: Angela M. Steele, Chair**

**Edited by:**

**Jasper County Child Abuse Protocol Committee**

**Updated: May 18, 2017**

## Table of Contents

1. Introduction.....	4
1.1 What is A Child Abuse Protocol .....	4
1.2 What is a Sexual Abuse /Sexual Exploitation Protocol.....	4
1.3 Purpose.....	4
1.4 Customizing this model to fit your County/Region.....	4
2. The Protocol Committee.....	5
2.1 Establishing the Child Abuse Protocol Committee .....	6
2.2 Responsibility of the Protocol Committee .....	6
2.3 Mission.....	6
2.4 Membership.....	7
2.5 Access to Records and Confidentiality.....	8
2.6 Ensuring Compliance.....	9
Meetings .....	9
Participation.....	9
Annual Reporting.....	9
3. Reporting Procedures.....	10
3.1 Preamble.....	11
3.2 Purpose.....	11
3.3 Mandated Reporting Procedures.....	11
3.4 Mandated Reporters.....	13
3.5 Other Reporters.....	14
3.6 Jasper County Department of Family and Children Services.....	15
3.7 Jasper County Sheriff's Office .....	17
3.8 Medical Personnel.....	19
Procedures.....	19
Physician Liability.....	20
3.9 Jasper County Department of Public Health.....	20
3.10 Jasper County Charter System.....	21
Reporting.....	21
Recommendations for School Authorities.....	23
3.11 Department of Juvenile Justice.....	24
3.12 Mental Health Services.....	25
4. Investigative and Assessment Procedures.....	26
4.1 Department of Family and Children Services.....	27
4.2 Law Enforcement.....	34
4.3 Forensic Interview Procedure .....	40
4.4 Obtainment of a Forensic Medical Exam/Sexual Assault Exam .....	48
4.5 Payment for Sexual Assault Examinations.....	51
5. Treatment / Counseling.....	53
5.1 Treatment for Child Abuse Cases.....	54
6. Judicial Procedures.....	55
6.1 Juvenile Court Proceedings.....	56

6.2 Protective Orders.....	60
6.3 Court Appointed Special Advocate (CASA).....	62
6.4 Magistrate Court Procedures.....	65
6.5 Superior Court Procedures.....	66
7. Prosecution.....	67
7.1 Charging Decisions.....	69
7.2 Criminal Statue Involving Children.....	69
7.3 Discovery: Constitutional, Statutory and Professional Obligation.....	71
7.4 Child Assistance During Trial.....	72
7.5 Child Hearsay.....	72
7.6 Child Testimony.....	73
7.7 Victim Assistance During Trial.....	73
8. Appendix.....	75
Appendix A – Prevention.....	76
Appendix B – Indicators of Abuse.....	79
Appendix C – Indicators / Risk Factors of Sexual Exploitation.....	85
Appendix D – Common Commercial Sexual Exploitation Street Terminology.....	87
Appendix E – Medical Personnel.....	90
Appendix E-2 – Temporary Protective Custody by Physician.....	93
Appendix F – Removal of a Child from the Home by Law Enforcement.....	95
Appendix G – Georgia Child Fatality Review Committee.....	96
Appendix H- Alleged Child Abuse in Educational Setting.....	101
Appendix I – Signature Page.....	104
Appendix J – Sample Protocol Annual Report.....	105
Appendix K – Mandated Reporter Form.....	107
Appendix L- CSEC Referral Form for GA CARES.....	112
Appendix M – State and National Resources .....	115
Appendix N – Additional State Resources for CSEC Victims.....	117
9. Glossary.....	118

# 1 Introduction

***O.C.G.A §19-15-2(a). Each county shall be required to establish a protocol for the investigation and prosecution of alleged cases of child abuse.***

## ***1.1 What Is A Child Abuse Protocol?***

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

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

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

## ***1.3 Purpose***

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

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

The Jasper County Child Abuse Protocol committee has evaluated local resources and needs and in collaboration with the Office of the Child Advocate, Child Fatality Review Division, and the State of Georgia Child Abuse Protocol Division we have developed a local protocol to **assist** Jasper County with understanding and implementing best practices by all mandated agencies to investigate, treat and manage cases of child abuse and neglect, sexual abuse and sexual exploitation. This work represents the good faith effort of the involved agencies to offer complete, accurate and thorough advice. The goal of this protocol is to ensure collaborative, efficient, effective investigations; as well as successful subsequent management of cases.

# **The Protocol Committee**

## **2 The Protocol Committee**

### ***2.1 Establishing the Child Abuse Protocol Committee***

The Chief Superior Court Judge of the circuit in which the county is located shall establish a protocol committee as provided in O.C.G.A. §19-15-2(c) and shall appoint an interim chairperson who shall preside over the first meeting and the chief superior court judge shall appoint persons to fill any vacancies on the protocol committee. Thus established, the protocol committee shall thereafter elect a chairperson from its membership. -O.C.G.A. §19-15-2(b)

- ❖ *The first Child Abuse policy for Jasper County was created and put in implementation July 2005.*

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

The protocol committee *shall*:

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

### ***2.3 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 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.

## **2.4 Membership**

The current Protocol Committee consists of representatives of the following agencies whose membership is required by O.C.G.A. § 19-15-2 (c)(1):

- a) The sheriff;**
- b) The county department of family and children's services;**
- c) The district attorney for the judicial circuit;**
- d) The juvenile court judge;**
- e) The chief magistrate;**
- f) The county board of education;**
- g) The county mental health organization;**
- h) The chief of police of the county police department**
- i) The chief of police of the largest municipality in the county;**
- j) The county public health department, which shall designate a physician;**
- k) The coroner or county medical examiner.**

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

Such members may include:

1. Children's Advocacy Center (CAC) with appropriate jurisdiction;
  2. Medical Provider, preferably with child maltreatment expertise and/or;
  3. Court Appointed Special Advocate (CASA)
- ❖ *The CAC, medical provider and CASA are not mandated by the Georgia Code but are crucial to the effectiveness of the protocol committee.*

In order to better address the complex issue of commercial sexual exploitation of children (CSEC), the Protocol Committee can include the CSEC MDT currently headed by members of CHOA (Children's Healthcare of Atlanta) as well as GA Cares as Protocol members whom shall be governed by the guidelines set forth within the Jasper County protocol.

The membership of the Jasper 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 may be included on an as-needed basis.

- EMS
- Fire Department
- EMA / 911 Director
- Department of Corrections
- A psychiatrist
- Department of Juvenile Justice

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.

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

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

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 and shall not be subject to Chapter 14 of Title 50, relating to open meetings. O.C.G.A. §19-15-5(a)

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***

### ***1. Meetings***

O.C.G.A 19-5-2(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 the same.

### ***2. Participation***

O.C.G.A 19-5-2(c)(3): If any designated agency fails to carry out its duties relating to participation on the protocol committee, the chief superior court judge of the circuit may 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.

### ***3. Annual Reporting***

O.C.G.A. 19-5-2(i): The protocol committee shall issue a report no later than the first day of July each year.

Such report shall evaluate the following:

- The extent to which investigations of child abuse during the 12 months prior to the report have complied with the protocols of the protocol committee,
- Recommend measures to improve compliance,
- Describe which measures taken within the county to prevent child abuse have been successful.

The report shall be transmitted to:

- The county governing authority
- The fall term grand jury of the judicial circuit,
- The Georgia Child Fatality Review panel
- The chief superior court judge.
- Office of the Child Advocate

❖ *See Sample Annual Report in Appendix 8-J*

# **REPORTING PROCEDURES**

## **3 Mandated Reporting Procedures**

### **3.1 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 it vital to the successful investigation and prosecution of child abuse cases.

### **3.2 Purpose**

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

### **3.3 Mandated Reporting Procedures 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.

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

- ✓ Reports are taken by DFCS Centralized Intake, 24 hours a day, 7 days a week through the following methods:
  - (1) By calling 1-855-GACHILD / 1-855-422-4453
  - (2) By submitting a completed form found at **Appendix 8K**
- ✓ Via E-mail to [cpsintake@dhr.state.ga.us](mailto:cpsintake@dhr.state.ga.us). You will receive an auto-reply stating that the CPS report has been received.
- ✓ Via Fax to 229-317-9663. Faxed reports convert to a PDF (Adobe) format and are automatically forwarded to the [cpsintake@dhr.state.ga.us](mailto:cpsintake@dhr.state.ga.us) e-mail box. Once the report is opened by a designated intake Case Manager, you will receive an e-mail stating that the CPS report has been received, if you provide an e-mail address.

- ✓ Via the web at: <http://dfcs.dhs.georgia.gov/child-abuse-neglect>
  - In order to use this site the reporter must first complete the Mandated Reporter Training at: <https://www.gocfrainingonline.com/>
  - Once completed the reporter will get a code to use to make a web based report. Using this code will also allow the reporter to check back in on reports made.

The report shall include:

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

DFCS will then notify law enforcement or the district attorney. Both Centralized Intake and local DFCS will forward reports to the email provided by the local law enforcement agency.

- ❖ **Note:** Local County DFCS offices can change a Family Support to an Investigation as well as open a “screened out” case from Centralized Intake, if warranted.
- ❖ **Note:** 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.

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

1. The following persons having reasonable cause to believe that a child has been abused shall report or cause reports of that abuse to be made as provided in this Code section:
  - A. Physicians licensed to practice medicine, physician assistants, interns, or residents;
  - B. Hospital or medical personnel;
  - C. Dentists;
  - D. License psychologist and persons participating in internship to obtain licensing pursuant to Chapter 39 of Title 43;
  - E. Podiatrists;
  - F. Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 26 of Title 43 or nurse's aides;
  - G. Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;
  - H. School Teachers;
  - I. School Administrators;
  - J. School guidance counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;
  - K. Child welfare agency personnel, as that agency is defined pursuant to Code Section 49-5-12;
  - L. Child-counseling personnel;
  - M. Child service organization personnel;
  - N. Law Enforcement personnel; or
  - O. Reproductive health care facility or pregnancy resource center personnel and volunteers;
2. If a person is required to report child abuse pursuant to this subsection because that person attends to a child pursuant to such person's duties as an employee of or volunteer at a hospital, school, social agency, or similar facility, that person shall notify the person in charge of the facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. An employee or volunteer who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection. Under no circumstances shall any person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, to whom such notification has been made exercise any control, restraint, modification, or make other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.

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

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

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

### **Penalties**

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

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

**Jasper County DFCS  
226 Funderburg Drive  
Monticello, GA 31064  
(706) 468-6461**

- 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. 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 referred by the local DFCS to the DFCS Special Investigation Unit. In potentially high profile cases, the local DFCS may refer the matter to the DFCS Special Investigation Unit to avoid any appearance of a conflict of interest.
- All reports of suspected abuse or neglect should be reported as follows:
  - ❖ **To report Child Abuse &/or Neglect, please contact 1-855-GA CHILD (855-422-4453) or 911 if an emergency.**



### ***3.7 Law Enforcement***

**Jasper County Sheriff's Office  
1551 Hwy 212 w  
Monticello, GA 31064  
(706) 468-4912**

**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 "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 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 email.
- 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.

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

### **3.8 Jasper County Medical Services**

**Primary Care Center  
898-A College Street  
Monticello, GA 31064  
706-468-0988**

**&**

**Venture Medical Associates, LLC  
545 Venture Court  
Monticello, GA 31064  
706-468-7002**

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.

- ❖ *Reports are taken 24 hours a day, 7 days a week by calling 1-855-GACHILD / 1-855-422-4453*

#### **A. Procedures for Temporary Protective Custody of a Child by a Physician without a Court Order and Without Parental Consent**

- The desired procedure whenever abuse is suspected is to notify DFCS by calling 1-855-GACHILD / 1-855-422-4453 or report the suspected abuse to Law Enforcement; however, in some circumstances events may evolve too quickly for a physician to pause to contact DFCS or Law Enforcement in order to protect a child who is at risk of “imminent danger.”

The *elements* necessary for temporary protective custody to be taken by a physician are:

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

- Is in a circumstance or condition that presents an **imminent danger** to such child’s life or health as a result of suspected abuse or neglect or has been abused or neglected and there is **not sufficient time** for a court order to be obtained for temporary custody of such child before such child may be removed from the presence of the physician.
- ❖ *Please refer to Appendix 8-E(2) for full statute regarding the legal requirement for a physician to take temporary protective custody of a child under O.C.G.A §15-11-131.*

## **B. Physician Liability**

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

***3.9 Jasper County Public Health Department  
336 E. Green Street  
Monticello, GA 31064  
(706) 468-6850***

- 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.

**3.10 Jasper County Charter System**  
**1411 College Street**  
**Monticello, GA 31064**  
**(706) 468-6350**

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

1. A classroom teacher or other school staff who suspects abuse or neglect must notify the appointed designee who shall immediately make a report to DFCS.
2. A brief report is to be sent to the Student Support Service Department at the Central Office by the appointed school designee.
3. No employee shall contact a parent/guardian regarding the interview of their student in child abuse/neglect referrals.
4. DFCS or law enforcement will be allowed to conduct a brief, preliminary interview as necessary on school grounds. Every effort will be made to provide a private area for abuse investigations to be conducted.
5. Charges against teachers abusing children. School staff should NOT conduct their own detailed interview of the child and staff should only question the child enough to determine if a report is necessary. Report allegations to the building administrator who will report to the Executive Director of Student Support Services. *(See Appendix 8-H for sample report)*

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

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

#### **A. Reporting:**

1. Each school district in this state and each Regional Educational Services Agency (“RESA”) or other agency operating a public school shall designate a specified position within the district’s central office (the “reporting officer”) to receive all reports of child abuse in the educational setting that are alleged to have occurred to a student of that district. The name, phone number, facsimile number, and email address of the designated individual or position shall be visibly posted in each principal’s office, shall be posted on the district’s website, and shall be prominently featured in the student-parent handbook along with standard forms and detailed instructions for making a complaint of child abuse in the educational setting. The reporting officer for Jasper County Charter System is Dr. RaNae Fendley, Executive Director of Student Support Services.

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 8-K**. 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, 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 Division of Family and Children Services who will in turn report to law enforcement and the district attorney, as appropriate. Immediately after making the referral to DFCS, the reporting officer will confer with law enforcement prior to notifying the parents/guardians of the alleged victim about the nature of the allegations of abuse in the school setting. An appropriate medium for this notification is the written report of abuse, redacted as necessary to protect confidentiality.
  - Determine, based on school district policies, whether the allegations contained in the report on their face and/or any information received from a subsequent

investigation performed by DFCS and/or law enforcement suggest the need to remove the alleged offender from contact with the alleged victim and/or from contact with students. Such recommendation and the reasons therefore must be made in writing to the school district's superintendent. Such recommendation and the reasons therefore must be made in writing to the school district's superintendent and to the executive director of the RESA or other agency.

#### 6. Centralized Intake Call Center Reports

- Parents or other concerned individuals who are not mandated reporters, should report alleged abuse to centralized intake.
- Mandated reporters are required to report alleged abuse pursuant to the law and local policy but should additionally utilize the centralized intake call center to report abuse.
- Upon receiving a report, centralized intake call center staff will disseminate the report of alleged abuse to appropriate local authorities, to include: law enforcement with appropriate jurisdiction, local DFCS, the local district attorney, the PSC and the local school superintendent. If the report is assigned for an investigation, centralized intake call center staff will confirm that the guardians/parents of the alleged victim have been notified of the nature of the allegations of abuse.

### **B. Recommendations for School Authorities:**

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

**All mandated reporter training of school personnel should include training on indicators of abuse which occurs in the school setting, appropriate reporting methods and training on recognizing signs of abuse that occurs outside the school setting. DFCS can provide Mandated Reporter training annually. Mandated Reporters can also obtain training on-line at <https://www.gocfttrainingonline.com>.**

**3.11 Department of Juvenile Justice**  
**1412 Eatonton Road**  
**Suite 300**  
**Madison, GA 30650**  
**(706) 343-5848**

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

- the names and addresses of the child and the parent/guardian, if known,
  - the child's date of birth,
  - the nature and extent of the suspected abuse/neglect and
  - any other information that the employee believes would be helpful
- ❖ **Reports can either be made orally by calling Central Intake at 1-855-GACHILD / 1-855-422-4453 or by faxing or emailing the DFCS Mandated Reporter Form found in Appendix 8-K.**



### ***3.12 Mental Health Services***

***Oconee Center Mental Health  
1371 Orchard Hill Road  
Milledgeville, GA 31061  
(478) 445-5294***

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

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

- Therapists should report directly to DFCS or law enforcement.
  - Clerical staff or other support staff should report the incident or information directly to supervisory staff, to be reported to DFCS within 24 hours.
  - Reports are to be made by phone with a written follow-up if requested by DFCS.
- ❖ **Reports can either be made orally by calling Central Intake at 1-855-GACHILD / 1-855-422-4453 or by faxing or emailing the DFCS Mandated Reporter Form found in Appendix 8-K.**

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.

# **INVESTIGATIVE PROCEDURES**

## 4. Investigative and Assessment Procedures

***4.1 Jasper County Department of Family and Children's Services  
226 Funderburg Drive  
Monticello, GA 31064  
(706) 468-6461***

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

- Report all known or suspected instances of child abuse or neglect to law enforcement.
- 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 within 72 hours of the report and/or therapy.
- Refer sexual exploitation to the **Georgia Cares (formerly known as Georgia Cares Connection)** and/or the Children's Advocacy Center.
- Make initial contact with the child and family in cases 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 school administrator, counselor, or social services director prior to being on site for the interview. The school administrator designee (counselor) will be responsible for arranging the preliminary interview.
- DFCS case manager will notify parents of the interview as soon as possible.

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

- In reports where maltreatment has been indicated and the risk to the child is low, moderate or high, and a child's safety can be managed by implementing safety plan, the child may remain in the home after the CPS case manager develops an appropriate and adequate 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 caregiver. If caregiver does not agree, or the other adults identified to ensure safety are unable or unwilling to do so, law enforcement or Juvenile Court assistance may be requested for protection. (Law enforcement, protective custody or Juvenile Court Order will be requested in cases of imminent danger. If no imminent danger, a petition for dependency will be filed with Juvenile Court.)

(See Section 6 for Judicial Proceedings)

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

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

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

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

- ❖ *The ultimate goal of the following steps below is to insure CPS case workers do not “screen out” cases of child commercial sexual exploitation.*

**1. Initial Assessment - *Investigate the circumstances prior to reunification with a caregiver.***

- ✓ It is very important that an initial assessment carefully consider whether a possible victim of commercial sexual exploitation should be taken into care or placed back in the home.
- ✓ It is very common for the child victim of commercial sexual exploitation to have run away from home on multiple occasions prior to being discovered as a victim. It logically follows that the child may be running away from either mental, physical, and/or sexual abuse at home. It is critical to assess whether the parents and/or guardians were involved in any way in the commercial sexual exploitation of the child. *Limit the amount of information given to the caregiver if there is any indication the caregiver is involved in the exploitation.*
- ✓ If not, the situation may include a parent who has done everything they know how to in order to protect the child. However, the child may also continue to run away in order to be with his or her “pimp/trafficker” who has a stronger influence over the child than the parent does.
- ✓ All case managers should investigate the circumstances of the commercial sexual exploitation of the child and the child’s mental state carefully during the assessment phase of the case and well before making reunification plans with the parents and/or guardians.

- ✓ Once there is sufficient information gained that the parents are **not** part of any sexual exploitation of the child, the case manager should then work closely with the parent and/or guardians in providing the appropriate CSEC/DMST resources to the child and family throughout the case.
- ✓ A request by Law Enforcement for the Division to not make contact with the parents for the safety of the child should be respected. Revealing confidential Law Enforcement investigatory information to possible suspects could easily place the Child that has been recovered or other children that have yet to be recovered in danger. The Juvenile Court should be fully advised of this request when applying for a Shelter Care Order.

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

**2. Required Steps and Time Frames**

- ✓ Upon receipt of a report of suspected maltreatment involving a case where the child may be a victim of commercial sexual exploitation, CPS staff will immediately:
  - a) Assess the safety of the child taking into account the physical and/or psychological indications that a child may be a victim of commercial sexual exploitation. (See Appendix 8-C Indicators)
  - b) Notify Georgia Cares.
- ✓ It is recommended that a referral to Georgia Cares be made **within 24 hours**. **A referral form can be faxed to GA Cares with a Release of Information by DFCS and the legal guardian for consent of services.** Collaboration between the DFCS and Georgia Cares can help to properly addressing the needs of and coordinate services to children who are victims of commercial sexual exploitation.
- ✓ A referral to Georgia Cares will result in a trained person conducting a face to face meeting to ask additional screening questions of the child in a non-judgmental way. A CSEC/DMST Service Coordinator who coordinates services for the Child will be assigned. Referrals to Georgia Cares is recommended when there is a child in DFCS custody who has been arrested for prostitution.

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

**Georgia Cares Contact Information**

The Georgia Cares contact information is:

Phone: 404-602-0068 (24 hour hotline)

Fax to: 404-371-1030

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

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

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

**3. Medical Attention**

- ✓ Staff should coordinate the forensic medical examination through the local Child Advocacy Center that have a **Sexual Assault Nurse Examiner (SANE)**. Some CACs also have an on-site medical examination room. If this local resource is not available, the child should be brought to the Emergency Room for medical evaluations for the health of the child. If the child is recovered within the Metro-Atlanta area, the Child should always be taken to the Children's Healthcare of Atlanta's Emergency Department.

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

**4. Forensic Interview**

- ✓ If the child is cooperative, attempt to coordinate a forensic interview of the child by a trained forensic interviewer. Staff must coordinate a CSEC/DMST specific forensic interview through local resources headed by the local Children's Advocacy Center if one is in your area
- ✓ The child should not be subjected to multiple interviews with different parties whenever feasible as this will increase the trauma.
- ✓ If the child is denying victimization, and/or is not cooperative, it may be better to delay the forensic interview until some trust has been established with the child.

❖ *(See, Section 4.3 Forensic Interview Procedures)*

**5. Local Law Enforcement**

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

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

- ✓ All case managers are to contact the GBI Child Exploitation and Computer Crimes Unit within 24 hours when a child is suspected of being a victim of commercial sexual exploitation, or discovered in the course of involvement with DFCS.
- ✓ The Georgia Bureau of Investigation has established the Child Exploitation and Computer Crimes Unit to specifically target Commercial Sexual Exploitation. Accordingly, Case workers should contact a GBI Special Agent who can advise the caseworker on where to fax or email any materials of a written nature that the caseworker may supply.
- ✓ During regular business workdays please call 404-270-8870 and ask for the Child Exploitation and Computer Crimes Unit Agent on call.
- ✓ On nights, weekends, and holidays call the GBI communications center at 404-244-2600 or 1-800-282-8746 and ask for the Child Exploitation and Computer Crimes Agent that is on call.

## **7. Other**

### **a. Intake Photos**

- Whenever a child CSEC/DMST victim is recovered, the likelihood that the child may runaway is very high.
- When the CSEC/DMST victim comes into care it is very important to take a series of digital photos that will be useful in assisting Law Enforcement and the National Center for Missing and Exploited Children in locating the child. The digital photos should then be uploaded into SHINES.

### **b. Family Support**

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

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

**E. Investigations of 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 or professional indicating that a newborn infant has been affected by prenatal abuse as defined in O.C.G.A. §15-11-2, DFCS will accept and assign the intake report.
- DFCS will notify the appropriate law enforcement agency of the report and assess the need for a joint investigation.
- DFCS will communicate with the referral source (medical personnel/facility) once an 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 substance used (includes prescribed or non-prescribed);
  - Anticipated date of discharge;
  - Medical condition of the mother and infant and any necessary medical follow-up that will be required for the care of the infant (e.g. heart or apnea monitors);
  - Level of substance in the mother and/or child's system; and
  - Impact of the substance on the infant, including descriptions of withdrawal symptoms.
  - 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, access 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.
- Court intervention will be required only if deemed necessary.

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

- When a report of abuse in the school setting is received by the Department of Family and Children Services, the matter shall be assigned to a case manager who has received training on the unique nature of cases where abuse is alleged in a school environment. This case manager will have information about resources needed for the investigation, such as forensic interviewers with specific training regarding evaluation of special developmental needs.
- Within 72 hours of the receipt of the report, an audio/visual recorded forensic interview of the child in question should be performed by the Child Advocacy Center or other trained personnel. An example of appropriate training is the **Child First (formerly known as**



**Finding Words) Program.** *If the child has special needs, the interview will be conducted by a professional specifically trained to assess and conduct the forensic interview to accommodate the special needs of the individual child. This forensic interview will be monitored or immediately reviewed by the DFCS case manager assigned to the case.*

- The forensic interview recording will immediately be made available to law enforcement, the district attorney and DFCS.
- Within 5 days of the forensic interview, the case should be staffed by appropriate law enforcement, prosecution and DFCS personnel. This staffing could be organized and/or led by the DFCS case manager assigned to the case or MDT team.
- 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 unsubstantiated, the report shall note any interviews or evidence the investigating agency was unable to obtain and give reasons such interviews or evidence were unavailable.
- 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.

#### **G. DFCS Records Release & Confidentiality of Records**

- ❖ DFCS will release records to the District Attorney's office and Law Enforcement upon request.
- ❖ DFCS records remain confidential during an ongoing investigation and are not subject to release under the Open Records Act except in cases of serious injury or death. DFCS will make every effort to contact LE upon receipt of an Open records request.

## **4.2 By Jasper County Sheriff's Office (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 incident report from complainant and any other witnesses.
- If the responding officer has to interview the victim, ask only basic non-detailed questions. A more detailed interview will be deferred to Child Advocacy Center or trained interviewer.
- Contact his/her supervisor so that they can notify an investigator.
- Report the referral to DFCS
- Notify and assist DFCS if circumstances justify taking a child into protective custody.
- Complete the initial incident report. Respond to and obtain evidence at the scene or medical facility. Observe, record, photograph, document and report events.
- 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 within 72 hours.
- 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. Basic Procedure for Police Investigation of Child Commercial Sexual Exploitation**

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

- hotel worker(s) statements and hotel records
- Photographs of victim, scene, outside of hotel, hotel room, corner where girl was standing
- Security video from any place victim said they went that has a recorded video
- Cell phones from victim and accused, cell phone numbers and records (Make sure the phones are not placed in property and returned to defendant-Get a search warrant to dump the phone
- “Exploitation clothing” worn by the victim
- Anything bought by accused for victim (eyelashes, hair pieces, clothing)
- Sheets & blankets, condoms
- On-line ads (get SW/subpoena for ad info & subscriber history)
- Username and passwords for social media accounts
- Fake or stolen IDs (locate & get statements from ID victims)
- Anything that can corroborate the victim’s statement (even something as small as McDonald’s receipt; if she said he took her to McDonald’s, it’s corroboration)
- Photos of tattoos & what they mean to victim
- Journal diary, calendar, agenda (may or may not be electronic)
- Screenshot of any internet site that is applicable
- Electronic devices

❖ ***Learn the “Indicators” of Child Sexual Exploitation as listed below under Joint Investigations between Law Enforcement and DFCS.***

### **Additional Steps to take:**

- Establish custody of the Child
  - Call DFCS and advise the child is a potential CSEC victim and request DFCS respond to take custody (1-855-GA-Child = 1-855-422-4453)
  - Contact Georgia Cares 404-602-0086 for services and placement assistance
  - Take child to hospital or CAC-SANE for forensic medical examination. Obtain and send Evidence Collection kit to GBI crime lab. Debrief with doctor, nurse or SANE who conducted the exam as they are often a wealth of information helpful to the investigation
  - Contact GBI, Child Exploitation and Computer Crimes Unit 404-244-2600 (24 hours)
- ❖ **All evidence of any investigation must be turned over to the District Attorney not only for trial preparation and use at trial but for the DA to comply with his/her legal duty to turn evidence over to the defense during discovery which includes evidence in possession by law enforcement agencies involved in the investigation of the case being prosecuted. O.C.G.A. § 17-16-1**

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

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

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

### **C. Joint Investigations between Law Enforcement and DFCS**

- Joint investigation and cooperation between law enforcement and DFCS is vital to the goal of protecting the victim and preparing a solid court case.
- It is DFCS policy that DFCS shall request a joint investigation with law enforcement for all serious and/or complex reports of abuse or neglect (including but not limited to sexual abuse, severe physical abuse, serious injury, child death, near fatality, chronic severe neglect) and shall conduct joint investigations as outlined by local Protocol (f/k/a Child Abuse Protocol).
- DFCS and law enforcement have committed to the joint investigation of child physical and sexual abuse cases and to the coordination of the investigation of child sexual abuse, severe physical abuse, neglect and **sexual exploitation** cases or children who witness domestic violence through the Children's Advocacy Center ("CAC").
- The Children's Advocacy Center conducts the forensic interview. The CAC or DFCS also coordinates the multidisciplinary **team meeting**.
- Communication with prosecution during the course of the investigation will support a thorough investigation and prosecution. The prosecution can offer invaluable advice as to preparation and execution of search warrants, logistics and substance of suspect and witness interviews and numerous other aspects of a well-organized investigation.
- DFCS and Law Enforcement will accept notifications of abuse allegations received by one another and work together and communicate in cases including but not limited to:

- ✓ **Sexual abuse involving a child.**
  - Have difficulty walking or sitting
  - Have torn, stained, or bloody clothing
  - Have pain, swelling, or itching in the genital area
  - Pain upon urination
  - Bruises, bleeding, or lacerations in the external genitals or anus area
  - Have vaginal or penile discharge or a venereal disease
  - Victims may also act out sexually on younger children
- ✓ **Sexual Exploitation of a child-Indicators**
  - Child has run away from home three or more times within the last twelve months
  - Inappropriate dress, including oversized clothing or overtly sexy clothing
  - Avoids eye contact
  - Unexplained bruises or injuries
  - Cigarette burns
  - Child is in possession of large amounts of money,
  - More than one cell phone or hotel keys
  - Presence of "gifts" the origin of which is unknown
  - Older boyfriend, male friend or relative close to 5 years older than the child
  - Not enrolled in school
  - Fake identification
  - Gang clothing or other gang symbols
  - Tattoo of someone's name or nickname, particularly on the back of the neck
  - Arrest(s) of the child 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
- ✓ **Physical abuse involving a child-Physical Indicators**
  - Unexplained bruises or welts on the face, lips, mouth, torso, back, buttocks, thighs, or injuries in various stages of healing. The bruises may be in clusters or in patterns. They may appear on several different surface areas. Injuries may appear regularly after absences (weekends or vacations) May include bald patches on scalp.
  - Injuries include unexplained fractures/dislocations to skull, nose, and/or facial structure or in various stages of healing. Fractures may also include multiple, or spinal fractures
  - Injuries may also include unexplained burns from cigars, cigarettes, especially on palms, soles, back or buttocks. This may also include immersion burns (sock-like, glove like, or doughnut shaped on buttocks or genitals). Infected burns may indicate a delay in seeking treatment
- ✓ **Severe Emotional abuse involving a child.**
  - Indicators may include speech disorders, lags in physical development, failure to thrive, or hyperactive/disruptive behavior.
- ✓ **Severe Neglect involving a child for which DFCS requests assistance.**
  - Neglect Indicators**
  - Underweight / Hungry
  - Exhibit poor growth patterns or a failure to thrive
  - Have poor hygiene or inappropriate dress
  - Report a consistent lack of supervision
  - Have unattended physical or medical needs
  - Obvious abandonment
  - Bald patches on the scalp

✓ **Domestic Violence or Family Violence.**

Determine whether children are or were present at the residence and obtain their name, age, demeanor, relationship to the parties and whether the child(ren) witnessed, heard or were physically harmed during the incident (intentionally or accidentally).

Ask the parties where the child(ren) is and the importance for the officer to check on the child(ren).

If the parties will not or are unable to answer as to the child(ren) welfare, and the officer has reason to believe a child(ren) is present by evidence of toys, clothes, etc., follow police protocol for further search of the house.

If the child(ren) are found at the house, determine whether to seek protective custody and if so, contact the DFCS on-call case worker or director and make a report to DFCS Centralized Intake.

- ✓ **Substance abuse in the home, including by parents or children.**
- ✓ **Refusal by a family to allow a DFCS worker to see the child victim in any abuse or neglect investigation or response.**
- ✓ **The presence of any serious injury on a child for which the explanation offered is inadequate to explain the injury.**
- ✓ **Any referral of abuse diagnosed by a physician.**
- ✓ **Any form of Munchausen by Proxy/ Pediatric Condition Falsification.**
- ✓ **Any suspicious death of a child.**

➤ **In a Joint Investigation, Law Enforcement will:**

- At their discretion, take the lead role in interviewing the perpetrator.
- Determine if the allegation of sexual, physical or emotional abuse or neglect is founded by probable cause and if the crime occurred in the jurisdiction of the agency.
- If probable cause is found, take warrant(s) out with Magistrate Court.
- Be familiar with the Protocol and make every attempt to follow it.
- Ensure the child's interview is conducted at the CAC w/in 72 hours of the report.
- Decide if LE, DFCS or both will attend and monitor the forensic interview.
- If unsubstantiated, note the interview and evidence in report.

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 interview substance of suspect and witness interviews and numerous other aspects of a well-organized investigation.

- ❖ *NOTE: If law enforcement is in the field and needs to take a child into protective custody or in emergencies, the DFCS on-call case worker or County Director may be called for immediate response. Centralized Intake must also be called to set up the case but local level DFCS does not need to wait for a case assignment from Centralized Intake to respond.*

## **Georgia Bureau of Investigation - Child Abuse Specialist Agents**

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

- ❖ Contact **Eve Rogers**, Special Agent in Charge/Child Abuse Specialist Coordinator – (478) 374 6989 or the regional offices.
  - Region 1 (706)624-1424
  - Region 2 (706)565-7888
  - Region 3 (229)931-2439
  - Region 4 (912)389-4103
  - Region 5 (912)871-1121
  - Region 6 (478)445-4173
  - Region 7 (706)595-2575
  - Region 8 (706)348-4866
  - Region 9 (229)225-4090
  - Region 10 (770)388-5019
  - Region 11 (706)552-2309
  - Region 12 (478)374-6988
  - Region 13 (478)987-4545
  - Region 14 (912)729-6198
  - Region 15 (229)777-2080

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

- ✓ During regular business workdays please call 404-270-8870 and ask for the Child Exploitation and Computer Crimes Unit Agent on call.
- ✓ On nights, weekends, and holidays call the GBI communications center at 404-244-2600 or 1-800-282-8746 and ask for the Child Exploitation and Computer Crimes Agent that is on call.

## **Attorney General's Office Human Trafficking Special Prosecutor**

- ✓ Camila Wright has been appointed special prosecutor dedicated to the prosecution of human trafficking including the Commercial Sexual Exploitation of Children. Ms. Wright can provide law enforcement and prosecution assistance on these complex cases. In addition to handling prosecutions, Ms. Wright is available to conduct both law enforcement and prosecution trainings and will oversee the Attorney General's policy agenda on human trafficking. Ms. Wright may be contacted at 404-656-3336 or via email cwright@law.ga.gov.

### **4.3 Forensic Interview Procedure**

**Child Advocacy Center  
Crescent House  
777 Hemlock Street  
Macon, Georgia 31201  
(478) 633-7044**

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

#### **A. The Child Advocacy Center**

- The Child Advocacy Center (“CAC”) is an integral part of the Joint Investigation between DFCS and law enforcement. When an interview of a child is required at any time during the investigation, it must be done through a CAC or other location that has trained forensic interviewers.
- Children who have made a disclosure regarding sexual abuse, or have medical evidence of abuse, or who exhibit behaviors suggestive of abuse should be referred for a joint forensic investigation of the abuse by DFCS and law enforcement (LE).
- Sexual abuse forensic interviewing is a practice continually enhanced by emerging research. Personnel from law enforcement and DFCS should make every effort to follow CAC procedures and to coordinate their investigative efforts in a manner which increases the efficiency of the investigation while minimizing additional trauma to the child.
- Alleged victims of sexual abuse or severe physical abuse will also receive multidisciplinary response coordinated through the CAC, DFCS or other designated entity.

❖ (See, Multi-Disciplinary Team(MDT) under Section 6 below)

#### **B. The Forensic Interview**

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

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



## 1. Required Training

- ✓ The forensic interview is performed by someone trained in forensic interviewing through a nationally recognized forensic interview training which usually consist of an intensive three to five day course in which students learn the necessary skills to conduct an investigative, forensic interview of a suspected victim of child abuse. Examples of nationally recognized forensic interview trainings include but are not limited to **Child First (formerly known as Finding Words)**, the **National Children's Advocacy Center (NCAC)**, **Corner House**, the National Institute of Child Health Development (NICHD) and the American Professional Society of Abuse of Children (APSAC).

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

Some of these areas include:

- children's memory and suggestibility
  - children as witnesses
  - interviewing techniques
  - child development
  - use of anatomical dolls
  - characteristics of abuse and neglect
  - false allegations
  - criminal codes
  - effect of childhood trauma and stress
  - recantation
- ✓ The competence and objectivity of interviewers and the quality of the interview itself are frequently the focus of abuse investigations. Because most perpetrators deny the abuse and most acts of maltreatment are not witnessed, the alleged victim's statement is critical evidence in child abuse cases. Yet developmental issues, such as children's varying abilities to recall events and use language, as well as the trauma they may have experienced, complicate efforts to obtain information about the abuse. The forensic interview is designed to overcome these obstacles.

### ❖ **Trained forensic interviewers should be utilized to conduct forensic sexual abuse interviews of children.**

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

## 2. Referrals to the Child Advocacy Center

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

enforcement (LE).

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

### **3. Documentation of Forensic Interviews**

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

### **4. Release of Recorded Forensic Interview**

- ✓ Recorded Forensic Interviews will only be released to DFCS, law enforcement, the District Attorney's Office or upon Court Order.
- ✓ Every attempt will be made to notify law enforcement of a request for the recorded forensic interview and the DA's Office if a case is under indictment.

### **5. Confidentiality**

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

49-5-44 for authorizing or permitting unauthorized access to or use of such records. **O.C.G.A. §49-5-41 (a)(7.1)**

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

- ✓ A portion of the forensic interview used for the identification of the interviewee's needs may be paid for by the Georgia Crime Victims Compensation Program (CVCP) for crimes occurring in Georgia on or after July 1, 2014. CVCP can pay (the CAC/forensic interviewer) up to \$200.00 per victim, per victimization (when funding is available) if a completed application is submitted to the CVCP and certain provisions are met including but not limited to:
  - a. The FI is for a person who is less than 18 years of age or a developmentally disabled adult.
  - b. The FI is conducted in the context of a multidisciplinary and diagnostic team, or in a specialized setting such as a Child Advocacy Center.
  - c. The results of the FI are for the identification of the interviewee's needs, including social services, personal advocacy, case management, substance abuse treatment, and mental health services. A copy of the referral information must be submitted with the Application for Payment on either the agency's form(s) or on the CJCC Forensic Interview Referral Document (FIRD). If using an agency form(s), all information requested on the FIRD must be provided.
  - d. The interviewer has specialized training to conduct FIs appropriate to the developmental age and abilities of children, or the developmental, cognitive, and physical or communication disabilities presented by adults.
  - e. The interviewer submits a copy of their license or training certificate with the initial Application for Payment.

❖ ***Taken from the CJCC website. See [cjcc.ga.gov](http://cjcc.ga.gov) website for further requirements, the FI Application for Payment and the FI Referral Document.***

## **7. Forensic Interviews of Special Populations**

*The Child Advocacy Center also conducts the Forensic Interview for Sexually Exploited Children and Children with Special Needs.*

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

- Although normally best practice suggests that children should have a forensic interview as soon as possible, interviews with children who have been sexually exploited may require an interval of time to assess their readiness to be interviewed.
- More than one forensic interview may be required.
- Sexually exploited children are often pimped/trafficked. Pimps/traffickers teach victims to be distrustful of health/social service providers, police, and government officials.

- These children believe that revealing what has happened to them will result in arrest and detention for prostitution.
- Further, many children have a “love” relationship with their pimp and fear that the state may lock up their “boyfriends” if they are truthful.
- An additional complication is that sexual exploitation victims are frequently brought into the system as suspects or arrestees and some interviews initially take the tone of interrogation. This makes children reluctant to believe the state is trying to help them.
  - Effective information gathering requires that service providers and interviewers work to empower the child and help him/her understand their “victimization.” Trust should be established over time, and the formal forensic interview needs to occur after this trust has been established.
  - If sexual exploitation is disclosed during a forensic interview or if warning signs or indicators of sexual exploitation is raised, this should be told to the referring agency, ie. DFCS and law enforcement. Inquiry should be made as to whether Georgia Cares was or will be contacted.
  - Georgia Cares should be contacted for known cases of sexual exploitation. Georgia Cares offers a statewide system of care for victims of sexual exploitation and can help to connect you with specialized service providers who can assist in preparing the child for a forensic interview.
  - Georgia Cares also provides formal assessments to determine needed services for a sexually exploited child.
  - 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.

## **8. Alternatives to the Single Session Forensic Interview**

- ✓ At times, the investigative team may determine that multiple forensic interviews are warranted. Potential reasons to conduct more than one session may include but are not limited to the following:
  - ✓ Decision-making regarding protection of the child cannot be made based upon information obtained during the initial interview.
  - ✓ When an interview could not be completed in one session due to the child’s level of engagement/participation; developmental/cognitive abilities; social/emotional/physical functioning, or another reason when information could not be fully or effectively gathered in the single session.
  - ✓ The child was unable to complete the initial forensic interview and needs additional time due to victimization type (CSEC victims; long-term victims; polyvictims)
  - ✓ The child disclosed additional information following the initial forensic interview; or indicated the reason he/she could not tell; or due to changes in the situation / circumstances; or external evidence or corroboration emerges.
  - ✓ The child did not disclose abuse during the initial forensic interview but there are concerning factors of possible victimization, such as sexualized behaviors, medical findings, statements of other children and/or adult witnesses, pornography, or access by a known offender.
  - ✓ The child did not disclose abuse during the initial forensic interview but allegedly disclosed to some other person.
- ❖ **Under some circumstances, multiple forensic sessions may also be planned from the beginning and carried out over 2-6 sessions (typically, as dictated by the needs of the child) to address and fit a particular child’s needs such as age, developmental disabilities or other special needs, ability to communicate, being multi-lingual and/or -requiring an**

interpreter, multiple allegations, offenders &/or types of abuse, and for those who have been severely traumatized.

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

- purposeful in nature (a valid reason can be articulated for conducting more than one interview)
- forensically sound
- non-duplicative
- neutral and objective
- child friendly
- child-focused
- developmentally appropriate
- culturally competent

### **Policies**

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

## 9. Multi-Disciplinary Team (MDT)

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

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

- A MDT is a group of professionals representing various disciplines who work collaboratively to promote a thorough understanding of case issues and assure the most effective system response possible. The purpose of interagency collaboration is to coordinate intervention so as to reduce potential trauma to children and families, while preserving and respecting the rights and obligations of each agency to pursue their respective mandates. (*Putting Standards into Practice National Children's Alliance*)
- The MDT consists of law enforcement officers, child protective service investigators, prosecutors, mental health and medical professionals, and others who provide a coordinated response designed to increase the effectiveness of investigations while reducing the stress and risk of secondary traumatization to children. (*Children's Advocacy Centers: One Model, Many Programs APSAC Advisor; Volume 16, Number 2; Summer 2003 Wendy Walsh, Lisa Jones, and Theodore Cross, Crimes Against Children Research Center, University of New Hampshire*)
- ❖ *Children's Advocacy Center for Georgia, Handbook for Multidisciplinary Review Team Facilitators*

### B. Coordination of MDT Meetings

- The Children's Advocacy Center, DFCS or other designated agency will coordinate multidisciplinary team (MDT) meetings for the primary purpose of facilitating communication between agencies involved in the investigation and prosecution of allegations of child maltreatment as well as those agencies responsible for protecting child victims. MDT staffing will provide agency members with a forum to discuss complex cases with other professionals, and as a result, will enhance both the decision-making and intervention processes.
- MDT members may request to staff any case they believe can benefit from the collaborative input of the team. Requests can include cases involving children who were not seen for services at the CAC as long as there is an active investigation.
- Requests for cases to be staffed by the MDT are accepted from any MDT member and/or appropriate agencies. Appropriate referral sources include, but are not limited to DFCS, Board of Education, Law Enforcement, District Attorney's office, the Department of Juvenile Justice, and medical and mental health personnel.



- MDT meetings will be held at a location decided by the protocol members, and agenda identifying cases to be staffed at each meeting will be provided to all involved agencies at least 48 hours prior to the regularly scheduled meeting time (at least monthly). A weekly meeting is considered ideal.
- A special reconvening of the MDT may be called by the District Attorney's office representative, if circumstances change prior to indictment.
- Because the purpose of the MDT staffing is to facilitate the sharing of information between agencies, all individuals from DFCS, Law Enforcement, prosecution, medical, and mental health that are involved with a case being staffed should be present.
- All agencies will cooperate fully in sharing information with each other concerning the abuse allegation, the child, and any other persons involved in the incident in order to fulfill their respective duties. The agencies will assist each other in making the child available for interviewing if necessary to fulfill their duties and will inform each other immediately upon learning of a change of location, address, or phone number of the child.

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

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

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

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

##### **➤ Purpose:**

There are three purposes of forensic medical exams:

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



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

➤ **Timing of the examination**

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

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

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

➤ **Evidence Collection**

- Sexual assault evidence kits are recommended when the assault involved possible exchange of bodily fluids or trace evidence and occurred within the past 72 hours (in some cases collection may be helpful up to 120 hours after the event).
- Collect and preserve evidence for analysis by the crime laboratory.
- Collect/ preserve toxicology samples in suspected alcohol- or drug -facilitated sexual assault cases.
- Maintain and document the chain of custody for evidence.
- Maintain the integrity of the evidence to ensure that optimal lab results are obtained

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

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

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

➤ **Other Components of the Medical Evaluation**

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

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

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

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

A Sexual Assault Nurse Examiner (SANE) is a qualification for [forensic nurses](#) who have received special training to conduct [sexual assault evidentiary exams](#) for victims.

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

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

**The telemedicine program:**

- Offers live-consultation and assistance with medical exams for suspected victims of abuse. Expert physicians from the Stephanie Blank Center for Safe and Healthy Children (CSHC) work with the medical provider at the presenting site (child advocacy center, emergency department, clinic or office) to speak with the family and child, conduct the exam, interpret findings, recommend STI testing and treatment, and make referrals. The expert then writes a report summarizing the evaluation and is available for expert testimony.

- A clinical provider may call the Children's Telemedicine office at **404-785-1111** to obtain a telemedicine appointment for their patient.
- Offers second opinion consultations for medical providers who have already conducted an exam. The physicians from CSHC meet with the provider via videoconferencing to discuss the case and review exam photographs. The expert writes a report summarizing the exam findings and interpretation, and is available for court testimony as needed.
- To schedule a second opinion consultation the medical provider calls the CSHC at 404-785-3820 and asks for the physician-on-call.
- Offers monthly or bimonthly peer review sessions for medical providers to review interesting cases, discuss new research and ask questions. Continuing education credits are offered; sessions are free.

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

- When a forensic medical examination is conducted, the cost of such forensic medical examination shall be paid for by the Georgia Crime Victim's Emergency fund in an amount not to exceed \$1,000.00. The fund shall be responsible for payment of such cost notwithstanding whether the person receiving such forensic medical examination has health insurance or any other source of health care coverage. (**O.C.G.A. §17-15-15**)
- The Georgia Crime Victims Compensation Program should be billed directly for all expenses relating to a forensic medical examination [i.e. lab work, emergency room fees, physician's fees, SANE nurse fees, and all clinical fees associated with the exam, sexually transmitted infections (STIs), etc.] \*\*\*
- A forensic medical examination is defined as an examination provided to a person pursuant to O.C.G.A. §16-6-1(c)\* (rape) and O.C.G.A. §16-6-2(c)\* (sodomy & aggravated sodomy) by trained medical personnel in order to gather evidence. \*\* Such examination shall include but not be limited to:
  - A. An examination for physical trauma
  - B. A determination of the nature and extent of the physical trauma;
  - C. A patient interview;
  - D. Collection and evaluation of the evidence collected and;
  - E. Any additional testing deemed necessary by the examiner in order to collect evidence and provide treatment. [**O.C.G.A. § 17-15-2 (6)**]
- ❖ O.C.G.A. §16-6-1 (c) Rape & §16-6-2(c) Sodomy; aggravated sodomy; medical expenses : When evidence relating to an allegation of rape, sodomy or aggravated sodomy is collected in the course of a medical examination of the person who is the victim of the alleged crime, the Georgia Crime Victims Emergency Fund, as provided for in Chapter 15 of Title 17, shall be financially responsible for the cost of the medical examination to the extent that expense is incurred for the limited purpose of collecting evidence.

- ❖ In instances where DFCS or law enforcement requests a Forensic Medical Examination for allegations of child sexual assault/molestation, and there is limited collection and evaluation of evidence (e.g. no rape kit used), official documentation is required from law enforcement requesting the exam. DFCS or the investigative agency must submit to the provider or CVCP a completed Forensic Medical Examination DFCS or Law Enforcement Verification Form. (*Criminal Justice Coordinating Council (CJCC) website*)
  
- ❖ **See the [cjcc.ga.gov](http://cjcc.ga.gov) website or call 404-657-2222 or (800) 547-0060 for the Application for Payment and Fee Scheduled**

# **TREATMENT/ COUNSELING**

## 5. Treatment / Counseling

### 5.1 Treatment for Child Abuse Cases

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

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

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

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

- B. If there is not a local CAC, the primary involved agency will provide the family with a list of local mental health providers known to have experience and expertise with child sexual and/or physical abuse. The primary involved agency will provide additional assistance in selecting a provider based on the needs of the child, the financial resources of the family, and the availability of the provider. It is recommended that the provider be a certified clinician trained and experienced in the treatment of child sexual abuse and trauma. For sexual exploitation cases, Georgia Cares 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.

# **JUDICIAL PROCEDURES**

## 6. Judicial Procedures

### 6.1 Juvenile Court Proceedings

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

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

#### ➤ **Purpose of Dependency Proceeding is:**

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

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

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

#### ➤ **A Child is defined under § 15 -11-2 (10):**

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



➤ **Dependency Proceedings – The Process**

- **Shelter Care Request:** Child is in Imminent Risk and requires immediate removal.
- **Removal Authorization:** A Juvenile Intake Officer can provide a “verbal” order for removal but Judge has to sign Order within 24 hours. (Local Procedures vary on calling the Juvenile intake officer or the Judge directly.)
- **Complaint (O.C.G.A. 15-11-2(14)):** The initial document setting out the circumstances that resulted in a child being brought before the court and is filed the next day. (Local procedures vary as to whether the case manager or SAGG fills out complaint.)
- **Preliminary Protective hearing (PPH):** Held within 72 hours of removal unless the 72 hour time frame expires on a weekend or legal holiday, such hearing shall be held on the next day which is not a weekend or legal holiday. O.C.G.A. §15-11-102 (a).

Court determines whether (1) reasonable grounds exist to believe the allegations in the “complaint” are true and the child is dependent; (2) a “petition” should issue; and (3) a child should be removed from the home (left in DFCS custody) pending adjudication.

✓ **Court Findings for Removal - O.C.G.A. §15-11-134**

- Continuation in home contrary to welfare;
- Return to home contrary to welfare of the child;
- Reasonable efforts\* made to avoid removal. (O.C.G.A. §15-11-202)

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

Reasonable efforts shall be made to preserve and reunify families:

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

### Factors for Reasonable Efforts:

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

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

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

- **Petition (for Dependency):** is a civil pleading filed to initiate a matter in juvenile court setting forth the grounds for the court to take jurisdiction and the reasons the court should intervene. It must be verified by petitioner, endorsed by a court officer and filed within 5 days\* of PPH setting out every fact the Department alleges supports a finding of Dependency.

(\*Petition filed within 30 days if the child is not kept in DFCS custody)

- **Adjudication:** Formal trial within 10 days\* of filing the Petition. To determine whether there is clear and convincing evidence of the facts listed in the Petition that the child is presently dependent and continued protective custody is necessary.. If there are new facts (or allegations), a new Petition must be filed.

- ❖ ***Note:*** Under the Indian Child Welfare Act (ICWA) there is a higher standard of proof and DFCS must notify the tribe if the child falls within the blood line and the tribe can come to court and take the child.

❖ Adjudication within 60 days if the child was not kept in DFCS custody

- **Disposition:** to determine how the case will proceed and to identify all relatives who could serve as a resource for the child. The Department must present reasonable “diligent search” efforts made to identify relative placement.

Disposition determines:

- 1) What services are needed by the family & child;
- 2) Where the child will be placed following the adjudication; and
- 3) The best long term or permanency plan for the child.

Case plan is presented to determine whether:

- 1) Reunification;
  - 2) Non-reunification (non-reunification hearing required within 30 days).
  - 3) Termination of parental rights (TPR) & Adoption or
  - 4) Non-reunification/permanent guardianship or
  - 5) Another Planned permanent living arrangement (APPLA) is in best interest of child.
- ❖ If the child's dispositional hearing is not held in conjunction with the dependency adjudication hearing, it shall be held and completed within 30 days after the conclusion of the dependency adjudication hearing. The same time frame applies whether or not the child was taken into DFCS custody at the PPH)

➤ **Initial Periodic Review (75 days from removal)**

Purpose

- Is child still dependent
- Is case plan still appropriate
- Are parties complying with case plan (to give child(ren) back
- Approve completion of the relative search
- Appropriateness of placement change recommendations
- Progress on permanency plan
- Are services being provided
- Appropriateness of visitation
- Are transition services being provided to 14 & older
- Whether reasonable efforts to eliminate removal and reunify are being made

- **Permanency Plan Hearing:** To achieve the permanent plan and determine whether reasonable efforts have been made to finalize the permanent plan, ie. reunification, TPR/Adoption, Non reunification/Permanent Guardianship, APPLA, other permanency approved by Court.

❖ NOTE: If a child is removed, the Case Manager or other designated DFCS staff shall contact the school where the child attends or changes to, within (2) workdays of the child's initial entry/re-entry into care, placement in foster care or placement change by providing the school with information regarding (1) Change in the custody or caregiver; (2) Emergency contacts and; (3) Individuals authorized to act on behalf of the child and DFCS. (DFCS Policy Number 1011.7.3 & 1011.7.10)

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

- a) The Juvenile Court may enter a protective order restraining or otherwise controlling the conduct of a person and the order may require any such person:
  - 1. To Stay away from a person's home or a child;
  - 2. To permit a parent to visit his or her child at stated periods;
  - 3. To abstain from offensive conduct against a child, his or her parent, or any person to whom custody of such child is awarded;
  - 4. To give proper attention to the care of his or her home;
  - 5. To cooperate in good faith with an agency to which custody of a child is entrusted by the court or with an agency or association to which a child is referred by the court;
  - 6. To refrain from acts of commission or omission that tend to make a home not a proper place for a child;
  - 7. To ensure that a child attends school pursuant to any valid law relating to compulsory attendance;
  - 8. To participate with a child in any counseling or treatment deemed necessary after consideration of employment and other family needs; and
  - 9. To enter into and complete successfully a substance abuse program approved by the court.
- b) After notice and opportunity for hearing afforded to a person subject to a protective order, a protective order may be modified or extended for a further specified period, or both, or may be terminated if the court finds that the best interests of the child and the public will be served thereby.
- c) Protective orders may be enforced by citation to show cause for contempt of court by reason of any violation thereof and, where protection of the welfare of a child so requires, by the issuance of a warrant to take the alleged violator into custody and bring him or her before the court.

The Juvenile Court may 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, may apply for a protective order. DFCS Counsel should request a hearing within ten days after the filing of the application for a protective order.

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

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

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

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

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

- ✓ The role of a CASA in juvenile court dependency proceedings shall be to advocate for the best interests of the child. (O.C.G.A. §15-11-106)
- ✓ Pursuant to O.C.G.A. §15-11-105, in determining a child's best interests, a CASA as Guardian ad Litem shall consider and evaluate all of the factors affecting the best interests of a child in the context of a child's age and developmental needs.

Such factors shall include:

1. The physical safety and welfare of such child, including food, shelter, health, and clothing;
2. The mental and physical health of all individuals involved;
3. Evidence of domestic violence in any current, past, or considered home for such child;
4. Such child's background and ties, including familial, cultural, and religious;
5. Such child's sense of attachments, including his or her sense of security and familiarity and continuity of affection for the child;
6. The least disruptive placement alternative for such child;
7. The child's wishes and long-term goals;
8. The child's community ties, including church, school, and friends;
9. The child's need for permanence, including his or her need for stability and

- continuity of relationships with a parent, siblings, and other relatives;
10. The uniqueness of every family and child;
  11. The risks attendant to entering and being in substitute care;
  12. The preferences of the persons available to care for such child; and
  13. Any other factors considered by the guardian ad litem to be relevant and proper to his or her determination.

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

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

- ❖ As a lay guardian *ad Litem*, a CASA volunteer shall not engage in activities which could reasonably be construed as the practice of law;
- ❖ Any information obtained in the CASA volunteer's assessment concerning unknown or unreported abuse shall be reported to the local DFCS office.

### **C. Confidentiality – O.C.G.A. §15-11-105 (e), (f) and (g)**

- ✓ Upon presentation of an appointment order as guardian ad litem, a CASA shall have access to all records and information relevant to a child's case to which he or she is appointed when such records and information are not otherwise protected from disclosure.
- ✓ GAL/CASA may not have access to any records or information that:
  - Identifies a reporter of child abuse and/or any other person whose life or safety is likely to be endangered if their identity was not protected;
  - Involves the disposition or treatment of a delinquent child within the Department of Juvenile Justice; and
  - Concerns an investigation by the Office of the Child Advocate.
- ✓ All records and information acquired, reviewed or produced by a CASA volunteer during the course of his or her appointment shall be deemed confidential and shall not be disclosed except as ordered by the court.
- ✓ Except as provided by O.C.G.A. § 49-5-41, any GAL/CASA volunteer who discloses confidential information obtained during the course of his or her appointment shall be guilty of a misdemeanor.



## **6.4 Magistrate Court Procedures**

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

- When an individual seeks to secure a warrant for any type of child abuse, the magistrate court shall inquire as to the child's whereabouts 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 Magistrate Court probable cause hearings. Evidence of such abuse at a preliminary or bond hearing shall be by alternate means, which are consistent with the Uniform Magistrate Court Rules.
  - In considering bond, the Magistrate Court should consider all the circumstances of the case paying particular attention to the safety of the child.
  - In considering bond, the Magistrate Court 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 Court should consider precluding contact between the accused and all children under the age of 16 in sexual abuse cases and under 18 in physical abuse cases; for the protection of both the accused and the protected classes of children alike.
- ✓ Bond conditions imposed should be made known to DFCS and the Juvenile Court.

## **6.5 Superior Court Procedures**

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

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

- Judges should ensure that the child is protected during the trial by conducting proceedings in a manner both protective of the child and absent of perpetrator intimidation, consistent with the defendant's Constitutional rights.
- Judges should ensure that these cases are given priority on the trial calendar.
- 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.

# PROSECUTION

## 7 Prosecution

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

- ✓ The District Attorney represents the State of Georgia in the trial and appeal of criminal cases in the Superior Court and delinquency cases in the Juvenile Court. Each District Attorney is an elected constitutional officer, who is part of the judicial branch of Georgia state government. The District Attorney is elected in a *Judicial Circuit* which can have only one or as many as eight counties.
  - ✓ Some *counties* have a Solicitor-General who is an elected *county* officer who represents the state of Georgia in trial and appeal of *misdemeanor* criminal cases in State Court. If a county does not have a Solicitor-General, the District Attorney is also responsible for misdemeanor prosecution. In either situation, the District Attorney will handle misdemeanor charges if they are included with felony charges **in an indictment**.
  - ✓ The difference between a felony and misdemeanor is the amount of time a sentence can carry. A misdemeanor can carry a sentence of up to only 12 months whereas a felony charge carries a sentence of greater than 12 months.
  - ✓ The *charging document* for a felony is called an Indictment. Felony *indictments* will also include any misdemeanor charges with it. The charging document for misdemeanor only crimes is called an Accusation. Both are filed with the Clerk's office and are public record.
  - ✓ Each District Attorney has a full-time staff of assistant district attorneys, investigators, victim assistance and administrative personnel who assist the District Attorney in carrying out the duties of the office.
  - ✓ *The Criminal Code of Georgia defines what constitutes each crime. Various criminal statutes have been enacted when a child is the victim of emotional, physical and sexual abuse. Each element of each crime must be proved beyond a reasonable doubt at trial. (See Criminal Statutes Involving Children below)*
- ❖ The District Attorney's Office works with law enforcement, DFCS, CACs, therapists, physicians and everyone else who was involved in the investigation of the case in preparing for trial. Good investigation as outlined in the preceding section(s) is critical for effective prosecution.

Some critical evidence includes but is not limited to:

- Witness contact information
  - Witness interviews and statements
  - Photographs of the scene and/or victim
  - A forensic interview of a child\*;
  - A forensic medical exam of a child\*;
  - Child's medical records from birth to determine if injury is congenital or if there is a differential diagnosis.
- ❖ When children are involved, the forensic interview and/or forensic evaluation is critical in obtaining non-suggestive, non-leading and non-coercive interviews. The forensic medical examination can be critical in obtaining evidence relating to the crime. Both are extremely important and used during the trial of the case.

## 7.1 Charging Decisions

- The *charging document* for a felony is called an Indictment. Felony indictments may include misdemeanor charges but at least one felony offence must be included. The charging document for misdemeanors only is an Accusation. Both are filed with the Clerk's office and are public record.
  - An Indictment, like a warrant, only requires probable cause. The Prosecutor has a special responsibility to refrain from prosecuting a charge that he/she *knows* is not supported by probable cause. (Rule 3.8)
  - The Prosecutor has the discretion to determine whether to commence a prosecution or to discontinue one already begun. This determination is based in part on the amount and the nature of the evidence obtained from the initial investigation.
  - A conviction at trial requires proof beyond a reasonable doubt.
- ❖ *The Criminal Code of Georgia defines what constitutes each crime. Various criminal statutes have been enacted when a child is the victim of emotional, physical and sexual abuse. Each element of each crime must be proved beyond a reasonable doubt at trial.*

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

- Law enforcement reports detailing the scene, evidence gathered and observations
- Witness contact information, interviews and statements
- Photographs of the scene and/or victim
- Forensic interview of the child;
- Forensic medical exam of the child;
- Child's medical records from birth to determine if injury is congenital or if there is a differential diagnosis.

## 7.2 Criminal Statutes Involving Children

### A. Family Violence

***Laws, such as Cruelty to Children in the third degree, have been enacted to protect children living in homes with family violence.***

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

- the occurrence of one or more of the following acts between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household:
  1. Any felony; or
  2. Commission of offenses of battery, simple battery, simple assault, assault, stalking, criminal damage to property, unlawful restraint, or criminal trespass.

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

## **B. Other Criminal Statutes Involving Children**

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

- Cruelty to Children (O.C.G.A. § 16-5-70);
- Second Degree Murder. (O.C.G.A. § 16-5-1(d))
- Statutory rape (O.C.G.A. § 16-6-3);
- Child Molestation and Aggravated child molestation (O.C.G.A. § 16-6-4);
- Enticing a child for indecent purposes (O.C.G.A. § 16-6-5);
- Sexual assault by persons with supervisory or disciplinary authority; sexual assault by practitioner of psychotherapy against patient; consent not a defense (O.C.G.A. § 16-6-5.1);
- Sexual battery (O.C.G.A. § 16-6-22.1);
- Aggravated sexual battery (O.C.G.A. § 16-6-22.2);
- Sexual exploitation of children (O.C.G.A. § 16-12-100)
- Electronically furnishing obscene material to minors (O.C.G.A. § 16-12-100.1)
- Computer or electronic pornography and child exploitation prevention (O.C.G.A. § 16-12-100.2)
- Obscene telephone contact; conviction; penalties (O.C.G.A. § 16-12-100.3)

## **C. Laws that apply to Sexual Exploitation:**

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

## D. Element of a Crime

The prosecution must prove each *element* of the crime beyond a reasonable doubt at trial.

For example, all crimes specify an **age of the victim** which is either under 16 or 18 years old. The **age of the defendant** may be critical for crimes that have misdemeanor provisions distinguishing whether the crime is treated as a felony or misdemeanor offence effecting sentencing and punishment. Thus, the first two pieces of critical information obtained during the investigation is the victim *and* perpetrator's age.

## 7.3 Discovery – Constitutional, Statutory and Professional Obligation

- The prosecutor has a special responsibility as well as a legal duty to disclose to the defense all evidence or information known to the prosecutor that tends to negate the guilt of the accused or that mitigates the offence, ie. exculpatory evidence favorable to the defense. (Rule 3.8(d); Brady v. Maryland, 373 U.S. 83 (1963)) Failure to fulfill that duty can result in a reversal of conviction, court sanctions and disciplinary action by the Bar.
- Evidence in possession of the government includes law enforcement agencies involved in the investigation of the case being prosecuted. O.C.G.A. §17-16-1
- Discovery includes but is not limited to:
  - Copy of indictment or accusation and list of witnesses; O.C.G.A. §17-16-3
  - Relevant written or recorded statements made by the defendant; O.C.G.A. §17-16-4(a)(1)
  - Statement of a witness" that relates to the subject matter concerning the testimony of the witness that the party intends to call as a witness at trial; O.C.G.A. § 17-16-7
  - Copy of the defendant's criminal history O.C.G.A. §17-6-4(a)(2)
  - Books, papers, documents, photographs, tangible objects, audio and visual tapes, films and recordings, ie. forensic interviews O.C.G.A. §17-6-4 (a)(3) (A)
  - Report of any physical or mental examinations and of scientific tests or experiments, including a summary of the basis for the expert opinion rendered in the report O.C.G.A. § 17-6-4(a)(4)
  - Lists of names and information (current locations, dates of birth, and telephone numbers ) concerning witnesses unless for good cause the judge allows an exception to this requirement, in which event the counsel shall be afforded an opportunity to interview such witnesses prior to the witnesses being called to testify. O.C.G.A. §17-16-8

## 7.4 Child Assistance During Trial

- The District Attorney's Office provides great care to children who are victims of crime and involved in the prosecution of a case. The District Attorney's office has a Victim Witness Program that provides services, support and information regarding the court process to the victim and the non-offending caregiver.
- At trial, if the verbal testimony of the child is required, all efforts are made available to the child, including but not limited to providing a separate room, to prevent contact with the perpetrator prior to the child's testimony.
- Planned disposition of the case, whether by trial or plea negotiations is discussed with the victim's guardian and/or the victim prior to disposition. The input of the victim and/or the guardian is noted in the file and taken into consideration during the decision-making process.

## 7.5 Child Hearsay – O.C.G.A. §24-8-820

- A statement made by a child younger than 16 years of age *describing* any act of *sexual contact or physical abuse* performed *with or on* such child by another or with or on another *in the presence* of such child shall be admissible in evidence by the testimony of the person to whom made if the proponent of such statement (1) provides notice to the adverse party prior to trial of the intention to use such out-of-court statement and (2) such child testifies at the trial, *unless* the adverse party forfeits or waives such child's testimony as provided in this title, and, at the time of the testimony regarding the out-of-court statements, the person to whom the child made such statement is subject to cross-examination regarding the out-of-court statements. (*Effective July 1, 2013*)
- Thus, the child must be called to testify at trial unless the defendant forfeits or waives the right to the child's testimony in order for the child's hearsay statements to be admissible.
- The age of the child at the time of trial is irrelevant as long as the child was under 16 at the time the statement was made.
- Child hearsay statements introduced at trial include testimony of family members, outcry witnesses, forensic interviewers, physicians, nurse examiners and investigators who dealt with the child during the course of the investigation.
- Forensic interviewers and nurse examiners can testify as experts and give their opinion that the child's statements and demeanor were consistent with a child who has been



abused. They cannot give their opinion on the ultimate issue, ie. that the offence happened, as that invades the jury's province.

## **7.6 Child Testimony**

- The court shall close the courtroom if a child under the age of 16 is testifying concerning any sexual offense. (O.C.G.A. §17-8-54)
- The Court may order a child under the age of 17 to testify outside the physical presence of the accused at trial through a two-way closed circuit television broadcast, an Internet broadcast, or other simultaneous electronic means. This statute applies to a child who is a witness or an alleged victim of certain criminal offenses, including but not limited to child molestation. This is a request brought before the court upon motion and an evidentiary hearing to determine if the child is likely to suffer serious psychological or emotional distress or trauma which impairs such child's ability to communicate as a result of testifying in the presence of the accused. The statute lists eleven (11) circumstances that the court can consider in making this determination. (O.C.G.A. §17-8-55)

## **7.7 Victim Assistance During Trial**

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

### **Crime Victim's Bill of Rights**

#### **Notifications - O.C.G.A. 17-17-8**

- a) Upon initial contact with a victim, a prosecuting attorney shall give prompt notification to the victim of the following:
  - 1. The procedural steps in processing a criminal case including the right to restitution;
  - 2. The rights and procedures of victims under this chapter;
  - 3. Suggested procedures if the victim is subjected to threats or intimidation;

4. The names and telephone numbers of contact persons at both the office of the custodial authority and in the prosecuting attorney's office; and
  5. The names and telephone numbers of contact persons at the office of the investigating agency where the victim may make application for the return of any of the victim's property that was taken during the course of the investigation, as provided by O.C.G.A. § 17-5-50.
- b) If requested in writing by the victim and to the extent possible, the prosecuting attorney shall give prompt advance notification of any scheduled court proceedings and notice of any changes to that schedule. Court proceedings shall include, but not be limited to, pretrial commitment hearings, arraignment, motion hearings, trial, sentencing, restitution hearings, appellate review, and post-conviction relief. The prosecuting attorney shall notify all victims of the requirement to make such request in writing

### **Other Rights**

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

### **Collection of fines and restitution in criminal cases (O.C.G.A. § 17-10-20)**

# APPENDIX

## 8 Appendix

### Appendix A - Prevention

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

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

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

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

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

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

**REPORT CHILD ABUSE AND NEGLECT TO DFCS AT 1-855-GACHILD /**

**1-855-422-4453. Reports are taken 24 hours a day, 7 days a week.**

## 1. Risk Factors for Threats to Child Safety

If the dangers of threats to safety are known, supports and services to control those threats or dangers can be offered.

### **CAREGIVER**

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

Unrealistic expectations or negative perceptions of a child.

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

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

Drug or alcohol problems

Mental illness

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

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

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

Will not perform parental duties or responsibilities

### **COMMUNITY**

Drug endangered environment or neighborhood.

Inadequate housing

Underemployment & Unemployment

Lack of access to medical care

Residential turnover

Violent community

Promotion of violence

Economic factors

Lack of supportive resources

Lack of social connections

## 2. Caregiver Protective Capacities and Child Safety

Everyone is exposed to risk at some point. Because risk cannot be entirely eliminated, it is important to enhance caregiver protective capacities so the risk factors are not heightened to the point of negatively impacting child safety.

Caregiver	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 and demonstrate impulse control	Staff view themselves as people	Ensure safe neighborhoods free from violence
Makes spending time with their children a priority	Support families when 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	
Takes action to ensure the protection of his/her child	Have appropriate community resource referrals available	

## **Appendix B - Indicators of Abuse**

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

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

### **1. Neglect and Maltreatment**

#### **A. Child**

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

## **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/Caregiver**

### **A. Behavioral findings that may be associated with abuse.**

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

### **B. Environmental findings that may be associated with abuse:**

- Parental history of child abuse
- Lack of parenting skills
- Marital problems
- Mental/physical illness
- Drug/alcohol problems
- Social isolation
- Financial pressures
- Unemployment
- Inadequate housing
- Target child in home (i.e., physically or emotionally handicapped, developmentally disabled, unwanted).

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

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

### **A. Child - presentations**

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

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

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

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

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

### **D. Others**

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

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

### **A. Child**

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

## **B. Parent/Caretaker**

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

## **2. Environmental Risk Factors**

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

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

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

Suggested additional areas of training:

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

## **5. Sexual Abuse**

### **A. Child**

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

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

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

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

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

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

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

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

- Runaway child
- Lack of adult supervision/support
- Sexual or physical abuse at home, by family member or friend
- History with DFCS
- Parental substance abuse

- Parental history of prostitution arrests
- Domestic violence
- Living, hanging out in geographic areas known to be a gathering place for prostitution

## Appendix D - Common Commercial Sexual Exploitation Street Terminology

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

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

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

- **Mark:** A client of prostitution / buyer of sex with the child.
- **Out-a-pocket:** When a prostitute has a pimp and looks at another pimp. That prostitute is now subject to the “choosing” rules. See: Choose
- **Outlaw:** A prostitute without a pimp.
- **Party:** The act of prostitution. Example: A prostitute may ask a client if he wants to “party.”
- **Peel a trick:** Phrase to describe the act when a prostitute steals something from her client.
- **Pimp:** A person who persuades, compels, or entices a male or female child to become a prostitute or continue to commit acts of prostitution. The pimp takes all of the money from the prostitutes under his or her control and usually has no legitimate source of income. Pimp is also an acronym for “Provided Income from Managing Prostitutes.” He or she manages prostitutes, scheduling their “dates” and profits from their earnings. The relationship between pimps and prostitutes is often psychologically and physically abusive. Prostituted individuals are sometimes kidnapped off the street by pimps at a young age or lured through the Internet. Pimps are often involved in other illegal industries and activities such as drug dealing.
- **Pimp Circle:** Describes a situation where pimps circle around a victim for purposes of intimidating and disciplining the victim, using verbal and physical threats/action.
- **Pimp party:** When several pimps “unite” to abuse a prostitute for either being disrespectful, trying to leave the “game” or reporting a pimp to the police. It usually consists of several pimps “gang-raping” the victim, beating, urinating and/or defecating on the victim, and other forms of abuse.
- **Quota:** The amount of money a victim must give to their trafficker/pimp each night. If a quota is not met, the victim may be made to work until it is, or may be beaten or otherwise disciplined.
- **Reckless eye balling:** When a prostitute is looking at another pimp or suspected pimp.
- **Rick:** A client of prostitution / buyer of sex with child.
- **Seasoning:** The process of breaking a victim’s spirit and gaining control over him or her, using rapes, beatings, manipulation and intimidation.
- **Serve:** The procedure by which the newly “chosen” pimp “serves notice” to the old pimp. This is done when the “chosen” pimp takes his “new” prostitute’s money (earned from the previous night) and gives it to the old pimp or will simply “serve” the old pimp verbally, without a money exchange.
- **Square:** A person not involved in the game of “pimping” and prostitution. Someone who leads a normal life.
- **Stable:** The amount of prostitutes working for a particular pimp. Example: if a pimp has six girls working for him, he has a stable of six.
- **Staying in pocket:** A slang term for the practice of forbidding prostituted youth from observing street or establishment names or general surroundings during “dates” in order to keep them isolated and under control.
- **Streets:** Areas that prostitutes offer their trade and sellers know where buyers are shopping for their “dates”. Work on the streets is easier and unlike entertainment/escort service or hotel work.
- **The Life:** Prostitution.
- **Track:** A certain area of a street in any given city where prostitution can be found.
- **Trade Up/Trade Down:** The act of buying or selling a person for a pimp’s stable.
- **Trap:** Money/cash earned by a prostitute.
- **Trick roller:** A prostitute who steals, either through using deception or drugs, property



from clients after he/she befriends and either offers to, or performs sex on, the client. Most trick roll victims are drugged to the point of unconsciousness, thereby giving the prostitute several hours to flee before the victim awakes.

- Turn-out: A brand new prostitute newly recruited into “The Life”. One who has just turned from a normal girl to a prostitute.
- Wife-in-law: The name each prostitute in a pimp’s “stable” call each other. A prostitute can only be a wife-in-law to another prostitute if they have the same pimp. In some “stables,” wife-in-laws are not allowed to communicate with each other. Many pimps will enforce this rule to keep the prostitutes from unifying against him and to keep them from knowing how he treats others.

Reprinted from the Barton Child Law and Policy Center, *Improving Offender Accountability in CSEC Cases: Tools for Investigating and Prosecuting Adult Exploiters*. with permission from The Barton Child Law and Policy Center, Emory Law School, Atlanta, Georgia, 30322

## **Appendix E - Medical Personnel**

### **E-1: Medical Personnel Response**

#### **1) Sexual Abuse:**

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

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

❖ **Forensic interviews should occur at the Children's Advocacy Center or designated equipped location (for children 17 years or younger) according to Protocol guidelines.**

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

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

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

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

#### **D. Sexual exploitation suspected**

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

### **2) Physical Abuse:**

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

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

### **3) Neglect:**

#### **A. Failure to thrive**

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

#### **B. Other Neglect issues**

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

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

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

## **Appendix E-2 - Temporary Protective Custody by a Physician**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **O.C.G.A. §15-11-133. Removal of child from the home; protective custody**

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

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

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

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

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

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

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

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

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

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

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

## Appendix G - Georgia Child Fatality Review Committee

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

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

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

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

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

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

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

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

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

- (1) Sudden Infant Death Syndrome;
- (2) Any unexpected or unexplained conditions;



- (3) Unintentional injuries;
- (4) Intentional injuries;
- (5) Sudden death when the child is in apparent good health;
- (6) Any manner that is suspicious or unusual;

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

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

(9) Child abuse.

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

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

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

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

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

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

(j) When the chairperson of a review committee receives a report from the coroner or medical

examiner regarding the death of a child, such chairperson shall review the report and findings regarding the cause and manner of the child's death and respond as follows:

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

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

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

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

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

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

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

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

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

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

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

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

(3) The review committee may obtain from any superior court judge of the county or circuit for which the review committee was created a subpoena to compel the production of documents or

attendance of witnesses when that judge has made a finding that such documents or witnesses are necessary for the review committee's review. Service of, objection to, and enforcement of subpoenas authorized by this Code section shall be governed by the procedures set forth in Chapter 13 of Title 24. However, this Code section shall not modify or impair the privileged communications as provided by law except as otherwise provided in [Code Section 19-7-5](#).

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

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

- (1) State the circumstances leading up to death and cause of death;
- (2) Detail any agency involvement prior to death, including the beginning and ending dates and kinds of services delivered, the reasons for initial agency activity, and the reasons for any termination of agency activities;
- (3) State whether any agency services had been delivered to the family or child prior to the circumstances leading to the child's death;
- (4) State whether court intervention had ever been sought;
- (5) State whether there have been any acts or reports of violence between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household;
- (6) Conclude whether services or agency activities delivered prior to death were appropriate and whether the child's death could have been prevented;
- (7) Make recommendations for possible prevention of future deaths of similar incidents for children who are at risk for such deaths; and
- (8) Include other findings as requested by the Panel.

(m) The review committee shall transmit a copy of its report within 15 days of completion to the panel.

(n) The review committee shall transmit a copy of its report within 15 days following its completion to the district attorney of the county or circuit for which the review committee was created if the report concluded that the child named therein died as a result of:

- (1) Sudden Infant Death Syndrome when no autopsy was performed to confirm the diagnosis;
- (2) Accidental death when it appears that the death could have been prevented through intervention or supervision;
- (3) Any sexually transmitted disease;

(4) Medical causes which could have been prevented through intervention by an agency or by seeking medical treatment;

(5) Suicide of a child in custody or known to the Department of Human Services or when the finding of suicide is suspicious;

(6) Suspected or confirmed child abuse;

(7) Trauma to the head or body; or

(8) Homicide.

(o) Each review committee shall issue an annual report no later than the first day of July each year. The report shall:

(1) Specify the numbers of reports received by such review committee from a county medical examiner or coroner pursuant to subsection (h) of this Code section for the preceding calendar year;

(2) Specify the number of reports of child fatality reviews prepared by the review committee during such period;

(3) Be published at least once annually in the legal organ of the county or counties for which the review committee was established with the expense of such publication paid each by such county; and

(4) Be transmitted, no later than the fifteenth day of July each year to the Panel.

**Appendix H - Sample Report of Alleged Child Abuse in the Educational Setting**  
**Jasper County 7\UHF\G\H\A**

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Actions Taken:

---

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

---

***Reporting Official***

---

***Received By***

---

***Date***

---

***Date***

## Appendix I - Signature Page

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

\_\_\_\_\_  
County District Attorney

\_\_\_\_\_  
County DFCS

\_\_\_\_\_  
Department of Juvenile Justice

\_\_\_\_\_  
County Sheriff's Office

\_\_\_\_\_  
County Board of Education

\_\_\_\_\_  
County Juvenile Court

\_\_\_\_\_  
County Public Health Department

\_\_\_\_\_  
County Magistrate Court

\_\_\_\_\_  
County Medical Services

\_\_\_\_\_  
County Superior Court

\_\_\_\_\_  
County Mental Health

\_\_\_\_\_  
County CASA

\_\_\_\_\_  
County Coroner / Medical Examiner



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

### **PROTOCOL COMMITTEE - ANNUAL REPORT**

**County:**

**Judicial Circuit:**

**Date of Submission:**

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

The report shall include the following:

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

Activities/Concerns:

---

Chair - Printed Name and Title

Address

Phone

Email

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

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

## Appendix K – DFCS - Mandated Reporter Form



Nathan Deal, Governor

Keith Horton, Commissioner

---

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

### **Georgia Child Protective Services Mandated Reporter Form**

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

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

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

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

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

---

DATE:

Time: \_\_\_\_\_ County where child resides: \_\_\_\_\_

Location of child at time of report: \_\_\_\_\_

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

Reporter's Organization and Organization address: \_\_\_\_\_

Primary Caretaker of Child: \_\_\_\_\_

Address of Primary Caretaker: \_\_\_\_\_

Reporter's relationship to Child: \_\_\_\_\_

Additional person (and contact information) who can be contacted if you, the reporter, are not available and additional information is needed:

*If you are the designated reporter for your agency (i.e. school counselor, law enforcement dispatch...), please indicate the primary staff-person in your organization who has firsthand knowledge of the suspected child maltreatment and/or knows the child and family. DFCS's ability to speak directly with*

*those having firsthand knowledge of the suspected child maltreatment and/or knows the child and family is critical for assessment of short and long term safety and well-being of the alleged victim child.*

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

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

Mother's Name: \_\_\_\_\_ RACE: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Mother's Residence: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_

Mother's Telephone Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Father's Name: RACE: DOB: SSN:

Father's Residence:

Father's Employment: \_\_\_\_\_

Father's Telephone Number: \_\_\_\_\_ Marital Status:

Language: \_\_\_\_\_ ALT Contact Info:

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

**CHILDREN:**

Child's Name	Victim	Sex	Race	DOB	SSN	Grade Level

**OTHER HOUSEHOLD MEMBERS:**

Name	RELATIONSHIP To Primary Caretaker	LANGUAGE	MARITAL STATUS	Race	DOB	SSN

**OTHER ADULTS OF SIGNIFICANCE NOT RESIDING IN HOME:**

Name	RELATIONSHIP To Primary Caretaker	LANGUAGE	MARITAL STATUS	Race	DOB	SSN

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

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

**Circumstances surrounding your concern:** *(What was going on with the family before, during and*

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

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

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

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

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

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

## Appendix L - CSEC Referral Form for Georgia Cares



Georgia Cares Referral Form

Division of Family and Children Services

Fax to: 404-371-1030 or

Email to: [referrals@georgiacareconnection.com](mailto:referrals@georgiacareconnection.com)

### Client's Information

Youth Name:

Social Security Number:

Date of Birth:

Gender:

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

Ethnicity:

Language Spoken:

Does youth have a disability?

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

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

### Client's Address

Legal address:

County:

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

Current address (if different):

County:

Is this a safe location? ☐ Yes ☐ No

### Contact:

Name of legal guardian:

Phone number:

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



Medicaid /CMO ID:

Insurance:

**Please check all that applies:**

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

**DFCS Referral Information**

Name of Referral Source:

Job Title:

County:

Phone Number:

Email Address:

Case Supervisor Name and Number:

Name of Case Worker (If different from referral source):

Contact information of Case Worker:

**DFCS Information**

Is this youth in DFCS custody? ☐ Yes ☐ No

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

What is the overall placement history?

Date of upcoming Family Team Meeting (if applicable):

Date of the next court hearing:

What is the purpose of this court hearing?

List the services that are currently in place:

Describe reason for referral to Georgia Cares:

**Please attach the following documents:**

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

## **Appendix M – State and National Resources**

### **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)

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 Ctr for Missing & Exploited Children  
Phone: 1-800-THE-LOST  
Website: [www.missingkids.com](http://www.missingkids.com)

The National Ctr on Shaken Baby Syndrome  
Phone: 801-627-3399  
Website: [www.dontshake.com](http://www.dontshake.com)

### **State Resources**

Children's Advocacy Centers of Georgia  
Phone: 770-319-6888  
[www.cacga.org](http://www.cacga.org)

Prevent Child Abuse Georgia  
Phone: 404-870-6580 in Atlanta  
1-800-CHILDREN  
[www.pcageorgia.org](http://www.pcageorgia.org)

Email: [centralized\\_intake@pcageorgia.org](mailto:centralized_intake@pcageorgia.org)

Georgia Commission on Family Violence  
1-800-33-HAVEN voice/TTY- 24 hours a day

Children's Healthcare of Atlanta  
404-785-1111 or 1-800-785-CHOA  
[www.choa.org/childprotection](http://www.choa.org/childprotection)

Governor's Office for Children and Families  
(404) 656-5600  
<http://children.georgia.gov/>

Administrative Office of the Courts of Georgia  
Commission on Family Violence (GCFV)

Justice for Children (J4C)  
[Michelle Barclay](mailto:Michelle.Barclay@georgiacourts.org), 404-657-9219, 404-656-5171  
<http://www.georgiacourts.org/>

Georgia Network to End Sexual Assault  
(404) 815-5261  
[info@gnesa.org](mailto:info@gnesa.org)

National Children's Advocacy Center  
Phone: 800-747-8122  
Website: [www.nationalcac.org](http://www.nationalcac.org)

Criminal Justice Coordinating Council  
404-657-2222 or 800-547-0060  
[cjcc.ga.gov](http://cjcc.ga.gov)

National Children's Alliance  
Phone: 800-239-9950  
Website: [www.nationalchildrensalliance.org](http://www.nationalchildrensalliance.org)

The Barton Child Law & Policy Center at Emory Law School  
404.727.6664  
[www.bartoncenter.net](http://www.bartoncenter.net)

Georgia Court Appointed Special Advocates  
404-874-2888      [www.gacasa.org](http://www.gacasa.org)

## **Appendix N - Additional State Resources for CSEC Victims**

### **Georgia Cares Contact Information**

Phone: 404-602-0068 (24 hours)

Fax to: 404-371-1030

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

Email to: [referrals@georgiacareconnection.com](mailto:referrals@georgiacareconnection.com)

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

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

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

### **Attorney General's Office Human Trafficking Special Prosecutor**

Camila Wright has been appointed special prosecutor dedicated to the prosecution of human trafficking including the Commercial Sexual Exploitation of Children. Ms. Wright can prosecute and/or provide law enforcement and prosecution assistance on these complex cases. In addition to handling prosecutions, Ms. Wright is available to conduct both law enforcement and prosecution trainings and will oversee the Attorney General's policy agenda on human trafficking. Ms. Wright may be contacted at 404-656-3336 or via email

## Glossary

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

- (1) "Abortion" shall have the same meaning as set forth in Code Section 15-11-681.
- (2) "Abused" means subjected to child abuse.
- (3) "Child" means any person under 18 years of age.
- (4) "Child abuse" means:
  - A. Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child;
  - B. Neglect or exploitation of a child by a parent or caretaker thereof;
  - C. Sexual abuse of a child; or
  - D. Sexual exploitation of a child.

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

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

(6) "Clergy" means ministers, priests, rabbis, imams, or similar functionaries, by whatever name called, of a bona fide religious organization.

(7) "Pregnancy resource center" means an organization or facility that:  
Provides pregnancy counseling or information as its primary purpose, either for a fee or as a free service;

- A. Does not provide or refer for abortions;
- B. Does not provide or refer for FDA approved contraceptive drugs or devices; and
- C. Is not licensed or certified by the state or federal government to provide medical or health care services and is not otherwise bound to follow federal Health Insurance Portability and accountability Act of 1996, P.L. 104-191, or other state or federal laws relating to patient confidentiality.

(8) "Reproductive health care facility" means any office, clinic, or any other physical location that provides abortions, abortion counseling, abortion referrals, or gynecological care and services.

(9) "School" means any public or private pre-kindergarten, elementary school, secondary school, technical school, vocational school, college, university, or institution of postsecondary education.

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

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

- (B) Bestiality;
- (C) Masturbation;
- (D) Lewd exhibition of the genitals or pubic area of any person;
- (E) Flagellation or torture by or upon a person who is nude;
- (F) Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;
- (G) Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;
- (H) Defecation or urination for the purpose of sexual stimulation; or
- (I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

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

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

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