WAYNE COUNTY

CASE MANAGEMENT PROTOCOL FOR CHILD ABUSE & NEGLECT

A protocol for the multidisciplinary team detection, investigation & prosecution of child abuse, neglect & sexual exploitation.

2022

WELCOME

PREFACE

In 1991, the development of the Wayne County Case Management Protocol for Child Abuse and Neglect (Protocol) grew out of the increased awareness among professionals that victims of child sexual and physical abuse have special needs and require a different intervention approach than adults. We also recognized the need for greater coordination of services from the many community agencies that are involved, such as the Department of Health and Human Services (DHHS), the Prosecutor's Office, the Attorney General's Office, the courts, the Friend of the Court, law enforcement, educators, medical professionals, and mental health professionals.

The ***Protocol*** was the first countywide protocol developed in Michigan. In 1992 it served as a model for the Governor's Task Force on Children's Justice in their mission of creating a child abuse and neglect investigative protocol for all counties.

The ***Protocol*** was amended for the third time in 1998 to provide the most current information on the laws and updated procedures in Wayne County. It also included the *Michigan Governor's Task Force on Children's Justice New Forensic Interviewing Protocol*[1]. The Child Protection Law was amended in 1998 to include the following: In each county, the prosecuting attorney and the department shall develop and establish procedures for involving law enforcement officials as provided in this section. In each county, the prosecuting attorney, and the department (DHHS) shall adopt and implement a standard child abuse and neglect investigation and interview protocols using as a model the protocols developed by the governor's task force on children's justice; see MCL 722.628(6).

The ***Protocol*** was amended for the fourth time in 2002 to include the procedures of the Wayne County Kids-TALK Children's Advocacy Center (CAC) program and to focus on a Multidisciplinary Team (MDT) approach. The fifth edition Protocol included updates to statutes, changes in the procedures of the Kids-TALK CAC and emphasized the need for the opinion of all agencies to be considered as part of a multi-disciplinary approach.

This protocol was amended in 2017 and the sixth edition includes new procedures of the Kids-TALK CAC, other agency changes, legal updates and new appendices covering Digital Evidence, Human Trafficking, and the Michigan Drug Endangered Children (DEC) Response Protocol.

This 2022 seventh edition of the ***Protocol*** includes updated procedures of the MDT and legal updates.

The ***Protocol*** is reviewed, updated, and signed by the MDT a minimum of every three years, and updated in between each signing cycle as necessary, to assure policies and protocols are consistently followed. These reviews and updates also ensure best practices are followed and support best outcomes for children and their families.

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[1] The name of the Governor's Task Force on Children's Justice was changed to the Governor's Task Force on Child Abuse and Neglect on September 1, 2010.

WAYNE COUNTY CASE MANAGEMENT PROTOCOL FOR CHILD ABUSE AND NEGLECT 2022 REVISION COMMITTEE

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WAYNE COUNTY CASE MANAGEMENT PROTOCOL FOR CHILD ABUSE & NEGLECT SECTIONS

APPENDICES

GLOSSARY

3200-	A DHHS form used by mandated reporters when notifying CPS of suspected abuse and neglect of a child by a person responsible for the health or welfare of the child.
AAG-	Assistant Attorney General, an attorney employed with the Michigan Attorney General's Office.
APA-	Assistant Prosecuting Attorney, an attorney appointed by the Wayne County Prosecuting Attorney to represent the People of the State of Michigan.
CAC-	Children's Advocacy Center
CPL-	Child Protection Law
CPS-	Children's Protective Services, a division of the Michigan Department of Health and Human Services.
Child-	A person under 18 years of age.
DHHS-	Department of Health and Human Services
DHS 1163-MA-	DHHS form utilized by Children's Protective Services to request medical information.
FCW-	Foster Case Worker
FOC-	Friend of the Court
GTF-	Governor's Task Force on Child Abuse and Neglect
HIV	Human Immunodeficiency Virus, a sexually transmitted disease.
JC01-	A form used by Michigan Probate Courts to initiate delinquency proceeding against a juvenile offender.
JC02-	A form used by Michigan Probate Courts to initiate protective proceedings on behalf of a child.
Kids-TALK CAC-	Wayne County Kids-TALK Children's Advocacy Center (CAC)
LEN-	Law Enforcement Notification, a DHHS form used to notify law enforcement of suspected child abuse.
MDOC-	Michigan Department of Corrections
MDT-	The multidisciplinary team of professionals that collaborate on investigations for abuse and neglect.
OIC-	Officer in Charge, the law enforcement officer in charge of the investigation of alleged criminal activity.
PJCSAT-	Prosecutor's Juvenile Court Sexual Assault Team
SAFE-	Sexual Assault Forensic Examiner
SANE-	Sexual Assault Nurse Examiner

SAT-	Sexual Assault Team, a unit in the Wayne County Prosecutor's Office handling sexual assaults of individuals over the age of 16 at the time the warrant is presented.
SVU-	Special Victim's Unit, a unit in the Wayne County Prosecutor's Office, formerly the Child and Family Abuse Bureau (CFAB), handling child abuse, (Child Abuse Unit) sexual assault, domestic violence, elder abuse, and animal protection cases.
Team-	Coordinated Investigative Team (Multidisciplinary Team)

I. MISSION STATEMENT

A. Responding to child abuse presents challenges to professionals dedicated to the safety and welfare of children. Prosecutors, law enforcement, child protective services, and other professionals must work together to respond to the problem.

B. The overriding philosophy of the Protocol is to consider first and foremost: What Is Best for The Child, while ensuring the rights of the accused. The following goals are the basis for this policy:

1. To reduce trauma and provide protection and continued support for the victims of abuse and their families.

2. To protect children from further child abuse and/or neglect.

3. To ensure child abuse and neglect cases are properly and effectively investigate and prosecuted.

4. To improve cooperation among professionals and agencies to develop a common goal of improved management of child abuse cases.

5. To make sure that all children who are suspected victims of child abuse and/or neglect are assessed to determine the need for a medical evaluation and if needed, ensure the medical evaluation and treatment are made available.

6. To safeguard that the opinions and advice of all agencies involved in protecting children are considered.

7. To increase awareness and reporting of child abuse cases by everyone.

8. To provide proper training for all professionals covered by this Protocol.

II. CHILD PROTECTION LAW AND ITS REQUIREMENTS

Child abuse and child neglect[2] are defined under the Child Protection Law (CPL) at MCL 722.622. Those definitions provide as follows:

(f) "Child" means a person less than 18 years of age.

(g) "Child abuse" means harm or threatened harm to a child's health or welfare that occurs through non-accidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child's health or welfare or by a teacher, a teacher's aide, or a member of the clergy.

(k) "Child neglect" means harm or threatened harm to a child's health or welfare by failure of the parent, legal guardian, or other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.

The Child Protection Law requires certain professionals to report *child abuse or neglect* to the Department of Health and Human Services when they have reasonable cause to suspect that a child is being abused or neglected.

Section 3(1) of the Child Protection Law sets forth (*See*, MCL 722.623):

(1) An individual is required to report under this act as follows:

(a) A physician, dentist, physician's assistant, registered dental hygienist, medical examiner, nurse, person licensed to provide emergency medical care, audiologist, psychologist, marriage and family therapist, licensed professional counselor, social worker, licensed master's social worker, licensed bachelor's social worker, registered social service technician, social service technician, a person employed in a professional capacity in any office of the friend of the court, school administrator, school counselor or teacher, law enforcement officer, member of the clergy, or regulated child care provider who has reasonable cause to suspect <u>child abuse or neglect shall make an immediate report to centralized intake by telephone, or, if available, through the online reporting system, of the suspected child abuse or child neglect. Within 72 hours after making an oral report by telephone to centralized intake, the reporting person shall file a written report as required in this act. If the immediate report has been made using the online reporting system and that report includes the information required in a written report under subsection (2), that report is considered a written report for the purposes of this section and no additional written report is required</u>.[3] If the reporting person is a member of the staff of a hospital, agency, or school, the reporting person shall notify the person in charge of the hospital, agency, or school of his or her finding and that the report has been made, and shall make a copy of the written or <u>electronic</u> report available to the person in charge. A notification to the person in charge of a hospital, agency, or school does not relieve the member of the staff of the hospital, agency, or school of the obligation of reporting to the departments as required by this section. One report from a hospital, agency, or school is adequate to meet the reporting requirement. A member of the staff of a hospital, agency, or school shall not be dismissed or otherwise penalized for making a report required by this act or for cooperating in an investigation.

(b) A department employee who is 1 of the following and has reasonable cause to suspect *child abuse or neglect* shall make a report of suspected *child abuse or neglect* to the department in the same manner as required under subdivision (a):

(i) Eligibility specialist.

(ii) Family independence manager.

(iii) Family independence specialist.

(iv) Social services specialist.

(v) Social work specialist.

(vi) Social work specialist manager.

(vii) Welfare services specialist.

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[2] Italics utilized to indicate child abuse or neglect as defined in the Child Protection Law, rather than the all-encompassing term child abuse and neglect cases.

[3] This amendment took effect on March 8, 2016 and online reporting is currently being designed and tested. The online mandated reported will begin as a pilot in Kent County and if successful will be expanded statewide. The pilot is set to begin in early 2017.

III. USING A COORDINATED INVESTIGATIVE TEAM APPROACH

A. The primary purpose of the Coordinated Investigative Team (Team) is to ensure the coordination of procedures and practices of the various agencies, organizations and personnel involved in the evaluation, detection, investigation and prosecution of child abuse and neglect, and crimes against children cases.

B. Among the duties and responsibilities contemplated are regular meetings to increase communication among Team members. Whether Teams act merely in an oversight capacity, or are actively involved in case-by-case decision-making, the Team will facilitate and support the role of its members, coordinate the sharing of information, and provide oversight to increase awareness of and compliance with, the law and best practices outlined in this Protocol.

C. The Child Protection Law requires the following members to coordinate their efforts, and they form the central county Team. MCL 722.628 Sec. 8 (6)

1. Prosecuting Attorney – Team Leader
2. Law Enforcement Officer
3. Children's Protective Services Specialist/Investigator

D. The Multidisciplinary Team may include but is not limited to the following additional professionals, on a case-by-case basis:

1. Kids-TALK Children's Advocacy Center (CAC) Staff
2. Medical Professionals
3. Mental Health Professionals
4. School Personnel
5. Friend of the Court Personnel
6. Foster Care Workers
7. Prosecuting Attorney
8. Law Enforcement Officer
9. Children's Protective Services

E. The roles of the Team members should be determined by the central county Team. Not every case will require the participation of all Team members.

F. Each law enforcement agency should designate at least one investigator and an appropriate backup specifically identified and specially trained to handle cases of child abuse and neglect occurring within its jurisdiction.

G. Each member of the county team should have received specialized training in the handling of abuse and neglect cases. This training should include *Michigan Governor's Task Force on Child Abuse and Neglect and Department of Health and Human Services Forensic Interviewing Protocol* (DHHS-Pub 779).

H. Any area or department within the county that is unable to find a trained investigator should identify a specific law enforcement agency and investigators to ensure complete coverage. It is recommended that these responsibilities be coordinated between the county's Sheriff

Department and local State Police Posts.

Cases of child abuse occurring in the following locations will be handled by the agency listed below:

Location: _____ Agency: _____

Location: _____ Agency: _____

I. All designated Team members shall be provided with a contact phone number list, including for after hour emergencies, which shall be maintained and distributed by the Team Leader.

J. County Team Objectives:

1. Coordinate investigation.
2. Conduct a thorough and objective investigation.
3. Minimize trauma to the victim.
4. Ensure fairness to the accused.

K. Coordinated Investigations – If the case involves a person responsible for the child's health and welfare, then a Coordinated Investigation is to be conducted with CPS.

L. Cases of Special Note that Prompt a Specific Response

1. Medical Issues: When a case requires a medical evaluation of a child, refer to Section XII: Medical Professionals.
2. Digital Evidence: When a case involves digital evidence and the need for forensic evaluation, refer to Appendix 10: Cases Involving Digital Evidence.
3. Human Trafficking: When a case involves Human Trafficking, refer to Appendix 11: Human Trafficking.
4. Methamphetamine: When a case involves methamphetamine exposure, refer to Appendix 12: Michigan Drug Endangered Children (DEC) Response Protocol.

IV. INVESTIGATION OF SEXUAL ABUSE OF CHILD – LAW ENFORCEMENT

A. Initial Report of Sexual Abuse

1. Local police unit, communications operations section, 911, or local police emergency number receives initial complaint, and the appropriate law enforcement officer will:
   a. Evaluate nature of the complaint.
      1) Interview and gather information from person reporting the offense. Without interviewing the child unless absolutely necessary, and then not in-depth.
      2) Collect evidence and document visible injuries if applicable.
      3) Limit physical examination and visual assessments to injuries visible without removing the child's clothing without attempting to view or assess the genitalia of children.
   b. Evaluate the medical needs of the child.
      1) If there is any physical injury or mental health concerns (suicidal and/or homicidal ideation) requiring immediate medical treatment, arrange for the child to be taken to a hospital Emergency Department immediately for a physical examination and/or mental health screening. Coordinate transportation with the parent or person responsible for the child's health or welfare.
      2) If emergent/immediate medical intervention is not necessary, determine if the sexual abuse/assault occurred, or is suspected to have occurred within the last five days (120-hours).
         1. If abuse/assault occurred OVER five days (120-hours) prior to presentation, AND there is no sign of physical injury, arrange for the medical evaluation of the child at Kids-TALK CAC as part of the coordinated investigation. Contact Kids-TALK CAC so that an appointment can be arranged. DO NOT refer the child to the emergency department.
         2. If abuse/assault occurred, or is suspected to have occurred within the last five days (120-hours), contact the AVALON Healing Center SAFE Program to arrange for an acute medical-forensic examination at 313-474-SAFE. An examination time and location will be scheduled by the on-call SANE/FNE. Coordinate transportation to the examination site with the parent or person responsible for the child's health or welfare.
   c. Evaluate any current danger to the child. If the child appears to be in immediate danger of abuse in the home environment requiring immediate removal, Law Enforcement officer will:
         1. Take the child into custody.
         2. Notify CPS by contacting them at 1-855-444-3911.
         3. Complete JC02 Form.
         4. Law Enforcement may file a petition and is responsible for contacting the court for a preliminary hearing date.
         5. Contact DHHS Centralized Intake for placement at 1-855-444-3911.
         6. Contact the person responsible for the child's health or welfare and notify them of court date and time.

   d. Contact the designated investigator, Officer in Charge (OIC), or specialized unit that deals with child sexual abuse cases and be guided by their advice for further actions.

2. Law Enforcement officer **shall** immediately make a telephone referral to CPS Centralized Intake at **1-855-444-3911**, or if available, through the online reporting system and report the incident if:
    a. The referral source is someone other than CPS,
    b. The alleged perpetrator is responsible for the health or welfare of the child, and
    c. The report has a basis in fact.

3. Law enforcement officer taking the initial report has the final responsibility for the telephone report to CPS within 24-hours. The telephone or online report to CPS should be documented in the initial report.
    a. Follow up with a written 3200 form if online reporting system not utilized.
    b. Refer the case to the designated investigator, Officer in Charge (OIC), or specialized unit that deals with child sexual abuse cases within 48-hours for further investigation.

B. Initial Referral for Investigation

1. If the initial referral did not come from CPS and the case involves a person responsible for the child's health and welfare, law enforcement officer will:
    a. Confirm telephone or online report to CPS as noted above.
    b. Prepare a 3200 form and file it with CPS within 72-hours of the initial report if online reporting system not utilized.
    c. Evaluate nature of complaint. If the case involves a person responsible for the child's health and welfare, then a coordinated investigation is to be conducted with CPS (see below Section IV).
    d. Interview the person reporting the offense.
    e. Interview other persons with knowledge of the case.
    f. Request a copy of any/all medical records.
    g. NOT interview the child unless necessary for a safety assessment, and then not in depth.

2. The assigned Officer in Charge (OIC) has the final responsibility for ensuring the filing of the 3200 form and documenting the filing of a 3200 form.

3. Schedule a forensic interview with the Kids-TALK CAC Intake Coordinator for child victims or witnesses who are 17 years of age and under.
    New Referrals: **https://support.iamtgc.net/support/tickets/new**
    Telephone: 734-785-7716 or 313-833-2970

4. **After Hours/Weekends/Holidays: 734-383-2798 (Emergency Intake)**
    a. Provide the information to the parent, guardian, custodian, or other person responsible for the child's health and welfare.
    b. If a Coordinated Investigation, contact CPS to arrange for a worker to present during the forensic interview to avoid the need for the child to be interviewed multiple times.

5. If penetration (of mouth, genital or anus), contact with the child's mouth, genital or anus, or sexual contact is reported, and the child was NOT taken to an emergency department for medical evaluation/examination as required above (see Section IV. A. b. C3):
    a. Contact Kids-TALK CAC at **https://support.iamtgc.net/support/tickets/new** or 734-785-7716 or 313-833-2970 to schedule a non-acute medical evaluation. Do NOT refer the child the emergency department.
    b. Contact Kids-TALK CAC and the parent, guardian, custodian, or other person responsible for the child's health and welfare to verify that the medical examination has been scheduled.
    c. If a Coordinated Investigation, inform CPS of date of scheduled medical evaluation.
    d. Contact Kids-TALK CAC to verify that the evaluation took place.

C. Kids-TALK CAC Forensic Interview

1. A Kids-TALK CAC Forensic Interviewer will interview a child 17 years of age and under pursuant to the *Michigan Governor's Task Force on Child Abuse and Neglect and Department of Health and Human Services Forensic Interviewing Protocol* (DHHS-Pub 779).

2. A Law Enforcement officer will observe the interview via closed circuit television. If a Coordinated Investigation, a CPS or Forest Care (FC) Specialist/Investigator will also observe the interview. A Special Victims Unit APA or Advocate can observe the interview.

3. During the forensic interview, the Forensic Interviewer will have contact with the Law Enforcement officer, CPS or FC Specialist/Investigator (if present), and/or the Special Victims Unit APA observing the interview to inquire if additional questions should be asked.

4. The recorded Kids-TALK CAC interview shall not be released, copied, or circulated, except as provided for in this ***Protocol***, or otherwise provided for by law (see **MCLA 600.2163a**).

5. The Law Enforcement copy of the Kids-TALK CAC interview will be kept in a secure locked area.

D. Under Special Limited Circumstances

A Kids-TALK CAC forensic interview may not be immediately possible. In these cases, with the approval of the APA, a forensic interview may be conducted by Law Enforcement:

1. The Law Enforcement officer MUST be trained in the *Michigan Governor's Task Force on Child Abuse and Neglect and Department of Health and Human Services Forensic Interviewing Protocol* (DHHS-Pub 779).

2. The interview MUST be video recorded.

3. If the forensic interview is part of a Coordinated Investigation, a CPS Specialist/Investigator should observe the interview and have input on questions to ask.

E. Coordinated Investigations with CPS

1. Coordinate the investigation with CPS Specialist/Investigator:
   a. Share any police reports with CPS.
   b. Request copies of CPS reports and interviews.
   c. Notify CPS of scheduled Kids-TALK CAC interview.
   d. Notify CPS of scheduled medical examinations/evaluations.
   e. Share any medical records with CPS.
   f. Coordinate with CPS regarding the observation and documentation of the crime scene. CPS policy may require that CPS perform an on-scene investigation.
   g. Notify CPS immediately of the arrest of the alleged perpetrator.

2. If at any time during the investigation, it is discovered that anyone other than the alleged perpetrator did any of the following, and was a person responsible for the health and welfare of the child, notify CPS immediately if:
   a. The person was involved with the sexual abuse.
   b. The person was aware of the sexual abuse and did nothing to stop it or report it.
   c. The person allowed contact between the victim and the alleged perpetrator AFTER the abuse was reported.
   d. Any child was exposed to methamphetamine production.

3. Discuss the investigation with the assigned CPS Specialist/Investigator:
   a. If the CPS Specialist/Investigator has a reason to believe sexual abuse occurred, the case will be submitted to the Prosecutor's Office for review.
   b. If the OIC has reason to believe sexual abuse occurred, but the CPS Specialist/Investigator does not believe the abuse was committed by a person responsible for the health and welfare of the child:
      1. Submit the warrant packet to the Prosecutor's Office for review.
      2. Get a copy of the report generated by CPS and ensure that it is properly classified.

F. Referral to Prosecutor's Office

1. Contact the SVU for advice or suggestions if at any time during the investigation there are any questions on how to proceed.

2. Submit a search warrant affidavit to the appropriate unit of the Prosecutor's Office, when evidence of the offense is known or suspected to be available. This should include, but not be limited to biological evidence (such as on bedding or clothing), electronic evidence (such as cell phones, tablets, and cameras), and any other items that may be of evidentiary value to the prosecution.

3. Submit a warrant request to the Wayne County Prosecutor's Office for review as soon as possible after the investigation is complete if there is reason to believe a crime occurred. Include a recording of the Kids-TALK CAC forensic interview at the time the warrant request is submitted.

a. If the victim of the offense is at least 16 years of age at the time the warrant is requested, submit the request to the Sexual Assault Team (SAT).
b. If the victim of the offense is less than 16 years of age at the time the warrant is requested, or if the victim (of any age) is mentally or physically impaired, submit the request to the Child Abuse Unit.
c. If the alleged perpetrator is an individual 17 years of age or under, see Section IX: Prosecution – Juveniles.
d. In all other circumstances, submit the warrant to the general Warrants Division.

4. If it is a Coordinated Investigation, include the name and telephone number of the CPS Specialist/Investigator in the warrant packet.

5. The OIC will include CURRENT victim placement and contact information at the time the warrant is submitted.

6. The OIC will include in the warrant packet the name of the Child Advocate or Special Victim Unit APA who was present at the time of the Kids-TALK CAC forensic interview.

7. Conduct any additional investigation if requested by the APA.

V. INVESTIGATION OF PHYSICAL ABUSE OF CHILD – LAW ENFORCEMENT

A. Initial Report of Physical Abuse

1. Local police unit, communications operations section, 911, or local police emergency number receives initial complaint, and the appropriate law enforcement officer will:
   a. Evaluate nature of the complaint.
      1) Interview and gather information from person reporting the offense. Without interviewing the child unless necessary for a safety assessment, and then not in depth.
      2) Collect evidence and document visible injuries if applicable.
      3) Limit physical examination and visual assessments to injuries visible without removing the child's clothing without attempting to view or assess the genitalia of children.
   b. Evaluate the medical needs of the child.
      1) If there is any physical injury or mental health concerns (suicidal and/or homicidal ideation) requiring immediate medical treatment, arrange for the child to be taken to a hospital Emergency Department immediately for a physical examination and/or mental health screening. Coordinate transportation with the parent or person responsible for the child's health or welfare.
      2) The Children's Hospital of Michigan Emergency Department is available to evaluate the suspected victims of child maltreatment that require emergent evaluation. Please contact the **Physician Link Line at 877-994-8436 PRIOR to sending the child to the emergency department**.
      3) If immediate medical treatment IS NOT necessary, please contact the **Child at Risk Evaluation (CARE) Team at Children's Hospital of Michigan at 313-993-8899** to arrange for an evaluation.
   c. Evaluate any current danger to the child. If the child appears to be in immediate danger of abuse in the home environment requiring immediate removal, Law Enforcement officer will:
      1. Contact DHHS Centralized Intake for placement at 1-855-444-3911.
      2. Contact the person responsible for the child's health or welfare and notify them of court date and time.
      3. Contact designated investigator, OIC, or specialized unit that deals with child physical abuse cases and be guided by their advice for further actions.

2. If the referral source if other than CPS and the alleged perpetrator is responsible for the health and welfare of the child, and law enforcement believes that the report has a basis in fact, law enforcement will:
   a. Immediately make a telephone referral to CPS Centralized Intake at 855-444-3911, or if available, through the online reporting system, and report the incident.
   b. Refer the case to designated investigator, Office in Charge (OIC), or specialized unit that deals with child physical abuse cases within 48-hours for further investigation.

3. Law Enforcement officer taking the initial report has the final responsibility for the telephone or online report to CPS.

B. Initial Referral for Investigation

1. If the initial referral did not come from CPS and the case involves a person responsible for the child's health and welfare, law enforcement officer will:
    a. Confirm telephone or online report to CPS as noted above.
    b. Prepare a 3200 form and file it with CPS within 72-hours of the initial report if online reporting system not utilized.
    c. Evaluate nature of complaint. If the case involves a person responsible for the child's health and welfare, then a coordinated investigation is to be conducted with CPS (see below Section IV).
    d. Interview the person reporting the offense.
    e. Interview other persons with knowledge of the case.
    f. Request a copy of any/all medical records.
    g. NOT interview the child unless necessary for a safety assessment, and then not in depth.

2. The assigned Officer in Charge (OIC) has the final responsibility for ensuring the filing of the 3200 form and documenting the filing of a 3200 form.

C. Visual Assessment of Child

1. Contact the CPS Specialist/Investigator to determine if a medical examination/evaluation has been scheduled and completed.
    a. If the child has not yet been medically evaluated, evaluate the medical needs of the child (see above Section IV. A. 1. b.).
    b. If the child has not been medically examined the OIC will make an effort to document any injuries.
        1. The OIC should coordinate the visual assessment with the CPS Specialist/Investigator so that the child does not have to be assessed multiple times.
        2. If the child is older than an infant, CPS and OIC should NOT attempt to view the genitalia of breasts of a female child, or genitalia of a male child.
        3. If possible, photograph the injury and/or document the injury. Photographs of genitalia may NOT be taken by Law Enforcement personnel.

D. Interview Child Victim

1. Schedule a forensic interview with the Kids-TALK CAC Intake Coordinator for child victims or witnesses who are 17 years of age and under.
2. Contact Kids-TALK CAC at **https://support.iamtgc.net/support/tickets/new** or 734-785-7716 or 313-833-2970 to schedule a forensic interview.
   After Hours/Weekends/Holidays: 734-383-2798 (Emergency Intake)

3. Interview the child consistent with the *Michigan Governor's Task Force on Child Abuse and Neglect and Department of Health and Human Services Forensic Interviewing Protocol* (DHHS-Pub 779).

4. If a Coordinated Investigation, contact CPS to arrange for a Specialist/Investigator to be present during the interview to avoid the need for the child to be interviewed multiple times.

5. Document the statement(s) of the child using exact language of the child (using quotations when needed).

6. Anatomical dolls or drawings should NOT be used.

7. Interview the child in a quiet, neutral, non-distracting, and child friendly room.

8. Interview the child outside of the presence of anyone other than the Interviewer or Child/Family Advocate. The Child/Family Advocates will not participate unless directed by the Interviewer.

9. Never interview the child in the presence of or in the proximity of the alleged perpetrator.

10. The recorded Kids-TALK CAC interview shall not be released, copied, or circulated, except as provided for in this Protocol, or otherwise provided for by law (see MCLA 600.2163a).

11. The Law Enforcement copy of the Kids-TALK CAC interview will be kept in a secure locked area.

E. Coordinated Investigation with CPS

1. Coordinate the investigation with CPS Specialist/Investigator:
   a. Share any police reports with CPS.
   b. Request copies of CPS reports and interviews.
   c. Notify CPS of scheduled Kids-TALK CAC interview.
   d. Notify CPS of scheduled medical examinations/evaluations.
   e. Share any medical records with CPS.
   f. Notify CPS of victim interview(s).
   g. Coordinate with CPS regarding the observation and documentation of the crime scene. CPS policy may require that CPS perform an on-scene investigation.
   h. Notify CPS immediately of the arrest of the alleged perpetrator.

2. If at any time during the investigation, it is discovered that anyone other than the alleged perpetrator did any of the following, AND was a person responsible for the health and welfare of the child, notify CPS immediately if:
   a. The person was involved with the physical abuse.
   b. The person was aware of the physical abuse and did nothing to stop it or report it.

c. The person allowed contact between the victim and the alleged perpetrator AFTER the abuse was reported.
d. Any child was exposed to methamphetamine production.
e. Discuss the investigation with the assigned CPS Specialist/Investigator:

F. Referral to the Prosecutor's Office

1. Contact the Special Victims Unit (SVU) for advice of suggestions if at any time during the investigation there are any questions on how to proceed.

2. Submit a search warrant affidavit to the appropriate unit of the Prosecutor's Office when evidence of the offense is known or suspected to be available. This should include, but not be limited to biological evidence (such as bedding or clothing), electronic evidence (such as cell phones, tablets, or cameras), or other items that may be of evidentiary value to the prosecution.

3. Submit a warrant request to the Wayne County Prosecutor's Office for review as soon as possible after the investigation is complete if there is reason to believe a crime occurred. Include a recording of the Kids-TALK CAC forensic interview at the time the warrant request is submitted.

4. If a Coordinated Investigation, be sure to include the name and telephone number of the CPS Specialist/Investigator in the warrant packet.
   a. If the victim of an offense was less than 18 years of age at the time of the offense, or if the victim (of any age) is mentally or physically impaired, submit the request to the Child Abuse Unit.
   b. If the alleged perpetrator is an individual 17 years of age or under, see Section IX Prosecution-Juveniles.
   c. In all other cases, submit the warrant to the general Warrants Division.

5. The OIC will include CURRENT victim placement and contact information at the time the warrant is submitted.

6. Conduct any additional investigation if requested by the Child Abuse Unit APA.

VI. INVESTIGATION OF SEXUAL ABUSE OF CHILD - CPS

A. Initial Complaint

1. Centralized Intake receives a complaint and conducts a preliminary inquiry to determine if the complaint meets the criteria to assign for investigation. Complaint can be received via telephone or online reporting (mandated reporters only).

2. If Complaint involves sexual abuse by someone other than a person responsible for the child's health or welfare, parent, guardian, or caregiver, CPS Specialist/Investigator will:
    a. Immediately contact Law Enforcement agency in the jurisdiction where the abuse occurred.
    b. Complete and distribute LEN form to:
        1) CPS case file (electronically and/or hard copy).
        2) Law Enforcement agency.
        3) SVU – Child Abuse Unit
        4) Prosecutors Office.

3. If Complaint involves sexual abuse by a person responsible for the child's health or welfare, parent, guardian, or caregiver, Centralized Intake will:
    a. Immediately contact Law Enforcement agency in the jurisdiction where the abuse occurred.
    b. Complete and distribute LEN form to:
        1) CPS case file (electronically and/or hard copy).
        2) Law Enforcement agency.
        3) SVU – Child Abuse Unit
        4) Prosecutors Office.
    c. Refer to CPS Specialist/Investigator for Coordinated Investigation with Law Enforcement.
        1) If the alleged perpetrator has access to the child of if the child is afraid to go home, then immediate response criteria are followed (see below).
        2) If that is not the case, 24-hour response criteria (see below) are followed.
        3) A CPS Supervisor may override immediate response criteria and institute 24-response criteria if:
            1. The child is not in school when the report is made, and
            2. The interview at home would hamper the investigation or endanger the child.
        4) Complaint does not involve abuse or neglect of a child, Centralized Intake will:
            1. Refer to other DHHS or community resource(s) are needed or indicated.
            2. Refer for CPS investigation as needed to evaluate failure to protect or parental awareness or involvement.

B. Response Criteria

1. General Concerns:

a. Commencing an investigation may include contact with the complaint source, a review of prior CPS history or contact with a collateral person that has information about the child or family. Commencement is to occur within 12-hours for a Priority 1 Response or 24-hours for a Priority 2 Response to the initial complaint.
b. A face-to-face contact with the parents, other persons responsible for the health and welfare of the child, the alleged perpetrator and/or alleged victim(s) is required for all complaints.
c. The CPS Specialist/Investigator will make every effort to initiate face-to-face contact by seeing the alleged victim.

C. Initial Investigation – CPS Specialist/Investigator will:

1. Evaluate nature of complaint.

2. Verify that Law Enforcement in the jurisdiction in which the abuse occurred has been notified.

3. Conduct a Coordinated Investigation as explained below in Section VI.E.

4. If the child has not yet been medically evaluated, evaluate the medical needs to the child.
   a. If there is any physical injury or mental health concerns (suicidal and/or homicidal ideation) requiring immediate medical treatment, arrange for the child to be taken to a hospital Emergency Department immediately for a physical examination and/or mental health screening. Coordinate transportation with the parent or person responsible for the child's health or welfare.
   b. If emergent/immediate medical intervention is not necessary, determine if the sexual abuse/assault occurred, or is suspected to have occurred, within the last five days (120-hours):
      1. If abuse/assault occurred **OVER** five days (120-hours) prior to presentation, AND there is no sign of physical injury, arrange for the medical evaluation of the child at Kids-TALK CAC as part of the coordinated investigation. Contact Kids-TALK CAC so that an appointment can be arranged. **DO NOT refer the child to the emergency department**.
      2. If abuse/assault occurred or is suspected to have occurred **WITHIN** the last five days (120-hours), **contact the AVALON Healing Center SAFE Program to arrange for an acute medical-forensic examination at 313-474-SAFE**. An examination time and location will be scheduled by the on-call SANE/FNE. Coordinate transportation to the examination site with the parent or person responsible for the child's health or welfare.
   c. Contact the OIC to verify that the examination took place.

5. Interview other persons with knowledge of the case.

6. Interview the alleged perpetrator and take a detailed verbatim statement.

7. Do NOT interview the child unless necessary for a safety assessment, and then not in depth.

8. NEVER interview the child in the presence of or proximity of alleged perpetrator.

9. Contact the OIC to arrange for the CPS Specialist/Investigator to be present during the Kids-TALK CAC forensic interview to avoid the need for the child to be interviewed multiple times.

10. If an on-scene investigation is required, contact the OIC to coordinate the observation and documentation of the crime scene.

D. Kids-TALK CAC Forensic Interview

1. A Kids-TALK CAC Forensic Interviewer will interview a child 17 years of age and under pursuant to the *Michigan Governor's Task Force on Child Abuse and Neglect and Department of Health and Human Services Forensic Interviewing Protocol* (DHHS-Pub 779).

2. The interview will be video recorded.

3. The CPS or Foster Care (FC) Specialist/Investigator, the OIC, and Special Victims Unit APA or Advocate (if available) will observe the interview via closed circuit television.

4. During the forensic interview, the Forensic Interviewer will have contact with CPS or FC Specialist/Investigator, the Special Victims Unit APA or Advocate (if present), and OIC to obtain their input on other questions to ask.

5. A copy of the recorded Kids-TALK CAC interview will be given to the Attorney General's Office for CPS or FC Specialist/Investigator and the OIC.

6. The recorded Kids-TALK CAC interview shall not be released, copied, or circulated, except as provided for in this ***Protocol***, or otherwise provided for by law (see **MCLA 600.2163a**).

7. The CPS/FC copy of the Kids-TALK CAC interview will be kept in a secure locked area by the Attorney General's Office, who will maintain an inventory of recorded interviews.

E. Under Special Limited Circumstances

A Kids-TALK CAC forensic interview may not be possible. In these cases, with the approval of the APA, a forensic interview may be conducted by law enforcement:

1. The Law Enforcement officer MUST be trained in the *Michigan Governor's Task Force on Child Abuse and Neglect and Department of Health and Human Services Forensic Interviewing Protocol* (DHHS-Pub 779).

2. The interview MUST be video recorded.

3. If the forensic interview is part of a Coordinated Investigation, a CPS Specialist/Investigator should observe the interview and have input on questions to ask.

F. Coordinated Investigation with Law Enforcement

1. Coordinate the investigation with OIC.
   a. Share copies of CPS reports and interviews with Law Enforcement.
   b. Request copies of Law Enforcement reports.
   c. Contact Law Enforcement to find out time of scheduled medical evaluation/examination.
   d. Share any medical records with law enforcement.
   e. If an on-scene investigation is required, contact the OIC to coordinate the observation and documentation of the crime scene.

2. Investigated non-offending person responsible for health or welfare of the child if there is an indication that the person failed to protect the child or was involved in the abuse.

3. Investigate any non-parent adult responsible for the abuse or neglect.

4. Discuss the investigation with the OIC.
   a. If the CPS Specialist/Investigator has a reason to believe sexual abuse occurred, contact the OIC to ensure that the case is sent to the Prosecutor's Office for review.
   b. If the CPS Specialist/Investigator does not have a reason to believe sexual abuse occurred, but the OIC does, the CPS Specialist/Investigator will contact the Prosecutor's Office at the time the warrant packet is sent for review.

G. Refer to the Attorney General's Office (see Section X).

VII. INVESTIGATION OF PHYSICAL ABUSE AND NEGLECT OF CHILD – CPS

A. Initial Complaint

1. Centralized Intake receives a complaint and conducts a preliminary inquiry to determine if the complaint meets the criteria to assign for investigation. Complaint can be received via telephone or online reporting (mandated reporters only).
    a. If Complaint involves neglect or abuse by someone other than a person responsible for the child's health or welfare, parent, guardian, or caregiver, Centralized Intake will refer for a CPS investigation as needed to evaluate failure to protect or parental awareness or involvement.

2. If Complaint involves physical abuse, or child's exposure to methamphetamine by someone other than a person responsible for the child's health or welfare, parent, guardian, or caregiver, Centralized Intake will:
    a. Immediately contact Law Enforcement agency in the jurisdiction where the abuse occurred.
    b. Complete and distribute LEN form to:
        1) CPS case file (electronically and/or hard copy).
        2) Law Enforcement agency.
        3) SVU – Child Abuse Unit
        4) Prosecutors Office.

3. If complaint involves physical abuse, neglect, or exposure to methamphetamine by a person responsible for the child's health or welfare, parent, guardian or caregiver AND abuse or neglect results in severe physical injury to the child requiring medical treatment or hospitalization, or abuse or neglect is the suspect cause of a child's death or complaint indicates a violation of 750.136b (Child Abuse 1st, 2nd, 3rd or 4th). Centralized Intake will:
    a. Immediately contact Law Enforcement in the jurisdiction where the abuse occurred.
    b. Complete and distribute LEN form to:
        1) CPS case file (electronically and/or hard copy).
        2) Law Enforcement agency.
        3) SVU – Child Abuse Unit
        4) Refer to CPS Specialist/Investigator for Coordinated Investigation with Law Enforcement.
    c. Priority 1 Response criteria (see below) are followed when:
        1) Bruises, contusions, burns are evident or medical care if required, or
        2) The child is under 6 years old or limited by a disability and the alleged perpetrator will have access to the child within the next 48-hours, or
        3) The child is afraid to go home.
    d. Priority 2 Response, 24-hour response/72-hour face-to-face criteria (see below) are followed when the child is under 6 years old or limited by a disability and the alleged perpetrator will NOT have access to the child within the next 48-hours.
    e. A CPS Supervisor may override immediate response criteria and institute 24-hour response criteria if:
        1) The child is not in school when the report is made, and

2) The interview at home would hamper the investigation or endanger the child.

4. Complaint involves physical abuse or neglect by a person responsible for the child's health or welfare, parent, guardian, or caregiver and not covered above, Centralized Intake will:
    a. If physical abuse, refer to CPS Specialist/Investigator for investigation.
        1) Priority 1 Response criteria (see below) are followed when:
            i. Bruises, contusions, burns are evident or medical care if required, or
            ii. The child is under 6 years old or limited by a disability and the alleged perpetrator will have access to the child within the next 48-hours, or
            iii. The child is afraid to go home.
        2) Priority 2 Response, 24-hour response/72-hour face-to-face criteria (see below) are followed when the child is under 6 years old or limited by a disability and the alleged perpetrator will NOT have access to the child within the next 48-hours.
        3) A CPS Supervisor may override immediate response criteria and institute 24-hour response criteria if:
            i. The child is not in school when the report is made, and
            ii. The interview at home would hamper the investigation or endanger the child.
    b. If neglect, refer to CPS Specialist/Investigator for investigation.
        1) Priority 1 Response criteria (see below) are followed when:
            i. Bruises, contusions, burns are evident or medical care if required, or
            ii. The child is under 6 years old or limited by a disability and the alleged perpetrator will have access to the child within the next 48-hours, or
            iii. The child is afraid to go home.
        2) Otherwise, Priority 2 Response, 24-hour response/72-hour face-to-face criteria (see below) is followed.

5. If complaint does not involve abuse or neglect of a child, CPS Specialist/Investigator will:
    a. Refer to DHHS or community resource(s) as needed and/or indicated.

B. Response Criteria

1. General Concerns
    a. May include contact with the complaint source, a review of prior CPS history or contact with a collateral person that has information about the child or family. Commencement is to occur within 12 or 24 hours of the initial complaint, based on Priority Response Criteria.
    b. A face-to-face contact with the parents, other persons responsible for the health and welfare of the child, the alleged perpetrator and/or alleged victim(s) is required for all complaints.

2. Priority 1 Response; CPS Specialist/Investigator will:
    a. Initiate action immediately to ensure safety.
    b. Commence investigation within 12-hours.

c. Have a face-to-face contact within 24-hours.

3. Priority 2 Response; CPS Specialist/Investigator will:
   a. Commence investigation within 24-hours.
   b. Have a face-to-face contact within 72-hours.

C. **Initial Investigation**

CPS Specialist/Investigator will:

1. Evaluate nature of complaint.

2. Verify that the law enforcement in the jurisdiction in which the abuse occurred has been notified if required above (see Section VII.A.).

3. Seek the assistance of and cooperate with law enforcement within 24-hours of receipt of a complaint that includes allegations that:
   a. Abuse or neglect is suspected cause of a child's death.
   b. Abuse or neglect resulting in severe physical injury to the child requires medical treatment or hospitalization. "Severe physical injury" means an injury to the child that requires medical treatment or hospitalization and that seriously impairs the health or physical well-being of a child.
   c. Law enforcement intervention is necessary for the protection of the child, a department employee, or another person involved in the investigation.
   d. The alleged perpetrator of the child's injury is not a person responsible for the child's health or welfare.
   e. The child has been exposed to or had contact with methamphetamine production.
   f. The complaint involves a violation of 750.136b (Child Abuse 1st, 2nd, 3rd, or 4th).

4. Interview the alleged perpetrator and take a detailed verbatim statement.

5. Conduct visual assessment of the child.
   a. If the child has not yet been medically evaluated, evaluate the medical needs of the child.
      1. If there is any physical injury requiring immediate medical treatment, arrange for the child to be taken to a hospital emergency room immediately for a physical evaluation/examination. Coordinate transportation with the parent or person responsible for the child's health or welfare.
      2. If the allegations involve severe physical abuse or a long pattern of physical abuse and no immediate medical treatment is necessary, contact the Children's Hospital of Michigan Care at Risk Evaluation (CARE) Team at 313-993-8899.
      3. If a medical examination is scheduled, contact parent or person responsible for the child's health or welfare to verify that the examination took place.
      4. If a Coordinated Investigation, notify the OIC when and examination is scheduled and has been completed.

b. If the child has not been medically examined the CPS Specialist/Investigator will make an effort to view the part of the child's body allegedly injured.
    1. Coordinate the visual assessment with the OIC, so that the child does not have to be assessed multiple times.
    2. If the child is older than an infant, CPS Specialist/Investigator and OIC should NOT attempt to view the genitalia or breasts of female children or the genitalia of male children.
    3. Viewing the buttocks of children aged six and under is appropriate with verbal permission from a parent/guardian.
    4. Viewing the buttocks of child over the age of six requires written permission from the parent/guardian.
    5. If possible, photograph the injury and/or document the injury. Photographs of genitalia or buttocks should only be taken under the supervision of medical personnel.
    6. Child shall not be subjected to a search at a school that requires the child to remove his or her clothing to expose his buttocks or genitalia or her breasts, buttocks, or genitalia unless CPS has obtained an order from a court of competent jurisdiction permitting such a search. If the access occurs within a hospital, the investigation shall be conducted so as not to interfere with the medical treatment of the child or others.

D. Interview with the Child

1. If a Coordinated Investigation, contact the OIC to arrange for the CPS Specialist/Investigator to be present during the interview to avoid the need for the child to be interviewed multiple times.

2. *Michigan Governor's Task Force on Child Abuse and Neglect and Department of Health and Human Services Forensic Interviewing Protocol* (DHHS-Pub 779). In cases of serious physical abuse (as defined by the MDT), schedule a Kids-TALK CAC forensic interview at the Detroit or Southgate location of the CAC.

   Kids-TALK CAC Intake Coordinators: 313-833-2970 / 734-785-7716
   https://support.iamtgc.net/support/tickets/new

   After Hours/Weekends/Holidays: 734-383-2798 (Emergency Intake)

3. Document the statement(s) of the child victim using the exact language of the child (using quotations when needed).

4. Anatomical dolls and/or drawing should NOT be used.

5. Interview the child in a quiet, neutral, non-distracting, and child friendly room.

6. Interview the child outside of the presence of anyone other than Interviewer and/or Child Advocate.

7. NEVER interview the child in the presence of the alleged perpetrator.

8. The recorded Kids-TALK CAC interview will not be released, copied, or circulated, except as provided for in the *Protocol*, or otherwise provided for by law (see MCLA 600.2163a).

9. The CPS copy of the Kids-TALK CAC interview will be kept in a secure locked area by the Attorney General's Office. The Attorney General's Office will maintain an inventory of recorded interviews.

E. Coordinated Investigation with Law Enforcement

1. Coordinate the investigation with OIC.
   a. Share copies of CPS reports and interview with Law Enforcement.
   b. Request copies of Law Enforcement reports and witness statements.
   c. Contact Law Enforcement to find out time of interview of child victim at Kids-TALK CAC.
   d. Contact Law Enforcement to find out time of scheduled medical examination.
   e. Share any medical records with Law Enforcement.
   f. Contact the OIC to coordinate the observation and documentation of the crime scene, if an on-scene investigation is required.

2. Investigate non-offending person responsible for health or welfare of the child if there is an indication that the person failed to protect the child or was involved in the abuse.

F. Referral to Attorney General's Office (See Section X)

VIII. PROSECUTION – ADULT

A. Initial Referral to Prosecutor's Office

1. Law enforcement will present a warrant request as soon as possible after the investigation is complete.
   a. The Officer in Charge (OIC) will include the name and number of the Children's Protective Services (CPS) Specialist/investigator in the warrant request submitted to the Assistant Prosecuting Attorney (APA).
   b. The OIC will include CURRENT victim placement and contact information at the time the warrant request is submitted.
   c. If a Child Advocate and/or Special Victims Unit APA were present at the time of the Kids-TALK CAC forensic interview, the OIC will include this information in the warrant request.
   d. If the case involves sexual abuse and the victim is 15 years old or under at the time the warrant is presented, submit to the SVU - Child Abuse Unit.
   e. If the case involves an assault or physical abuse and the victim is 15 years old or younger at the time the warrant is presented, submit to the SVU - Child Abuse Unit.
   f. If the victim is mentally, or physically impaired, submit to the SVU - Child Abuse Unit.
   g. If the case involves sexual abuse and the victim is 16 years of age or older at the time the warrant is presented, submit to the SVU - Sexual Assault Team (SAT).
   h. In all other cases, submit the warrant request to the general Warrant Division.

2. Warrants – not in custody cases:
   a. Cases processed Monday through Friday from 9:30 am to 4:00 pm.
   b. The case will be assigned to the appropriate unit APA for review.
   c. Do NOT arrange for any child witness or victim to appear without first contacting the reviewing APA or assigned Child Advocate or Victim Advocate.

3. Warrants – in custody cases:
   a. Case should be submitted by 9:30 am Monday through Friday in order to be processed the same day.
   b. Case should be submitted by 9:30 am if submitted on a weekend or holiday.
      1. If a SVU case (see Section VIII.A), the on-call Special Victims Unit APA will be contacted to review the warrant.
      2. If a SVU - SAT case (see Section VIII.A) the on-call SAT APA will be contacted to the review the warrant.
      3. If a general Warrant Division case (see Section VIII.A), the case will be assigned to an APA in the Warrant Division.
   c. If child has not been to Kids-TALK CAC, set up a forensic interview at Kids-TALK CAC.

4. Upon special request, a not in custody warrant may be handled as an in-custody warrant. Whether or not in custody warrant is handled as an in-custody warrant will be determined by a supervisor in the appropriate unit.

B. Kids-TALK CAC Forensic Interview

1. A Kids-TALK CAC Forensic Interviewer will interview the child pursuant to the *Michigan Governor's Task Force on Child Abuse and Neglect and Department of Health and Human Services Forensic Interviewing Protocol* (DHHS-Pub 779).

2. A Law Enforcement officer will observe the interview via closed circuit television. If a Coordinated Investigation, a CPS or Foster Care (FC) Specialist/Investigator will also observe the interview. A Special Victims APA or Advocate can observe the interview.

3. During the forensic interview, the Forensic Interviewer will have contact with the CPS or FC Specialist/Investigator (if present), Special Victims Unit APA or Advocate (if present) and Law Enforcement officer observing the interview to get their input on additional questions to ask.

4. A copy of the recorded Kids-TALK CAC interview will be given to the OIC. If a Coordinated Investigation a copy will be give to the Attorney General's Office for CPS.

5. The recorded Kids-TALK CAC interview will not be released, copied, or circulated, except as provided for in this *Protocol,* or otherwise provided for by law (see MCLA 600-2163a).

6. The copy of the Kids-TALK CAC interview will be kept in a secure locked area. The Attorney General's Office will maintain an inventory of recorded interviews.

7. Under special circumstances a Kids-TALK CAC forensic interview may not be possible. In these cases, a forensic interview may be conducted by Law Enforcement:
   a. If trained in the *Michigan Governor's Task Force on Child Abuse and Neglect and Department of Health and Human Services Forensic Interviewing Protocol* (DHHS-Pub 779).
   b. The interview must be video recorded.
   c. If a Coordinated Investigation a CPS/FC Specialist/Investigator should observe the interview and have input on additional questions to ask.

8. If a copy of the Kids-TALK CAC interview is submitted by the OIC at the time the warrant is submitted, the copy will be secured either in the file, or in a secure location within the Prosecutor's Office.

C. Referral of Case to SVU – Child Abuse Unit

1. A Special Victim Unit APA will be assigned to review the warrant.

2. A Child Advocate or Victim Advocate will be assigned on each warrant request. After charges have been authorized:
   a. When a Kids-TALK CAC interview is scheduled, a Child Advocate or APA will be present whenever possible to observe the interview. At the end of the interview the Child Advocate or APA will meet the child and the family.
   b. If the warrant request alleges physical abuse or sexual abuse of a child age 12 or under, a Child Advocate will be assigned.

c. If the warrant request alleges sexual abuse of a child aged 13 or over, either a Victim Advocate or Child Advocate will be assigned.
d. A Child Advocate or Victim Advocate is available for the following reasons:
    1. Crisis intervention for the child and family.
    2. Acquaint the child with the courtroom and courtroom behavior.
    3. Keep the child and CPS informed of the progress of various proceedings.
    4. Work with the assigned APA to ensure that the best interests of the child are promoted.

3. The Special Victims Unit APA will review the warrant request and if there is need for additional investigation, will refer the case back to the OIC.

4. The Child Abuse Unit APA or Advocate will contact CPS and the Assistant Attorney General (AAG) when the case is being prosecuted.

5. If the alleged perpetrator is on probation or parole at the time of the offense, the Child Abuse Unit APA or Advocate will contact the Michigan Department of Corrections (MDOC).

6. The Child Abuse Unit APA or Advocate will contact the CPS Specialist/Investigator and/or the AAG to advise them of any "no contact" orders by any court. If orders are conflicted, the order providing the most protection for the child will prevail.

7. Court appearance by a child.
    a. Whenever possible, the same Child Abuse Unit APA will be assigned to the case at all court dates in which the child will testify.
    b. The APA will interview the child prior to the child's testimony.
    c. The APA and/or Advocate will acquaint the child with courtroom procedure and make the child comfortable enough to testify.
    d. The Advocate will give information to the child regarding the court procedure in advance of the hearing.

D. Mandatory Reporting Requirements of the Prosecution

1. If any employee of the Wayne County Prosecutor's Office suspects abuse or neglect of a child, they should immediately make a verbal report to CPS by telephone at 1-855-444-3911, or if available, through the online reporting system.

2. The APA or Advocate should determine the person's employment if a person is bound over on any of the following charges:
    a. CSC 1st Degree (MCL 750.520b), CSC 2nd Degree (MCL 750.520c) and CSC 3rd Degree (MCL 750.520d).
    b. Assault with Intent to Commit CSC (MCL 750.520g).
    c. A felony attempt or conspiracy to commit criminal sexual conduct.
    d. An assault on a child that is punishable as a felony.
        1. Child Abuse in the 1st, 2nd, 3rd Degree (MCL 750.136b).

2. Involvement in child sexually abusive material or child sexually abusive activity in violation of MCL 750.145c.

3. If the defendant is bound over on one of the above charges and is employed in certain fields, notifications should be made as follows:
   a. If an employee of a nonpublic school, the APA or Advocate will notify the governing body of the nonpublic school.
   b. If an employee of a school district or intermediate school district, the APA or Advocate will notify the superintendent of the district.
   c. If an employee of the Department of Health and Human Services, the APA or Advocate will notify the county director of social services or the superintendent of the training school.

4. If a child-care provider, the APA or Advocate will notify DHHS, the owner or operator of the provider's location or organization, and the child-care regulatory agency with authority over that location and organization.

5. If notification is made as listed above (Section VIII. D. 3), the APA or Advocate will notify the appropriate person(s) upon final disposition.

IX. PROSECUTION – JUVENILES

A. **Law Enforcement Request for Action (JC 01) on Sexual Assault or Related Crimes**

1. Upon completion of investigation of a crime involving a sexual assault or other sexually related crimes where Law Enforcement finds the alleged perpetrator to be an individual 16 years of age or under, and:
   a. The individual is neither in custody nor in need of detention, the OIC will file a complaint with the Prosecutor's Office – Juvenile Division.
      1. If the APA decides to file a petition, then the matter will be referred to the Case Initiation Unit.
      2. The Court will not receive any complaint until after the Prosecutor's Office has reviewed the information and decided to prosecute.
   b. The individual is in custody; the Request of Action will be filed by the OIC at the Juvenile Detention Facility when the individual is delivered there.

2. The Request for Action will contain all relevant materials from the investigation, which will enable the Juvenile Division APA to accurately evaluate the request.
   a. This should include but not be limited to all Kids-TALK CAC recordings, police reports, statements/admissions, medical records, and witness list.
   b. A separate cover sheet will be attached to the JC 01 by the requesting department clearly indicating the following:
      1. That the case involves a sexual matter.
      2. The name, direct line phone number, and cell number of the OIC.
      3. The best times to contact the OIC.
      4. The name and contact information of an alternate officer with whom the case can be discussed if the OIC is not available.
      5. The name, age, and date of birth of the victim. If the victim is minor, the name, address, and phone number of the parent or guardian must also be contained.
      6. The name and telephone number of any CPS Specialist/Investigator, Friend of the Court Investigator, or Juvenile Justice Worker known to the law enforcement based on their investigation.

B. Referral to the Prosecutor's Juvenile Court Sexual Assault Team (PJCSAT)

1. Upon receipt of the not in custody Request for Action JC 01, any requests marked as a sexual or sexually related offense will be immediately forwarded to the Child Advocate assigned to the Prosecutor's Juvenile Court Sexual Assault Team.

2. The Child Advocate will log in all relevant material into the Juvenile Division database and forward the Request to an APA assigned to the team.

3. Any request for action involving children aged 12 and under, or individuals with a mental disability or other special needs will be assigned to a team member who has been trained in utilizing the *Michigan Governor's Task Force on Child Abuse and Neglect and Department of Health and Human Services Forensic Interviewing Protocol* (DHHS-

Pub 779).

4. Upon the receipt of an in-custody request, an APA who is not a member of the PJCSAT may review the request and make an appropriate charging decision with the approval of a Juvenile Division Supervisor.
   a. A member of the PJCSAT will be on call and available to the on-duty APA at the Juvenile Detention Facility for assistance.
   b. The decision to automatically waive, adult designate, or charge a juvenile as a delinquent requires the approval of the Juvenile Division Chief or Deputy Chief.
   c. Upon the filing of a petition, the on-duty APA will deliver the case file to the PJCSAT's Child Advocate as soon as possible. The file will be processed and assigned as indicated above.

5. The APA assigned to the case will review the request as soon as possible. If there is sufficient evidence presented in the Request for Action packet, the request to file a petition will be signed and filed with the court immediately. If the APA feels it is necessary to interview any witnesses prior to making a decision, the Child Advocate will contact the needed persons and schedule the interview.

C. Mandatory Reporting Requirements of Prosecutor's Office

1. If any employee of the Wayne County Prosecutor's Office suspects abuse or neglect of a child, they should immediately make a verbal report to CPS by telephone at 1-855-444-3911, or if available, through the online reporting system.

X. ATTORNEY GENERAL – CHILD PROTECTIVE PROCEEDINGS

A. Intake Section Each Morning will Review:

1. All of the preliminary hearing petitions and
2. Prepare preliminary hearing packets for each scheduled hearing.

B. Preliminary Hearing Packet may Include:

1. New or updated information identifying the parents or putative parents.
2. Addresses for all respondents and children.
3. Copies of any Friend of the Court or paternity documents.
4. Criminal, probate and juvenile delinquency convictions, charges, and information.
5. A copy of the petition.

C. Preliminary Hearing will be Held on the Petition before the Court:

1. The Assistant Attorney General (AAG) should obtain copies of all DHHS investigative reports.
2. Copies of all Law Enforcement reports and should be forwarded to the Assistant Attorney General.
3. Medical records should be received.
4. Kids-TALK CAC video recorded interviews should be requested and received.
5. Any other information for the child protection proceeding should be given to the AAG.
6. Subpoenas for any additional information that is needed should be requested of the AAG.

D. Notification of Proceedings to the Wayne County Prosecutor's Office

1. The AAG at the preliminary hearing will review each child protective petition for referral for possible criminal prosecution by the Wayne County Prosecutor's Office.
2. The selected petition, along with related documents and reports, will accompany an attached, completed referral form.
3. A report of referrals will be made bi-weekly to the Wayne County Prosecutor's Office.
4. The Prosecutor's Office and the Attorney General's Office will share information regarding case proceedings to ensure all parties are notified of proceedings.
5. Updates of the status of criminal cases and neglect proceedings will be provided to each agency.
6. The Wayne County Prosecutor's Office has the ultimate authority to determine if any criminal charges will be initiated notwithstanding a referral.
7. The Attorney General's Office will notify each appropriate Law Enforcement agency of the child protection proceeding.

E. Pre-Trial Conducted on the Child Protective Proceeding

1. Determination as to paternity status of all parents should be made.
2. Native American heritage of the parents must be explored, and notice must be given to the tribe if it is determined that there is Native American heritage.
3. Notice of Hearing and a copy of the petition must be given to each respondent parent.
4. If notice has not occurred, the court must explore the issue of notice to ensure personal service alternate publication of service is effectuated.
5. The petition must be adjudicated by a plea to the petition by each parent or having the matter set for a bench or jury trial.

6. If a trial is scheduled, all discovery should be completed including DHHS investigative reports, Law Enforcement reports, witness statements, Kids-TALK CAC video recorded interviews, photographs, medical records, school records, certified copies of convictions, Personal Protection orders and any other documents deemed necessary to proceed with the child protection proceeding.

F. Trial of Child Protective Proceeding

1. The court and the assigned AAG will ensure all parties have been properly served with the petition for the trial date
2. Compliance with the Indian Child Welfare Act must be ascertained.
3. Review all discovery and subpoena additional necessary information.
4. Contact the assigned Wayne County APA when criminal charges accompany the neglect proceeding.
5. Maintain contact with DHHS in preparation for trial.
6. Ensure all visitation restrictions are being met.
7. Inform the DHHS Specialist/Investigator and APA of any "no contact" orders.
8. Prepare children for court if they must testify.
9. Arrange specific times for law enforcement witnesses and expert witnesses to testify to limit long wait times.

G. Post Adjunction Hearings: The Attorney General's Office will attend all post adjudication hearings on behalf of DHHS.

H. Questions and Concerns: If at any time there are any questions on how to proceed, contact the Attorney General's Office for advice or suggestions.

XI. KIDS-TALK CHILDREN'S ADVOCACY CENTER

Kids-TALK Children's Advocacy Center (CAC) facilitates a coordinated Multidisciplinary Team response. A coordinated response works to support effective interagency communication, reduce duplication of services, and create a network of support for children and their non-offending caregivers. Working together, ensures that all disciplines benefits from the knowledge and expertise of their MDT colleagues, supports timely progression of investigations, and helps ensure the best outcomes for the children. A coordinated response requires regular communication and information gathering and sharing that are consistent with legal, ethical, and professional standards of practice.

Kids-TALK CAC is a child-centered and trauma-informed space that is safe and welcoming for children and families. This is fostered by the CAC's *Code of Conduct,* which is shared and agreed upon by all Kids-TALK CAC staff, interns, volunteers and the MDT. In order to create a safe environment, alleged perpetrators, including those suspected of failing to protect, are not permitted to transport children or be present on the premises of the CAC. Any disputes about whether a person may transport or be onsite at the CAC are resolved by a CAC supervisor.

The Guidance Center's Kids-TALK Children's Advocacy Center Locations:
Kids-TALK CAC Detroit
40 East Ferry Street
Detroit, MI 48202
313-833-2970
734-383-2798 Emergency Number

https://support.iamtgc.net/support/tickets/new (Forensic Interviews/Medical Evaluation Referrals)
kidstalkcactherapy@iamtgc.net or 734-785-7708 x7672 (Therapy Referrals)

Kids-TALK CAC Southgate
19275 Northline Road
Southgate, MI 48195
734-785-7716
734-383-2798 Emergency Number

https://support.iamtgc.net/support/tickets/new (Forensic Interviews/Medical Evaluation Referrals)
kidstalkcactherapy@iamtgc.net or 734-785-7705 x7672 (Therapy Referrals)

A. The Guidance Center's Kids-TALK Children's Advocacy Center (CAC):

1. Provides a child-focused and multidisciplinary and collaborative approach (that meets the accreditation standards of the National Children's Alliance) to coordinate the investigation, assessment, treatment, and prevention of child abuse in Wayne County.

2. Has a neutral and safe place for children and their non-offending family members.

3. Has two CAC locations in Detroit and Southgate to meet the needs of the child and their family.

4. Services to children and their non-offending family members including, forensic interviewing, advocacy, onsite medical evaluations, mental health services, Case Review and outreach and prevention services.

5. Provides support and advocacy to all CAC clients and their non-offending family members by Child and Family Advocates.

6. Conducts a community assessment every three years in order to serve the community in a culturally responsive manner. The results of the community assessment are reviewed, discussed, and monitored by the CAC and shared with the MDT.

7. Partners with the MDT to ensure that at least 75% of children that meet the MDT criteria for joint investigations are referred to the CAC for forensic interviews and a collaborative and coordinated MDT response.

8. Accepts cases of sexual abuse, severe physical abuse, severe neglect, and where children are the witnesses to abuse, violence or trauma. Each case that does not meet the referral criteria will be evaluated collaboratively by Kids-TALK CAC leadership and the referring MDT on a case-by-case basis.

9. MDT members requesting case-specific information contact the main lines of the CAC or send an email to the CAC's Intake Department or a member of leadership. Upon review of the request, it is promptly addressed with a telephone call or an encrypted email. Requests for aggregate data are received and discussed by the CAC Director and Program Manager to ensure that the requested information is consistent with legal, ethical, and professional standards of practice. Upon approval, the requested data is provided via an encrypted email.

B. Kids-TALK CAC Forensic Interviewers:

1. Are trained in the *Michigan Governor's Task Force on Child Abuse and Neglect and Department of Health and Human Services Forensic Interviewing Protocol* (DHHS-Pub 779) and meet the accreditation standards of the National Children's Alliance.

2. Conduct forensic interviews of children:
   a. In cases referred to the CAC by law enforcement officials, Children's Protective Services (CPS) and/or Foster Care Specialists/Investigators
   b. In a manner that is legally sound and of a neutral, fact-finding nature and are coordinated as part of the Coordinated Investigation response to avoid duplicative interviews.
   c. In compliance with the *Michigan Governor's Task Force Forensic Interviewing Protocol* during all interviews with children.
   d. In a space at the CAC that is developed for children and accommodates their individual needs.

3. Record interviews at the CAC and follow the procedures recommended in the *Michigan Governor's Task Force on Child Abuse and Neglect and Department of Health and Human Services Forensic Interviewing Protocol* (DHHS-Pub 779), MCL 712A.17b and MCL 600.2163a.

C. Kids-TALK CAC Child and Family Advocates Provide:

1. Comprehensive trauma-informed advocacy and support services to families who come to the CAC for forensic interviews, medical, and/or mental health services. Advocacy services are tailored to each individual family and can include the following:
   a. Information, education, and referrals
   b. Personal advocacy and accompaniment
   c. Emotional support and safety services
   d. Assistance navigating the criminal and/or civil justice systems

2. Child and Family Advocates provide support services to children and their families from their initial visit to the CAC through the duration of the child's case and beyond. This includes coordination and collaboration with other MDT victim advocacy services providers.

D. Kids-TALK CAC Medical Professionals Provide:

1. Specialized non-acute medical evaluation and treatment services to CAC clients that are coordinated with the MDT response. Medical evaluations are critical in the multidisciplinary assessment of child abuse, including making a medical diagnosis and determining appropriate treatment. The non-acute medical evaluations are appropriate in cases when the sexual abuse occurred more than 120-hours prior and the child is physically and mentally stable.

2. Medical services by health care providers with pediatric experience and child abuse expertise. They meet the state standards, practice within the scope of their positions and meet the accreditation standards of the National Children's Alliance. Written results of the medical evaluations are provided to the assigned MDT and, upon request, verbal results can be provided immediately following the evaluation.

E. Kids-TALK CAC Mental Health Therapists Provide:

1. Specialized trauma-informed mental health services that are designed to meet the unique needs of each child who has experienced trauma and their non-offending family members.

2. Trauma-focused evidence-based therapeutic services routinely made available as part of the multidisciplinary response and meet the accreditation standards of the National Children's Alliance.

3. Mental health treatment that is independent of the forensic interview process.

F. Kids-TALK CAC Case Review Includes:

1. A formal process which enables the MDT to monitor and assess its independent and collective effectiveness so as to ensure the safety and well-being of children and families. Case Review occurs monthly and meets the accreditation standards of the National Children's Alliance.

2. Case Review is designed to bring all members of the MDT together as a collaborative effort to review and discuss child welfare cases in Wayne County. The MDT uses their discipline-specific expertise to educate and support each other about policies, procedures and best practice with the goal of minimizing systemic barriers that can occur in child welfare cases.

3. An informed and collaborative decision-making process with input from all of the MDT.

4. Recommendations of each Case Review are communicated by the Case Review team members for implementation.

XII. MEDICAL PROFESSIONALS

A. **Medical Professionals as Defined in the Child Protection Law (CPL)**

Including: physicians, dentists, physician's assistants, registered dental hygienists, medical examiners, nurses, persons licensed to provide emergency care, and audiologists are mandated reporters under the CPL and must report when they have reasonable cause to suspect *child abuse or neglect.*

B. **Medical Professionals Will Follow**

The procedures for reporting suspected child abuse or neglect to Children's Protective Services (CPS):

1. Identify the relationship of alleged perpetrator of abuse or neglect to the child who is disclosing abuse (if possible).

2. Write down exactly what the child said in describing the abuse or neglect.

3. Immediately make a telephone referral or cause a referral to be made to CPS Centralized Intake at 1-855-444-3911, or, if available, through the online reporting system.

4. Submit a completed CPS-3200 form within 72 hours to Centralized Intake.
   See http://michigan.gov/documents/dhs/DHS-3200_224934_7.pdf
   If the immediate report has been made using the online reporting system and that the report includes the information required in a written report in 5 below, that report is considered a written report for the purposes of this section and no additional written report is required.

5. The written report or a report using the online reporting system shall contain:
   a. The name of the child and a description of the abuse or neglect.
   b. The names and addresses of the child's parents, the child's guardian, the persons with whom the child resides (if possible).
   c. The child's age.
   d. Other information available to the reporting person that might establish the cause of abuse or neglect, and the manner in which abuse or neglect occurred.

C. **Any Legally Recognized Privileged Communication**

Except that between attorney and client or that was made to a member of the clergy in his or her professional character in a confession or similarly confidential communication is abrogated and shall not constitute grounds for excusing a report otherwise required to be made. See MCL 722.631 Sec. 11.

D. **The Identify of Reporting Person**

Shall be confidential, subject to disclosure only with the consent of that person or by judicial

process. See MCL 722.625 Sec.5.

E. **Medical Professionals Making the Report**

Shall notify the person in charge of the hospital or agency of his or her finding and that the report has been made and shall make a copy of the written report available to the person in charge. See MCL 722.623 Sec. (1) (a).

1. A notification to the person in charge does not relieve the reporting person of the obligation of reporting to CPS as required. Regardless of hospital policy. See MCL 722.623 Sec. (1) (a).

2. One report from a hospital or agency shall be considered adequate to meet the reporting requirements.

3. An internal investigation should be coordinated with any investigation being conducted by CPS and/or law enforcement to:
   a. Avoid duplicative interviews.
   b. Ensure child is interviewed by trained forensic interviewer.
   c. Ensure proper case management.

F. Safety Concerns

1. All children who are suspected victims of child abuse and/or neglect should be assessed to determine the need for a medical evaluation.

2. The child may be admitted to the hospital without parental consent and retained until the next business day of the family Division of Circuit Court when:
   a. Parents or caregivers threaten to remove the child against medical advice.
   b. Release would endanger the child's health or welfare.
   c. Notify CPS immediately when a child is taken into medical temporary custody or temporary protective custody. See MCL 722.633 Sec.13 (1) (2).

G. Medical Diagnosis and Treatment

1. Medical care by Board Certified/Board Eligible Child Abuse Pediatrician or a Board Certified Pediatric Sexual Assault Nurse Examiner (SANE-P) is preferred.
   a. Obtain a medical history from the child for medical diagnosis and/or treatment using only non-leading, open-ended questions.
   b. The person examining the child, or a member of the examiner's team should obtain the medical history whenever possible.
   c. Obtain information from the child alone whenever possible. Whenever possible, information also needs to be gathered from the parent or other caretakers as well as from the child regarding past medical history and signs or symptoms that may be relevant to the medial assessment.
   d. Document the child's statement regarding the abuse using the exact language of the child (using quotations when needed).

1. Accurate and detailed statements from children are essential for child protection professionals.
2. An accurate statement of how the abuse occurred is necessary for diagnosis.

e. An evaluation report shall be submitted to CPS.

2. Specially trained medical personnel shall conduct a thorough physical examination of the child.

   a. If sexual abuse is suspected, follow standardized sexual assault protocol and use an evidence collection kit/"rape kit" when appropriate.
   b. Document results of medical exam using body maps and video recordings and/or still photographs. Photographic documentation of examination findings is the standard of care. Photo documentation enables peer review, continuous quality improvement, and consultation. It may also obviate the need for a repeat examination of the child.
   c. Findings of the medical evaluation including the medical history, physical examination, assessment, and treatment recommendations should be shared with CPS in a routine and timely manner so that case decisions can be made effectively.
   d. The medical provider should also offer support to the child and family and refer abused children to mental health professionals who have expertise in treating child trauma.

3. Testing for sexually transmitted infections should follow the guidelines established by the Centers for Disease Control and Prevention (CDC) and should be confirmed prior to treatment.

   a. Test for sexually transmitted infections when history or physical examination suggests a likelihood of sexually transmitted disease, the child has symptoms, or the child has a sibling or other relative in the household with a sexually transmitted infection.

References:

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Greenbaum J, Crawford-Jakubiak JE; Committee on Child Abuse and Neglect. Child sex trafficking and commercial sexual exploitation: health care needs of victims. Pediatrics. 2015 Mar;135(3):566-74.

Adams JA, Farst KJ, Kellogg ND. Interpretation of Medical Findings in Suspected Child Sexual Abuse: An Update for 2018. J Pediatr Adolesc Gynecol. 2018 Jun;31(3):225-231. doi: 10.1016/j.jpag.2017.12.011. Epub 2017 Dec 30. Erratum in: J Pediatr Adolesc Gynecol. 2018 Dec;31(6):655.

Workowski KA, Bachmann LH, Chan PA, Johnston CM, Muzny CA, Park I, Reno H, Zenilman JM, Bolan GA. Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recomm Rep. 2021 Jul 23;70(4):1-187.

XIII. MENTAL HEALTH PROFESSIONALS

A. Mental Health Professionals as Defined in the Child Protection Law (CPL)
Including: psychologist, marriage and family therapist, licensed professional counselor, social worker, licensed master's social worker, licensed bachelors' social worker, registered social service technician, or social service technician are mandated reporters under the CPL and must report when they have reasonable cause to suspect *child abuse or neglect*.

B. Mental Health Professionals Will Follow the procedures for reporting suspected child abuse or neglect to Children's Protective Services (CPS):

1. Identify the relationship of alleged perpetrator of abuse or neglect to the child who is disclosing abuse (if possible).

2. Write down exactly what the child said in describing the abuse or neglect.

3. Immediately make a telephone referral or cause a referral to be made to CPS Centralized Intake at 1-855-444-3911, or, if available, through the online reporting system.

4. Submit a completed CPS-3200 form within 72 hours to Centralized Intake.
   See http://michigan.gov/documents/dhs/DHS-3200_224934_7.pdf
   If the immediate report has been made using the online reporting system and that the report includes the information required in a written report in 5 below, that report is considered a written report for the purposes of this section and no additional written report is required.

5. The written report or a report using the online reporting system shall contain:
   a. The name of the child and a description of the abuse or neglect.
   b. The names and addresses of the child's parents, the child's guardian, the persons with whom the child resides (if possible).
   c. The child's age.
   d. Other information available to the reporting person that might establish the cause of abuse or neglect, and the manner in which abuse or neglect occurred.

C. Any Legally Recognized Privileged Communication except that between attorney and client, or that made to a member of the clergy in his or her professional character in a confession or similarly confidential communication is abrogated and shall not constitute grounds for excusing a report otherwise required to be made. See MCL 722.631 Sec. 11.

D. The Identify of Reporting Person shall be confidential, subject to disclosure only with the consent of that person or by judicial process. See MCL 722.625 Sec.5.

E. Mental Health Professionals Shall Notify the person in charge of the agency of his or her finding and that the report has been made and shall make a copy of the written report available to the person in charge. See MCL 722.625 Sec. (1) (a):

1. A notification to the person in charge does not relieve the reporting person of the obligation of reporting to CPS as required. See MCL 722.625 Sec. (1) (a).

2. Regardless of the mental health agency provider's policies, notifying the person in charge does not relieve the reporting person of their obligation to report.

3. One report from an agency shall be considered adequate to meet the reporting requirements.

4. The reporting person shall not, according to law, be dismissed or otherwise penalized for making a report required by the CPL or for cooperating in an investigation. See MCL 722-623 Sec. 3. 91) (a).

F. A Person Acting in Good Faith who makes a report, cooperates in an investigation, or assists in any other requirement of the CPL in immune from civil or criminal liability that might otherwise be incurred by the action. See MCL 722.625 Sec. 5.

G. A Mandated Reporter who fails to report to CPS instances of suspected child abuse or neglect is civilly liable for damages proximately caused by their failure and is guilty of a misdemeanor. See MCL 722.633 SEC. 13. (1).

H. A Mandated Reporter who knowingly fails to report to CPS instances of suspected child abuse or neglect is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than $500, or both. See MCL 722.633 Sec. 13. (2).

I. Investigation of Child Abuse or Neglect is the responsibility of CPS and law enforcement officers, pursuant to the CPL. Agency staff are not to investigate or determine if abuse or neglect actually occurred. Agency staff are to complete 3200's for any suspected or known abuse or neglect to a child or otherwise vulnerable adult.

1. The CPL does not preclude or hinder an agency from investigating claims of child abuse by its employees, provided that all other requirements imposed by law are first met. See MCL 722.632a Sec.12a.

2. An internal investigation does not take precedence over the requirements of reporting to CPS or law enforcement.

3. An internal investigation should not interfere or hinder an investigation being conducted by CPS or law enforcement.
4. An internal investigation should be coordinated with any investigation being conducted by CPS and/or law enforcement to:
   a. Avoid duplicative interviews.
   b. Ensure child is interviewed by trained forensic interviewer.
   c. Ensure proper case management.

J. Therapy

If a child is identified as needing therapy during the investigative or court process, the child may be referred for therapy by the Kids-TALK CAC staff, the Prosecutor's Office, Attorney General's

Office, or CPS. Children can also be directly referred by their care givers. It is not required that a child have a forensic interview in order to engage in therapy services.

K. Trauma-Informed Mental Health Assessment and Treatment

The CAC/MDT partners insure access to appropriate trauma-informed mental health assessment and treatment for all CAC clients. Depending on the needs of the child assessments may be completed as part of the therapeutic process. In-depth trauma assessments are referred to appropriate agencies as needed.

XIV. SCHOOLS AND REGUALTED CHILD CARE PROVIDERS

A. School Personnel as Defined in the Child Protection Law (CPL)
Including: school administrator, school counselor, or schoolteacher. Regulated childcare provider as defined in the CPL include: owner, operator, employee, or volunteer of a child care organization or of an adult foster care authorized to care for a child. School personnel and regulated childcare providers are mandated reporters under the CPL and must report when they have reasonable cause to suspect child abuse or neglect.

1. School personnel and regulated childcare providers will follow the procedures for reporting suspected child abuse or neglect to Children's Protective Services (CPS):
   a. Identify the relationship to the child of alleged perpetrator of abuse or neglect to the child who is disclosing abuse (if possible).
   b. Write down exactly what the child said in describing the abuse or neglect.
   c. Immediately make a phone referral or cause a referral to be made to CPS Centralized Intake at 1-855-444-3911, or if available, through the online reporting system.

2. The written report or a report using the online reporting system shall contain:
   a. The written report or a description of the abuse or neglect.
   b. The names and addresses of the child's parents, the child's guardian, the persons with whom the child resides (if possible).
   c. The child's age.
   d. Other information available to the reporting person that might establish the cause of abuse or neglect, and the manner in which abuse or neglect occurred.

B. The Identify of Reporting Person shall be confidential, subject to disclosure only with the consent of that person or by judicial process. See MCL 722.625 Sec.5.

C. School Personnel and Regulated Child Care Providers shall notify the person in charge of the school or agency of his or her finding and that the report has been made and shall make a copy of the written report available to the person in charge. See MCL.722.623 Sec. (1) (a).

D. Regardless of School or Regulated Child Care Provider's Policies, notifying the person in charge does not relieve the reporting person of the obligation to report. See MCL.722.623 Sec. (1) (a). A school district reporting policy does not supersede the law.

E. One Report from a school or agency shall be considered adequate to meet the reporting requirements.

F. The Reporting Person shall not, according to law, be dismissed or otherwise penalized for making a report required by the CPL or for cooperating in an investigation. See MCL 722.623 Sec. 3. (1) (a).

G. A Person Acting in Good Faith who makes a report, cooperates in an investigation, or assists in any other requirement of the CPL is immune from civil or criminal liability that might otherwise be incurred by that action. See MCL 733.625 Sec. 5.

H. **A Mandated Reporter** who fails to report to CPS instances of suspected *child abuse or neglect* is civilly liable for damages proximately caused by the failure and is guilty of a misdemeanor. See MCL 722.633 Sec. 13 (1).

I. **A Mandated Reporter** who knowingly fails to report to CPS instances of suspected child abuse or neglect is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than $500, or both. See MCL 722.633 Sec.13. (2).

J. **A School or other Institution** (both public and private) shall cooperate with CPS during an investigation of reported *child abuse or neglect*. Cooperation includes:

1. Allowing access to the child without parental consent pursuant to Section 8 (8) of the CPL.

2. Allowing CPS to interview the child alone regardless of whether law enforcement officials are present.

3. If CPS has contact with the child, all of the following apply:
   a. Before contact with the child, the CPS investigator shall review with the designated school staff person CPS's responsibilities under the CPL and the investigation procedure.
   b. After contact with the child, the CPS investigator shall meet with the designated school staff person about the response CPS will take as a result of the contact with the child pursuant to Section 8(9) (b).
   c. CPS may share additional information with the designated staff member without the child present, pursuant to the confidentiality provisions of the CPL.
   d. Immediately after the interview, CPS shall notify the person responsible for the child's health and welfare that CPS or law enforcement had contact with the child. Temporary delay in notification is permitted if the notice would compromise the safety of the child or the child's siblings or the integrity of the investigation.

K. **A Child Shall Not be Subject to a Search** at a school that requires the child to remove his or her clothing to expose his buttocks or genitalia or her breasts, buttocks, or genitalia unless the department (CPS) has obtained an order from a court of competent jurisdiction permitting such a search.

L. **Investigation of *Child Abuse or Neglect*** is the responsibility of CPS and law enforcement officials, pursuant to the CPL. School or agency staffs are not to investigate or determine if abuse or neglect actually occurred other than reported claims of child abuse or neglect by school or agency employee.

1. The CPL Does Not Preclude or hinder a school or agency from investigating claims of child abuse by its employees, provided that all other requirements imposed by law are first met. See MCL 722.632a Sec. 12a.

2. A School or Agency's District's Internal Investigation does not take precedence over the requirements of reporting to CPS or law enforcement.

3. A School or Agency's District's Internal Investigation should not interfere or hinder an investigation being conducted by CPS or law enforcement.

4. A School or Agency's District's Internal Investigation should be coordinated with any investigation being conducted by CPS and/or law enforcement to:
   a. Avoid duplicative interviews.
   b. Ensure child is interviewed by trained forensic interviewer.
   c. Ensure proper case management.

XV. FRIEND OF THE COURT PERSONNEL

A. Friend of the Court (FOC) Personnel as Defined in the Child Protection Law (CPL)
Including: a person employed in a professional capacity in any office of the Friend of the Court are mandated reporters under the CPL and must report when they have reasonable cause to suspect *child abuse or neglect*.

B. Friend of the Court Personnel will follow the below procedures for reporting suspected *child abuse or neglect* to Children's Protective Services (CPS):

1. Identify the relationship to the child of alleged perpetrator of the abuse or neglect to the child who is alleged to be the victim of abuse (if possible).

2. List the name of the person the who gave information to FOC that resulted in the report being made and the role that person has in the FOC case.

3. Write down exactly what the child said in describing the abuse or neglect, or what the child is alleged to have said.

4. The employee immediately notifies a supervisor of the incident.

5. Immediately make a phone referral or cause a referral to be made to CPS Centralized Intake at 1-855-444-3911, or if available, through the online reporting system.

6. Submit a completed CPS-3200 form within 72 hours to Centralized Intake.
   See http://michigan.gov/documents/dhs/DHS-3200_224934_7.pdf
   If immediate report has been made using the online reporting system and that report includes the information required in a written report in 7 below, that report is considered a written report for the purposes of this section and no additional written report is required.

7. The written report or a report using the online reporting system shall contain:
   a. The name of the child and a description of the abuse or neglect.
   b. The names and addresses of the child's parents, the child's guardian, and the persons with whom the child resides (if possible).
   c. The child's age.
   d. Other information available to the reporting person that might establish the cause of abuse or neglect, and the manner in which abuse or neglect occurred.

C. Any Legally Recognized Privileged Communication (except that between attorney and client or that made to a member of the clergy in his or her professional character in a confession or similarly confidential communication) is abrogated and shall not constitute grounds for excusing a report otherwise required to be made. See MCL 722.631 Sec. 11.

D. The Identity of Reporting Person shall be confidential subject to disclosure only with the consent of that person or by judicial process. See MCL722.625 Sec.5.

E. The Friend of the Court Person Making the Report shall notify the person in charge of the agency of his or her finding and that the report has been made, and shall make a copy of the

written report available to the person in charge. See MCL 722.623 Sec. (1) (a).

1. A notification to the person in charge does not relieve the reporting person of the obligation of reporting to CPS as required. See MCL 722.623 Sec. (1) (a).

2. One report from an agency shall be considered adequate to meet the reporting requirements.

3. The reporting person shall not, according to law, be dismissed or otherwise penalized for making a report required by the CPL or for cooperating in an investigation. See MCL 722.623 Sec. 3 (1) (a).

F. A Person Acting in Good Faith that makes a report, cooperates in an investigation, or assists in any other requirement of the CPL is immune from civil or criminal liability that might otherwise be incurred by that action. See MCL 722.625 Sec. 5.

G. A Mandated Reporter who fails to report to CPS instances of suspected *child abuse or neglect* is civilly liable for damages proximately caused by the failure and is guilty of a misdemeanor. See MCL 722.633 Sec. 13. (1).

H. A Mandated Reporter who knowingly fails to report to CPS instances of suspected *child abuse or neglect* is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than $500, or both. See MCL 722.633 Sec. 13. (2).

I. Investigation of Child Abuse or Neglect is the Responsibility of CPS and law enforcement officials, pursuant to the CPL. Agency staffs are not to investigate or determine if abuse or neglect actually occurred other than reported claims of child abuse or neglect by an agency employee.

1. The CPL does not preclude or hinder an agency from investigating claims of child abuse by its employees, provided that all other requirements imposed by law are first met. See MCL 722632a Sec. 12a.

2. An internal investigation does not take precedence over the requirements of reporting to CPS or law enforcement.

3. An internal investigation should not interfere or hinder an investigation being conducted by CPS or law enforcement.

4. An internal investigation should be coordinated with any investigation being conducted by CPS or law enforcement to:
   a. Avoid duplicative interviews.
   b. Ensure child is interviewed by a trained forensic interviewer.
   c. Ensure proper case management.

J. Determination of Custody and/or Parenting Time
When a judge or referee refers a case of suspected child abuse or neglect to the FOC or the

Clinic for Child Study, the FOC or the Forensic Family Clinician will:

1. Interview the parties involved, not including the children.

2. Determine whether a 3200 report has been made to CPS.

3. If a 3200 report has been made, contact CPS to determine whether the report was substantiated.
   a. If the report was not substantiated, note in the file.
   b. If the report was substantiated, ask CPS when the full CPS report will be available and ask that a copy be sent.

4. Decide, based on the referral by the Court or Referee, whether a FOC investigation should be delayed pending the outcome of any CPS investigation and/or a Family Court-Juvenile Division case.

5. Determine whether a Kids-TALK CAC forensic interview was conducted. If interview was not conducted, arrange an interview at Kids-TALK CAC or if necessary to avoid delay, FOC of Forensic Family Clinician will interview child.

6. Determine whether the child is in therapy/treatment or has been evaluated by a mental health professional regarding the allegation.

7. If a reportable disclosure of suspected child abuse and neglect is made during an investigation regarding custody/parenting time, make a 3200 report to CPS. See above section XV.B.

8. Make every effort to cooperate with CPS, law enforcement and other courts or agencies to help assure the safety of children.

9. In cases where there is an existing order involving or affecting a minor child, the FOC will ensure the order is considered in the parenting time and custody investigation, and when necessary, will assist in coordinating information within the court, between courts, and with the DHHS CPS/Foster Care.

10. If it is not a child abuse or neglect case, interview child using forensic interviewing techniques. See Michigan Governor's Forensic Interviewing Protocol: *Michigan Governor's Task Force on Child Abuse and Neglect and Department of Health and Human Services Forensic Interviewing Protocol* (DHHS-Pub 779).

XVI. PROBATION

A. **ADULT OFFENDERS**

1. Probation officer shall notify the current Judge, Children's Protective Services (CPS) /Foster Care (FC) Specialist/Investigator, Assistant Prosecuting Attorney (APA), and Assistant Attorney General (AAG) when the perpetrator has violated probation.

2. The APA will notify the Michigan Department of Corrections (MDOC) when a probationer has been charged with a new criminal offense.

3. The probation officer will recommend treatment for the offender during probation supervision.

4. The probation department will not recommend early termination or amendment to the conditions of probation without notification to CPS/FC Specialist/Investigator and APA.

5. The probation officer will notify CPS/FC Specialist/Investigator and AAG regarding conditions of probation, including "no contact orders".

B. JUVENILE OFFENDERS

1. Will be reported to law enforcement and referred to Family Court – Juvenile Division.
   a. Any force or coercion used in any way by an alleged juvenile perpetrator will be taken more seriously.
   b. It is always necessary and critical to order treatment.

2. When necessary, Family Court – Juvenile Division will place the juvenile out of the home away from the victim.

3. Re-offending juveniles who are on probation will be referred back to Family Court – Juvenile Division for violation of probation.

4. If treatment is ordered as part of the probation and the juvenile missed more than three sessions, the probation officer will take the juvenile back to court for re-sentencing.

APPENDICES

APPENDIX I

WAYNE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centralized Intake (24 Hours)	855-444-3911
MI Bridges (Online Reporting System)	https://newmibridges.michigan.gov/s/isd-partnershiplanding?language=en_US

North Central
Child and Family Services
8625 Greenfield
Detroit, MI 48228
313-852-1700

South Central
Child and Family Services
1801 E. Canfield
Detroit, MI 48207
313-578-5500

Western Wayne
Child and Family Services
27540 Michigan Avenue
Inkster, MI 48141
313-931-6400

APPENDIX II

WAYNE COUNTY PROSECUTOR'S OFFICE

Main Office

Frank Murphy Hall of Justice 1441 St. Antoine Detroit, MI 48226	313-224-5777 General Information
Special Victim's Unit (SVU)	313-224-8082 General Information
Child Abuse Unit	313-224-5857 General Information 313-224-8080 Fax
Sexual Assault Team (SAT)	313-224-6429 General Information 313-237-1148 Fax
Victim Services	313-224-5800
Out-County Office	313-791-9841

Juvenile Division

Lincoln Hall of Juvenile Justice 1025 East Forest Avenue Room #233, Bldg. A Detroit, MI 48207	313-833-3400 General Information 313-833-3097 Fax

ATTORNEY GENERAL'S OFFICE

Children and Youth Services Division

Cadillac Place 3030 W. Grand Boulevard Suite 10-200 Detroit, MI 48202	313-456-3019 General Information

APPENDIX III

THIRD JUDICIAL CIRCUIT COURT

Civil Division

Coleman Young Municipal Center (CAYMAC) Woodward Avenue Detroit, MI 48226	313-224-5260 General Information

Criminal Division

Frank Murphy Hall of Justice 1441 St. Antoine Detroit, MI 48226	313-224-2501 General Information 313-833-3097 Fax

Family Division – Juvenile

Lincoln Hall of Justice 1025 East Forest Avenue Detroit, MI	313-833-5600 General Information

Friend of the Court

Penobscot Building 645 Griswold Detroit, MI 48226	313-224-5300 General Information

Probation

General	313-224-5260
Misdemeanor	313-965-3414
Felony	313-224-5753

Parole

Department of Corrections	313-224-5000

APPENDIX IV

WAYNE COUNTY POLICE DEPARTMENTS			
Allen Park Police 15915 Southfield Road, #3100 Allen Park, MI 48101 T 313-386-7800 F 313-386-4158	**Belleville Police** 6 Main Street Belleville, MI 48111 T 734-699-2710 (Admin M-F) T 734-699-2395 (24 Hours) F 734-699-3767	**Brownstown Police** 23125 King Road Brownstown, MI 48183 T 734-675-1300 F 734-671-1498	**Canton Township Police** 1150 S. Canton Center Canton, MI 48188 T 734.394.5400 F 734.394.5404
Dearborn Police 12929 W. Warren Avenue Dearborn, MI 48126 T 313-943-2240 T 313-943-2128	**Dearborn Heights** 25637 Michigan Avenue Dearborn Heights, MI 48125 T 313-277-6770 F 313-277-8456	**Ecorse Police** 3869 W. Jefferson Avenue Ecorse, MI 48229 T 313-381-0900 F 313-386-5117	**Flat Rock Police** 25500 Gibraltar Road Flat Rock, MI 48134 T 734-782-2496 F 734-782-2462
Garden City Police 6000 Middlebelt Road Garden City, MI 48135 T 734-793-1700 F 734-793-1701	**Gibraltar Police** 29450 Munro Gibraltar, MI 48173 T 734-676-1022 F 734-676-5124	**Grosse Ile Police** 24525 Meridian Road Grosse Ile, MI 48138 T 734-676-7100 F 734-676-5903	**Grosse Pointe City** 17145 Maumee Avenue Grosse Pointe, MI 48230 T 313-866-3200 F 313-885-4863
Grosse Pointe Farms 90 Kerby Road Grosse Pointe Farms, MI 48236 T 313-885-2100 F 313-885-0698	**Grosse Pointe Park** 15115 East Jefferson Grosse Pointe Park, MI 48230 T 313-882-7400 F 313-882-4543	**Grosse Pointe Shores** 795 Lake Shore Road Grosse Pte Shores, MI 48236 T 313-881-5500 F 313-640-1661	**Grosse Pointe Woods** 20025 Mack Plaza Drive Grosse Pte Woods, MI 48236 T 313-343-2400 F 313-343-2439
Hamtramck Police 3401 Evaline Hamtramck, MI 48212 T 313-800-5281 T 313-876-7828	**Harper Woods Police** 19617 Harper Avenue Harper Woods, MI 48225 T 313-343-2530 F 313.343.2514	**Highland Park** 12050 Woodward Avenue Highland Park, MI 48203 T 313-852-7338 F 313-867-5824 F 313-868-8256	**Huron Township Police** 36500 S. Huron Road New Boston, MI 48164 T 734-753-4400 F 734.753.2219
Inkster Police 26279 Michigan Avenue Inkster, MI 48141 T 313-563-9850 F 313-563-6633	**Lincoln Park Police** 1427 Cleophus Parkway Lincoln Park, MI 48146 T 313-381-1800 F 313-381-1829	**Livonia Police** 15050 Farmington Road Livonia, MI 48154 T 734-466-2400 F 734-427-8044	**Melvindale Police** 3100 Oakwood Boulevard Melvindale, MI 48122 T 313-429-1070 F 313-382-6038
Northville Police 215 W. Main Street Northville, MI 48167 T 248-349-1234 F 248-349-2397	**Northville Township** 41600 Six Mile Road Northville, MI 48167 T 248-349-9400 F 248-449-1150	**Plymouth Police** 201 S. Main Street Plymouth, MI 48170 T 734-453-8600 F 734-455-1664	**Plymouth Township Police** 9955 N. Haggerty Road Plymouth, MI 48170 T 734-354-3232 F 734-414-1435

WAYNE COUNTY POLICE DEPARTMENTS			
Redford Township Police 25833 Elsinore Redford, MI 48239 T 313-387-2500 F 313-387-2666	**River Rouge Police** 10600 W. Jefferson Avenue River Rouge, MI 48218 T 313-842-8700 F 313-297-2295	**Riverview Police** 14100 Civic Park Drive Riverview, MI 48183 T 734-281-4222 F 734-281-4213	**Rockwood Police** 32409 Fort Street Rockwood, MI 48173 T 734-379-5323 F 734-379-5788
Romulus Police 11165 Olive Street Romulus, MI 48174 T 734-941-8400 F 734-941-3251	**Southgate Police** 14710 Reaume Parkway Southgate, MI 48195 T 734-258-3060 F 734-284-4715	**Sumpter Township Police** 23501 Sumpter Road Belleville, MI 48111 T 734-461-4833 F 734-461-4840 F 734-461-4847	**Taylor Police** 23555 Goddard Taylor, MI 48180 T 734-287-6611 T 734-374-1420 (Youth Services/Detective Bureau) F 734-374-1481
Trenton Police 2872 W. Jefferson Avenue Trenton, MI 48183 T 734-676-3737 F 734-676-1633	**Van Buren Township Police** 46425 Tyler Road Belleville, MI 48111 T 734-699-8930 F 734-699-5329	**Wayne Police** 33701 Michigan Avenue Wayne, MI 48184 T 734-721-1414 F 734-729-9948	**Westland Police** 36701 Ford Road Westland, MI 48185 T 734-722-9600 F 734-722.3220
Woodhaven Police 21869 West Road Woodhaven, MI 48183 T 734-676-7337 F 734-675-4951	**Wyandotte Police** 2015 Biddle Avenue Wyandotte, MI 48192 T 734-324-4405 F 734-324-4439		

DETROIT POLICE DEPARTMENT			
Detroit Public Safety Headquarters (Child Abuse, Sex Crimes, Homicide, Domestic Violence & VICE) **1301 3rd Street** **Detroit, MI 48226**			
Detroit Police **Child Abuse** T 313-596-5329 F 313-596-2779 childabuse@detroitmi.gov	**Detroit Police** **Sex Crimes Unit** T 313-596-1950 F 313-596-5113 sexcrimes@detroitmi.gov	**Detroit Police** **Homicide** T 313-596-2260 F 313-596-5979 homicide@detroitmi.gov	**Detroit Police** **Domestic Violence** T 313-833-9813 domesticviolence@detroitmi.gov
Detroit Police **VICE** T 313-596-1850 WasmundD102@detroitmi.gov			
Downtown Services 20 Atwater Detroit, MI 48226 T 313.237.2850	**2nd Precinct** 13530 Lesure Detroit, MI 48227 T 313.596.5200	**3rd Precinct** 2875 W. Grand Blvd. Detroit, MI 48202 T 313.596.5300	**4th Precinct** 4700 W. Fort Street Detroit, MI 48209 T 313.596.5400
5th Precinct 3500 Conner Detroit, MI 48215 T 313.596.5500	**6th Precinct** 11450 Warwick Detroit, MI 48228 T 313.596.5600	**7th Precinct** 3501 Chene Street Detroit, MI 48207 T 313.596.5700	**8th Precinct** 21555 West McNichols Road Detroit, MI 48219 T 313.596.5800
9th Precinct 11187 Gratiot Detroit, MI 48213 T 313.596.5900	**10th Precinct** 12000 Livernois Detroit, MI 48206 T 313.596.1000	**11th Precinct** 5100 Nevada Detroit, MI 48234 T 313.596.1100	**12th Precinct** 1441 W. 7 Mile Road Detroit, MI 482063 T 313.596.1200

APPENDIX V

MEDICAL FACILITIES

NON-ACUTE SEXUAL ABUSE MEDICAL EVALUATIONS

(Medical Evaluations of Non-Acute Sexual Abuse AFTER 120-Hours)

Kids-TALK CAC – Medical Clinic
40 East Ferry Street
Detroit, MI 48202

Child Abuse Pediatrician
Dr. Dena Nazer/Wayne Pediatrics

T 313-833-2970
F 313-870-9228
https://support.iamtgc.net/support/tickets/new
(Referrals)

IMMEDIATE MEDICAL EVALUATION/TREATMENT

(For Children with Injuries OR Mental Health Issues that Require Immediate Medical Attention)

Children's Hospital of Michigan
Emergency Department
3901 Beaubien
Detroit, MI 48201

T 313-745-5437

IF IMMEDIATE TREATMENT IS NOT NECESSARY

(For Children that do NOT Require Immediate Medical Attention)

Children's Hospital of Michigan
Child At Risk Evaluation (CARE) Team

Child Abuse Pediatrician
Dr. Bradley Norat

T 313-993-8999

St. John Hospital & Medical Center
Children's Center and Specialty Office
22101 Moross Road, Suite 270
Detroit, MI 48236

Child Abuse Pediatrician
Dr. Marcus DeGraw

T 313-343-3481

Beaumont Hospital
Medical Coordinator/Social Work Department
3201 W. 13 Mile Road
Royal Oak, MI 48073

Child Abuse Pediatrician
Dr. Mary Smyth

T 248-898-7595

ACUTE SEXUAL ASSAULT/ABUSE EXAMINATIONS

(Medical-Forensic Exam of Acute Sexual Assault/Abuse WITHIN 120-Hours for Children AND Adults)

AVALON Healing Center
SAFE Program
2727 2nd Avenue, Suite 300
Detroit, MI 48201

P 313-474-SAFE Immediate Crisis Assistance, Option 1
T 313-964-9701

Medical Director
Dr. Erin Brennan

Executive Director
Kimberly Hurst, PA-C

AVALON Healing Center Exam Sites*:

** Please PAGE EXAMINER prior to sending ANY patient or family member to a site location. Exam sites are NOT staffed.*

Kids-TALK CAC Medical Clinic
40 East Ferry Street
Detroit, MI 48202

DMC Detroit Receiving Hospital
4201 St. Antoine, Suite 3L-1
Detroit, MI 48201

DMC Sinai Grace Hospital
6071 West Outer Drive
Detroit, MI 48235

Ascension St. John Hospital and Medical Center
22101 Moross Road
Detroit, MI 48226

AVALON Healing Center (Wellness Clinic)
2727 2nd Avenue
Suite 316
Detroit, MI 48201

AVALON Healing Center (Taylor)
12701 Telegraph Road
Suite 204
Taylor, MI 48180

APPENDIX VI

Criminal Child Abuse Law

For the most current version of this law, refer to: www.legislature.mi.gov
MCL 750.136b: http://legislature.mi.gov/doc.aspx?mcl-750-136b

APPENDIX VII

Criminal Sexual Conduct Laws

For the most current version of this law, refer to: www.legislature.mi.gov

MCL 750.520a
Definitions: http://legislature.mi.gov/doc.aspx?mcl-750-520a

MCL 750.520b
Criminal sexual conduct in the first degree; felony; consecutive terms:
http://legislature.mi.gov/doc.aspx?mcl-750-520b

MCL 750.520c
Criminal sexual conduct in the second degree; felony:
http://legislature.mi.gov/doc.aspx?mcl-750-520c

MCL 750.520d
Criminal sexual conduct in the third degree; felony:
http://legislature.mi.gov/doc.aspx?mcl-750-520d

MCL 750.520e
Criminal sexual conduct in the fourth degree; misdemeanor:
http://legislature.mi.gov/doc.aspx?mcl-750-520e

APPENDIX VIII

Child Sexually Abusive Activity or Material

For the most current version of this law, refer to: www.legislature.mi.gov

This statute covers not only the creation and possession of child sexual abusive material but also be considered in cases of child solicitation, child prostitution, and sexual assault.

MCL 750.145c
Definitions; child sexually abusive activity or material; penalties; possession of child sexually abusive material; expert testimony; defenses; acts of commercial film or photographic print processor; report to law enforcement agency by computer technician; applicability and uniformity of section; enactment or enforcement of ordinances, rules, or regulations prohibited.
http://legislature.mi.gov/doc.aspx?mcl-750-145c

APPENDIX IX

Video Recording Laws – Special Arrangements for Child Witnesses

Criminal Statute 600.2163a
Definitions; prosecutions and proceedings to which section applicable; use of dolls or mannequins; support person; notice; videorecorded statement; special arrangements to protect welfare of witness; videotape deposition; section additional to other protections or procedures; violation as misdemeanor; penalty.
http://legislature.mi.gov/doc.aspx?mcl-600-2163a

Civil Statute 712A.17b
Definitions; proceedings to which section applicable; use of dolls or mannequins; support person; notice; video recorded statement; shielding of witness; video recorded deposition; special arrangements to protect welfare of witness; section additional to other protections or procedures.
http://legislature.mi.gov/doc.aspx?mcl-712A-17b

APPENDIX X

Law Regarding Child Abuse and Probation

THE CODE OF CRIMINAL PROCEDURE (EXCERPT)
Act 175 of 1927

771.2a Probation for not more than 5 years; probation for term of years; order fixing period and conditions of probation; applicability of section to certain juveniles; probation for not less than 5 years; conditions; residing or working within school safety zone; exemption; definitions.
http://legislature.mi.gov/doc.aspx?mcl-771-2a

APPENDIX XI

Case Involving Digital Evidence

A. **Digital Evidence**
When Team Members have located or have reason to believe digital evidence exists, appropriate investigative measures must be taken to ensure the protection of the evidence and the integrity of the investigation.

B. **Safeguards**
Some of the steps that can be taken to safeguard the material and chain of custody are:

1. When investigators have probable cause to believe that digital evidence exists, the necessary steps should be taken to obtain a search warrant from the Prosecutor's Office or consent from someone who has control over the material.

2. When conducting searches of locations suspected of holding digital evidence the investigators should have someone with the Team that is familiar in the identification and operation of digital evidence. If the Team does not have digital forensic resources in their jurisdiction, the Team is encouraged to contact their nearest ICAC (Internet Crimes Against Children) Task Force.

3. Recovered digital evidence should be forensically examined by a trained and certified professional. If the Team does not have this resource in their jurisdiction, the Team should contact their nearest ICAC Task Force.

4. If the Team has digital evidence of the abuse /neglect prior to the Forensic Interview, the Team should refer to Quick Guide #6: Guidelines for the Use of Physical Evidence, in the *Michigan Governor's Forensic Interviewing Protocol* prior to the Forensic Interview.

5. Copies of the any sexually abusive material should be submitted to the Child Victim Identification Program (CVIP) at the National Center for Missing and Exploited Children (NCMEC). Submission guidelines can be found on the NCMEC website, www.ncmec.org.

6. All handling of sexually abusive material MUST follow the protocol set forth in the Adam Walsh Child Protection and Safety Act (42 U.S.C. §16911 et seq).

APPENDIX XII

Human Trafficking

A. **Human Trafficking** is defined as "The recruitment, harboring, transportation, provision or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of involuntary servitude, peonage, deft bondage or slavery. This occurs in situations of forced labor such as domestic servitude, factory or agricultural work; or sex trafficking, meaning the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act inducted by force, fraud or coercion, or in which the person induced to perform such act has not attained 18 years of age." (Michigan Human Trafficking Taskforce)

B. **The Safe Harbor Act** (MCL 750.462e –HB5026) provides a legal mechanism for children sold for sex, the services they need to escape their enslavement, recover from their exploitation, and avoid the stigma of a prostitution conviction. This act shields victims from criminal prosecution for crimes that they were forced by their traffickers to commit in a number of ways:

    1. It creates a presumption that a minor found engaging in prostitution is a victim of human trafficking and mandates law enforcement refer the minor victims for appropriate treatment to the Michigan Department of Health and Human Services (MDHHS) (if a dependent minor refuses to/fails to substantially comply with court-ordered services, they would not be eligible for this presumption).

    2. It provides minor sex trafficking victims "safe harbor" by ensuring that the court and MDHHS have the ability to treat minors as victims and not delinquents when they are in danger of substantial physical or psychological harm.

C. **The Michigan Department of Health and Human Services' *Human Trafficking of Children Protocol*** states that the victims of child trafficking are a population requiring a highly specialized and coordinated response by child welfare professionals, including children's protective services, foster care specialists/investigators, law enforcement officers, school, attorneys, and the courts. This Protocol should be followed in all cases of suspected human trafficking of children.

D. **Collaboration** - Wayne County works collaboratively with the Federal Bureau of Investigations (FBI) on human trafficking stings. The following procedures are followed in the case of a human trafficking sting with the FBI:

    1. Children and youth recovered by the Federal Bureau of Investigation (FBI) are transported to the Southfield Police Department.

    2. The Michigan Department of Health and Human Services Children's Protective Services (CPS) staff member, co-located at the Southfield Police Department, will contact the Michigan Department of Health and Human Services' Central Intake (855-444-3911) to report the youth is the suspected victim of human trafficking per Michigan Complied Law (MCL) 722.623(1):

a. Within 72 hours, the FBI will complete a 3200 form (http://michigan.gov and then search "3200") and email form to: DHS-CPS-CIGroup@michigan.gov or fax to 616-977-1154 or 616-977-1158 per MCL 722.623(2).
b. Per the MCL, The Michigan Department of Health and Human Services Children's Protective Services is responsible for investigating allegations of child abuse and neglect and making the determination regarding the youth's placement.

3. The CPS staff member will work to secure verbal or written consent for the medical evaluation with the provided medical consent form.
   a. Whenever possible and appropriate, the forensic interview shall be conducted prior to the medical examination.
   b. If possible and appropriate, the youth should refrain from eating, drinking, or showering prior to the medical evaluation to preserve any evidence.

4. The CPS staff member contacts Kids-TALK Children's Advocacy Center (CAC) via the emergency telephone (734-383-2798) to coordinate a forensic interview and medical examination.

5. Kids-TALK CAC schedules a forensic interview or an extended forensic interview for the youth at Kids-TALK CAC, 40 East Ferry Street, Detroit, MI 48202.

6. Kids-TALK CAC contacts Avalon Healing Center SAFE Program (313-474-7233) to coordinate an acute medical-forensic examination, providing the youth's name and age.
   a. If consent is secured from the parent/guardian, the Avalon Healing Center SAFE Program will conduct an acute medical-forensic evaluation (if the last sexual assault was within the last 120-hours).
   b. If consent is not secured from the parent/guardian, the youth will be referred to the Avalon Healing Center SAFE Program for prophylactic treatment/interventions, as appropriate.
   c. Youth will be referred to Kids-TALK CAC for a follow-up medical evaluation if they have a physical or genital injury, or a sexually transmitted infection.

7. If the youth requires a non-acute sexual abuse evaluation (the last sexual assault was more than 120-hours prior), Kids-TALK CAC coordinates the medical evaluation to be scheduled at the CAC during regularly scheduled clinic times. Verbal or written consent is required.

8. Kids-TALK CAC contacts the **National Human Trafficking Resource/Polaris Project Hotline (888-373-7888)** to report the suspected incident of human trafficking.

9. Trauma-focused therapy for the youth can be provided onsite at Kids-TALK CAC or via referrals to area agencies.

10. Kids-TALK CAC ensures the youth is placed on the agenda for the next scheduled Case Review.

11. The FBI notifies CPS when the sting is concluded for the night. CPS notifies Kids-TALK CAC via the emergency number and Kids-TALK CAC notifies Avalon Healing Center of the conclusion of the sting.

APPENDIX XIII

Michigan Drug Endangered Children (DEC) Medical Protocol

Document follows this page.

MICHIGAN DRUG ENDANGERED CHILDREN (DEC) MEDICAL PROTOCOL

This medical protocol is a guide for managing the health issues of children who are found at drug labs and/or homes. This protocol may be administered by medical, mental health, developmental and dental professionals after a child has been removed from a meth lab/home to assure the child's physical, emotional and developmental well-being.

Procedures are intended for law enforcement, child welfare, public health, emergency medical services, fire, social services and others who respond to help children found to be living in drug labs and/or homes. Due to the unique and harmful byproducts produced from cooking methamphetamine, this protocol is designed primarily for drug endangered children exposed to meth, but may also be applied to other controlled substances.

Drug Endangered Children (DEC) are children under age 18 found in homes: (a) with caregivers who are manufacturing controlled substances in/around the home, ("meth labs") or (b) where caregivers are dealing/using controlled substances and the children are exposed to the drug or drug residue ("meth homes" and/or "drug homes"). Given these circumstances, the protocol should be followed to ensure the safety, health and welfare of the child. See also related protocol, "Michigan DEC Response Protocol.

Pursuant to P.A. 266 of 2006, DHS shall have a medical evaluation made without a court order if the child is displaying symptoms suspected to be the result of exposure to or contact with methamphetamine production.

	Procedure Name	Timing
A	PRELIMINARY MEDICAL ASSESSMENT For child(ren) with obvious critical injury or illness, bypass this assessment and transport immediately to a medical facility capable of pediatric emergency response. The onsite assessment is done to determine whether children discovered at the scene are in need of Emergency Care (Procedure B - below). Medically trained personnel (e.g. EMT or paramedic) must do the assessment. If no medical personnel are available at the scene, the child must be taken to a medical facility for this assessment. In either case, a medical assessment should be done for child(ren) within 4 hours of discovering children at a meth home. 1. Perform medical assessment consisting of: • Vital signs (temperature, blood pressure, pulse, respirations) • Pediatric Triangle of Assessment (Airway, Breathing, Circulation) 2. Refer to procedure E of the Michigan DEC Response Protocol for information about removal of child's clothing, decontamination of child's skin, etc. If there are no obvious life threats and vital signs and initial assessment are within normal limits, the responsibility for the children should be passed to the Department of Human Services (DHS) Child Protective Services for short-term shelter or other secure placement. (See Michigan DEC Response Protocol Procedure H).	Ideal: Immediate No later than: 4 hours after removal from meth lab/home

	3. No clothing (other than what the children are wearing), toys, food or drink will be removed from the home as these items are likely contaminated. If essential items such as medications, eyeglasses, etc. must be removed, place in a sealed bag. Either a Tyvek® suit or the clothing contained in the DEC kits should be placed on the child or over the children's clothing.	
B	EMERGENCY CARE (For critical health problems only) The purpose of the Emergency Care evaluation is to address problems requiring care that cannot wait 4 hours to be treated as per Procedure C (Complete Evaluation and Care). Emergency care must be provided as soon as possible after significant health problems are identified in the child(ren). Emergency care must be provided by a emergency room physician or any other medical provider specializing in child abuse/neglect. If a preliminary medical assessment was not completed (Procedure A), this should be completed at the time emergency care is provided.	Immediately upon identification of any critical needs

	1. Perform the Preliminary Medical Assessment if it was not done at the scene (follow Procedure A above). 2. Administer tests and procedures as indicated by clinical findings. □ A urine specimen for toxicology screening should be collected from each child. Child Protective Services (CPS) or law enforcement must identify to the Medical Provider collecting the specimen that this is a legal matter and chain of evidence procedures need to be followed and request that the screen be conducted at 50 nanograms or lower and that confirmatory tests results be reported at any detectable level. 3. Call the Poison Center if clinically indicated (1-800-222-1222). 4. Follow steps in Complete Evaluation (see Procedure C below) if appropriate to medical site and time permits or get assurance from DHS Child Protective Services that Complete Evaluation will be completed within 4 hours of child's removal from meth lab/home (or within 4 hours if urine has not been collected and urine screen was determined necessary by DHS and LEA). 5. Secure the release of the child's medical records to all involved agencies, including DHS, law enforcement and prosecutor, to ensure ongoing continuity of care. Examine the child and direct further evaluation based upon the clinical need. Additionally, DHS should evaluate and implement placement options.	

C	COMPLETE EVALUATION AND CARE A Complete Evaluation must be given by medical personnel within 4 hours of removing a child from a meth lab/home to ascertain a child's general health status. Prompt assessment is warranted due to the risk of toxicologic, neurologic, respiratory, dermatologic, or other adverse affects of methamphetamine lab chemicals and/or other drug exposure, and the high probability that the child has suffered from neglect/abuse. 1. Obtain child's medical history from DHS Child Protective Services. 2. Perform complete pediatric physical exam to include as much of the Early Periodic Screening, Detection, and Treatment (EPSDT) exam as possible. Pay particular attention to: a. Vital signs b. Neurologic screen c. Respiratory status d. Development e. Other signs of abuse and/or neglect 3. Call the Poison Center if clinically indicated (1-800-222-1222) 4. Perform required medical evaluations: a. Temperature (otic, rectal, or oral) b. Measure and record the height and weight of child. c. Oxygen saturation levels d. Urine for toxicology. CPS or Law Enforcement must identify to the Medical Provider collecting the specimen that this is a legal matter and chain of evidence procedures need to be followed. Urine screens should be quantitative for level of meth (performed at 50 nanograms or lower with confirmatory results reported at any detectable level) and qualitative for drugs of abuse. The following are optional medical evaluations that should be considered: a. Liver function tests: AST, ALT, Total Bilirubin and Alkaline Phosphatase b. Kidney function tests: BUN and Creatinine c. Electrolytes: Sodium, Potassium Chloride, and Bicarbonate d. Complete Blood Count (CBC) e. Chest x-ray (AP and lateral) f. Urinalysis	Within 4 hours of removal from meth lab/home

5. Perform optional clinical evaluations as appropriate given child's condition:
   a. Complete metabolic panel (Chem 20 or equivalent)
   b. Pulmonary function tests
   c. CPK
   d. Lead level (on whole blood)
   e. Coagulation studies
   f. Carboxyhemoglobin level
6. Healthcare officials must file a report of child abuse/neglect (DHS-3200) with the DHS. Note: Per CPL 722.626 Section 6, if release to the parents would endanger the child's health or welfare, the attending physician should contact the person in charge of the hospital, who may detain the child in temporary protective custody for one day, or until the probate court can hear the case and make a determination.
7. Conduct a developmental screen. This is an initial age-appropriate screen, not a fullscale assessment; may need referral to a pediatric or occupational/physical/speech specialist (OT/PT/ST). Note: If the child is between the ages of zero and three, the developmental screen may be completed by "Early On" program personnel. The DHS Child Protective Services will make an "Early On" referral. Appropriate services should be arranged for any abnormal screening results.
8. Conduct a preliminary mental health assessment to detect any critical issues that need immediate attention. Refer for immediate mental health assessment or crisis intervention services if critical issues detected; otherwise, DHS Child Protective Services or healthcare providers may make a referral for a mental health assessment.
9. Conduct a preliminary dental screen to detect any critical issues that need immediate attention. Refer for immediate dental services if critical issues detected; otherwise refer child for a full dental exam to be completed within 30 days.
10. Secure the release of the child's medical records to all involved agencies, including DHS, law enforcement, and prosecutor, to ensure ongoing continuity of care. If DHS is onsite, ask Child Protection Services to complete a "release of medical information" form to facilitate this process.
    Note: Child Protection Services personnel may not have immediate legal access to certain (historical) health care records. Every effort should be made to facilitate transfer of medical records, by providing information about where, when, and to whom records should be transferred.
11. For any positive findings, follow-up with appropriate care as necessary. An appointment should be made at the time of discharge from the Emergency Room to primary care provider, preferably a pediatrician or family doctor the child already sees.

If not already completed, placement options should be evaluated and implemented by DHS Child Protective Services.

D	30 DAY FOLLOW-UP EXAM AND CARE A visit for Initial Follow-up Care occurs within 30 days of the Complete Evaluation (Procedure C) to reevaluate comprehensive health status of the child, identify any latent symptoms, and ensure appropriate and timely follow-up of services as the child's care plan and placement are established. If possible, the visit should be scheduled late in the 30-day time frame for more valid developmental and mental health results, and should include: 1. Follow-up of any abnormal baseline test results. 2. Repeat developmental screen (see Procedure C, Item 8). Communicate with the child's provider of developmental services if any abnormal results. 3. Conduct mental health history and evaluation (requires a qualified pediatric professional). 4. If abnormal findings on any of the above, schedule intervention and follow-up as appropriate to the findings; then proceed with Long-term Follow-up (Procedure E, below). 5. Based on the results of these follow-up exams, the adequacy of child's shelter/placement situation should be reviewed by the DHS Child Protective Services and modified as necessary. 6. Appropriate immunizations.	30 days from removal from meth lab/home
E	SIX AND 12 MONTH FOLLOW-UP EXAM AND CARE Long-term follow-up care is designed to 1) monitor physical, emotional, and developmental health, 2) identify possible late-developing problems related to the methamphetamine environment, and 3) provide appropriate intervention. Follow-up exams should be conducted according to the American Academy of Pediatrics recommended schedule. At minimum, a pediatric visit is required 6 and 12 months after the Complete Evaluation (Procedure C) was administered. This follow-up exam should include: a. Follow-up for previously identified problems. b. Perform comprehensive (EPSDT – See Procedure C, Item 2 and 8) physical exam. c. Repeat developmental screen (see Procedure C, Item 8). Communicate with the child's provider of developmental services if any abnormal results. d. Perform mental health evaluation (requires a qualified mental health professional, pediatrician, licensed therapist, child psychologist, or licensed child mental health professional). 1. Plan follow-up and treatment or adjust existing treatment for any medical problems identified. Medical records should continue to accompany the child's course of care. 2. Adequacy of child's shelter/placement situation should be reviewed by DHS Child Protective Services worker and modified as necessary. 3. Plan follow-up strategies for developmental, mental health or placement problems identified. 4. As needed, conduct home visits by pediatrically-trained PHN or other nurse, at 3, 9, 15, and 18 months post Complete Evaluation (Procedure C). Ensure that home visits occur between the pediatric clinic visits until the last visit at 18 months.	Six and 12 months from removal from meth lab/home

APPENDIX XIV

Michigan Drug Endangered Children (DEC) Response Protocol

Document follows this page.

MICHIGAN DRUG ENDANGERED CHILDREN (DEC) RESPONSE PROTOCOL

This response protocol is a guide for managing the safety issues of children who are found in drug labs and/or homes. Procedures are intended for law enforcement, child welfare, public health, emergency medical services, fire, social services and others who respond to help children found in drug labs and/or homes. Due to the unique and harmful byproducts produced from methamphetamine ("meth"), this protocol is designed primarily for use of meth endangered children but may also be applied to other controlled substances.

Drug Endangered Children (DEC) are children under age 18 found in homes: (a) with caregivers who are manufacturing controlled substances in/around the home ("meth labs") or (b) where caregivers are dealing/using controlled substances and the children are exposed to the drug or drug residue ("meth homes" and/or "drug homes"). Given these circumstances, the protocol should be followed to ensure the safety, health and welfare of the child.

A DEC response team will be managed at the local level, and should be comprised of administrators who can ensure that agency personnel are knowledgeable about the DEC protocol and that the protocol is being followed.
Representation on a DEC response team should include personnel from: Prosecutor's office, law enforcement agency (LEA), Department of Human Services (DHS), school system, medical staff, and local public health.

Pursuant to Public Act 263 of 2006, if a central registry case involves a child's exposure to or contact with methamphetamine production, the DHS shall refer the case to the prosecuting attorney for the county in which the child is located.

A. INITIAL DISCOVERY: RESPONSE TO CHILDREN FOUND IN A DRUG HOME

Appropriate Responder: LEA, DHS, and if LEA gives clearance, additional responders

1. Any responder who discovers children living in a home where meth or other drugs are being used, dealt and/or manufactured and where the children are exposed to the drug or drug residue will contact LEA (call 9-1-1) and Department of Human Services (DHS) and request dispatch to the scene.
2. Pursuant to P.A. 256 of 2006, in conducting an investigation of child abuse involving a child's exposure to or contact with methamphetamine production, DHS shall seek the assistance of and cooperate with law enforcement officials within 24 hours of initial discovery. Law enforcement officials shall cooperate with DHS in conducting investigations of child abuse related to methamphetamine exposure or contact.
3. If while in the home, any responder other than LEA sees or smells any signs of a potential meth lab or evidence of other narcotic use, he/she will exit immediately without alarming the suspects and contact LEA.
4. Other responders may only enter a drug home if it has been secured and determined safe by LEA. Other responders will work under the direction of LEA to assist in removing children, and if directed to do so, their belongings, from the home.

B. INITIAL DISCOVERY: RESPONSE TO CHILDREN FOUND AT METH LABS

Appropriate Responder: Law Enforcement Authority (LEA)

For the purposes of this protocol, a meth lab is considered any location where chemicals and/or equipment used to make methamphetamine are present.

1. Only Occupational Safety and Health Administration (OSHA)-certified LEA will enter a known meth lab. Any other responders who are in a home and begin to have suspicions that a meth lab is present will exit immediately without alarming the suspects; contact LEA (call 9-1-1); request immediate dispatch; and give details about the scene (weapons, odors, number of people inside, chemicals, equipment, etc.).
2. No one other than OSHA-certified LEA will remove adults/children from a home that contains a meth lab. This is for the safety of everyone involved; uncertified responders may inadvertently set off an explosion. The chemicals used to make meth are highly volatile. Labs are often guarded by firearms, traps, explosives and other hazards.
3. If a child protective services worker is not already on the scene, responders shall contact DHS and request immediate dispatch, state that children have been found at a meth lab and if possible, state the names and dates of birth.
4. LEA will enter the lab wearing appropriate safety gear (Refer to OSHA Standards 1910.132-137 (Personal Protective Equipment); secure the scene; and remove adults and children from home.
5. No clothing (other than what the children are wearing), toys, food or drink will be removed from the home as these items are likely contaminated. Either a Tyvek® suit or the clothing contained in the DEC kits should be placed on the child or over the children's clothing. If essential items such as medications, eyeglasses, etc. must be removed, place in a sealed bag.

C. PRELIMINARY MEDICAL ASSESSMENT OF CHILDREN

Appropriate Responder: DHS and Medical personnel

Pursuant to P.A. 266 of 2006, DHS shall have a medical evaluation made without a court order if the child is displaying symptoms suspected to be the result of exposure to or contact with methamphetamine production.

DHS, and in their absence the LEA, will ensure that medically-trained personnel conduct an initial assessment as soon as possible (within 4 hours) upon discovery of children at meth lab/home. If children are in need of emergency care please refer to letter D, below. (Refer to Michigan DEC Medical Care Protocol).

D. EMERGENCY TRANSPORT OF CHILDREN TO MEDICAL FACILITY

Appropriate Responder: Emergency Medical Services (EMS)

If children have critical injuries, illness, or severe emotional trauma, transport to the Emergency Room (ER) immediately. If children were removed from a meth lab, call prior to arrival, alert of possible chemical contamination and follow ER procedures.

E. PHOTOGRAPHING AND DECONTAMINATION OF CHILDREN REMOVED FROM METH LAB/HOME

Appropriate Responder: LEA *Note: DHS may be on the scene to assist LEA with children.

Special consideration should be given to who assists children with the decontamination process. A child may be uncomfortable being undressed by someone of the opposite sex or someone other than a medical professional.

1. If possible, photograph and decontaminate the children (remove chemical residue) at the scene by taking the children to a safe location that affords privacy and by doing the following: Wear nitrile gloves; photograph children in original clothing to document condition of child; photograph any visible injuries; dress in disposable Tyvek® suit or clean clothing provided by a responder; follow LEA procedure for disposal of contaminated gloves, and clothing.
2. If not possible to decontaminate at the scene, protect responders and response vehicles from chemical residue on child prior to transport by doing the following: Wear nitrile gloves; leave child in existing clothing; wrap child in a disposable emergency blanket or a thick blanket; or put oversized coat/sweat suit over child's clothing; and follow LEA procedure for disposal of contaminated gloves.

F. OBTAINING URINE SAMPLE FROM CHILDREN WITHIN 4 (FOUR) HOURS

Appropriate Responder: Medical Personnel

A urine sample should be collected from all children who are removed from meth labs. For children removed from meth homes (where meth was being used or dealt but not manufactured), DHS should collaborate with LEA and medical personnel to determine whether a urine screen should occur, based on the likelihood of exposure, weighing such factors as the child's access to the drugs. Any urine samples must be collected within 4 hours of the child's removal to yield the most accurate results (for medical analysis and for evidence for prosecuting child endangerment). Consideration should be given to the age and sex of the child when determining who will monitor (and assist, if necessary) the child during this process.

Note: If possible, order a urine screen that will test for presence of meth or other controlled substances at any detectable level (performed at 50 nanograms or lower. Do not use NINA thresholds for screening purposes).

G. FORENSIC INTERVIEW OF CHILDREN

Appropriate Responder: DHS responsibility in conjunction with LEA to ensure that appropriately trained personnel conduct forensic interview per DHS protocol.

The purpose of this brief interview is to determine the children's primary caregiver, the kind of care the children are receiving and the degree of access children have had to the meth lab and/or drugs.

1. If possible, given specific circumstances, conduct forensic interview of child at the scene to ascertain: a. Last meal eaten and who prepared it
   b. Last bathing and by whom
   c. How child feels physically and mentally
   d. Child aware if anyone in home smokes? If yes, what do they smoke?
   e. Anything in house that bothers the child?
   f. Other siblings living in the house who aren't home right now?

2. A second forensic interview in a child-friendly setting should occur within 48 hours of discovery of children within a drug endangered environment.

H. REMOVAL AND PLACEMENT OF CHILDREN

Appropriate Responder: DHS and/or LEA

When DHS finds that a child within a drug home is at an imminent risk of harm or threatened harm and it is contrary of the welfare of the child to remain in the home, DHS must intervene on behalf of these children and determine the appropriate action and/or placement, per DHS policy.

Pursuant to Public Act 256 of 2006, within 24 hours after DHS determines that a child was allowed to be exposed to or have contact with methamphetamine production, DHS shall submit a petition for authorization by the court under MCL 712A.2.

If DHS is unable to respond to the scene, any available responder should contact a local DHS office to report the drug endangered child. Other responders should not release children to neighbors, relatives, etc.

1. If DHS is seeking removal, DHS will contact the court to obtain an order for out-of-home placement.
2. DHS will obtain children's birth and medical information from caregivers and serve notice of preliminary hearing.
3. If not done previously, child(ren) will be decontaminated per the national protocol (see Procedure E details).
4. After an order from the court is obtained, DHS will transport children to out-of-home placement and explain the following to the children's caregivers:
   a. The children were removed from a drug endangered home and had exposure to controlled substances and/or hazardous materials.
   b. The children must be medically assessed pursuant to Procedure C.
   c. The children will need additional exams/care within 30 days pursuant to DHS policy or a court order.
   d. If the children were taken from an operational meth lab, the following should also be explained to the caregiver:
      i. If child has not been properly decontaminated, the caregiver should immediately bathe the child with soap and warm water. Any contaminated clothing and coverings used for transport should either be cleaned by washing in hot water and laundry detergent separately from other clothing or placed in the garbage in a closed plastic bag. ii. None of the child's personal belongings were removed from the home due to danger of chemical contamination.

I. LOCATION OF OTHER CHILDREN

Appropriate Responder: DHS

1. DHS will attempt to locate all other children known to live in the drug home who were not present at the time of discovery.
2. DHS will arrange an initial child-friendly forensic interview to determine how many hours it has been since the children have been in the home and determine if an initial medical assessment is appropriate to determine whether children are in need of emergency care.

J. DOCUMENTATION OF CHILD ENDANGERMENT

Appropriate Responder: LEA and DHS

LEA should follow Michigan State Police Methamphetamine Protocol

DHS should follow Department of Human Services policy for documentation

1. The clandestine/drug lab and/or anything else that can support a finding of child endangerment will be documented. The documentation should make clear the degree of accessibility to the child. Documentation will occur in writing, photos and/or video and will include any of the following risk factors:
   a. Visible evidence of children's presence, particularly proximity of children's belongings to chemicals
   b. Children's accessibility to drugs, drug residue, chemicals, syringes and drug paraphernalia
   c. Proximity of hazards to children's play, sleep and eating areas
   d. Other hazards and indications of neglect
   e. Access to pornography
   f. Access to weapons
   g. Food quantity and quality
   h. Sleeping conditions
   i. Sanitary conditions
2. Document any surveillance equipment, weapons (note if loaded) and/or explosives (note if live).
3. Retrieve samples for forensic laboratory.
4. Interview neighbors and other witnesses as appropriate.
5. Dismantle meth lab (must be completed by personnel certified to dismantle clandestine labs)
6. LEA will share appropriate information and/or investigative reports regarding child endangerment with DHS.

K. COMPLETE MEDICAL EVALUATION OF CHILDREN

Appropriate Responder: Medical Doctor See Michigan DEC Medical Protocol

L. PROSECUTION AND ADMINISTRATIVE FOLLOW-UP

Appropriate Responder: LEA, DHS, prosecution, medical providers

1. LEA will complete necessary reports that include documentation of child endangerment and forward them to the local prosecuting attorney.
2. LEA will notify the local enforcing agency under Public Act 307 for all meth related incidents.
3. LEA, DHS and medical providers will coordinate exchange of information contained in DHS intake/investigation report(s), medical report (including urine screen results), and LEA report. Each agency should ensure that the appropriate reports are forwarded to the prosecutor's office.
4. Pursuant to Public Act 256 of 2006, within 24 hours after DHS determines that a child was allowed to be exposed to or have contact with methamphetamine production, DHS shall submit a petition for authorization from the court under MCL 712A.2
5. The prosecuting attorney will review evidence and information gathered from other agencies and decide what legal action should be taken, including the following: a. Filing criminal charges.
   b. Filing child neglect petition in Family Court Division of Circuit Court.
   c. Making referral of potential child abuse or neglect to Department of Human Services.
   d. Notifying law enforcement of potential illegal drug activity (if law enforcement not yet involved).
   e. Participating in forensic interview of drug endangered children.
6. Prosecutor should share all accessible information with other agencies and interested parties.
7. In the event that DHS does not substantiate abuse or neglect, the prosecutor should consider filing petition in family court without their involvement if situation so warrants.

M. FOLLOW-UP CARE FOR CHILDREN

Appropriate Responder: DHS, medical/mental/developmental/dental health providers

1. For children that are under the care and custody of the State of Michigan, DHS will ensure that all follow-up medical, dental, mental health and developmental evaluations are occurring as needed and all necessary treatment is being provided to the child.
2. DHS will collaborate with medical/mental/developmental health care providers to evaluate the needs of the children.
3. DHS will provide information on appropriate follow-up care to children's caregivers.
4. DHS should not allow child/parent visits to occur in homes that formerly housed meth labs unless it has been cleaned pursuant to PA 258 and 260 (check with local public health department to confirm). This is because presently, Michigan has no standardized method for tracking and certifying decontamination of such sites.

APPENDIX XV

State of Michigan Governor's Task Force on Child Abuse and Neglect and Department of Health and Human Services Forensic Interviewing Protocol
Fourth Edition/DHS-PUB-0779

Document follows this page.

STATE OF MICHIGAN

GOVERNOR'S TASK FORCE ON CHILD ABUSE AND NEGLECT

AND

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORENSIC INTERVIEWING PROTOCOL

Fourth Edition

This publication is also available on the Department of Health and Human Services website at www.michigan.gov/MDHHS:

- Select News, Publications & Information.
- Select Publications.
- Scroll or jump to the Children's Protective Services category and select Forensic Interviewing Protocol - MDHHS Pub 779.

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Administration of Children and Families, Department of Health and Human Services, CFDA 93.643, being Section 107 (a), (b), (c), (d), (e) and (f) as amended (42 U.S.C. 5101 *et seq.*); and the Victims of Crime Act of 1984, as amended (42 U.S.C. 10601 *et seq.*).

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PREFACE

In 1991, the Governor's Task Force on Children's Justice (Task Force) was created pursuant to federal legislation to respond to the tremendous challenges involved in the handling of cases of child abuse and neglect—particularly child sexual abuse—in Michigan. In August 1993, the Task Force published Department of Human Services Publication 794, *A Model Child Abuse Protocol— Coordinated Investigative Team Approach*.

In 1996, DHS initiated the development of a forensic interviewing protocol by establishing a steering committee within DHS and enlisting nine county DHS offices to participate as pilot counties in testing the protocol. Debra Poole, Ph.D., of Central Michigan University was contracted by DHS to develop a forensic interviewing protocol. Independent of the DHS project, the Task Force also identified the objective of developing and implementing a forensic interviewing protocol. From 1996 to 1998, DHS and the Task Force worked together with Debra Poole in developing and implementing a protocol that would improve the interviewing techniques of all professionals involved in the investigation of child abuse, especially the sexual abuse of children, in Michigan. The first edition of the Forensic Interviewing Protocol was published in 1998.

In 1998, the Child Protection Law was amended to require each county to implement a standard child abuse and neglect investigation and interview protocol using as a model the protocols developed by the Task Force as published in DHS Publication 794, *A Model Child Abuse Protocol—Coordinated Investigative Team Approach* and DHS Publication 779, *Forensic Interviewing Protocol*, or an updated version of those publications.

In September of 2003, the Task Force convened a Forensic Interviewing Protocol Revision Committee to review the original Protocol. In April 2005, the second edition of the Protocol was published. The Committee was reconvened

in late 2008. The review of the second edition of the Protocol was completed in 2011 and published in 2012. The Committee was reestablished in 2016 to produce the fourth edition. After a careful and complete examination during all revisions, the Committee edited sections for clarity, improved the examples, added Quick Guides, and provided some additional reference materials, including relevant statutes. Recent research continues to support the methodology used in Michigan's Protocol.

On April 10, 2015, under executive order of Governor Snyder, the Michigan Department of Community Health and the DHS merged to form the Michigan Department of Health and Human Services (MDHHS).

This Protocol should be used in conjunction with the Task Force MDHHS Publication 794, *A Model Child Abuse Protocol—Coordinated Investigative Team Approach*. Proper implementation of MDHHS Publication 779, *Forensic Interviewing Protocol* requires professional training. Training is to be provided only by the current holder of the MDHHS service contract that provides forensic interviewing training. Professionals who have received appropriate training in the application of the Protocol should conduct the interviews of children. The Task Force was renamed the Governor's Task Force on Child Abuse and Neglect in 2010 to better reflect its mission.

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Forensic Interviewing Protocol

Introduction

forensic interviews are hypothesis-testing rather than hypothesis-confi rming (see Quick Guide #1: Alternative Hypotheses Questions and Planning Form)

The goal of a forensic interview is to obtain a statement from a child—in a developmentally—sensitive, unbiased, and truth-seeking manner—that will support accurate and fair decision-making in the criminal justice and child welfare systems. Forensic interviews are part of investigations that sometimes involve retrieval of physical evidence, conversations with collateral contacts, and other fact-finding efforts. Therefore, interviewers should explore topics that might lead to other evidence keeping in mind that a forensic interview is only part of an investigation.

Although information obtained from an investigative interview might be useful for making treatment decisions, the interview is not part of a treatment process. Forensic interviews should not be conducted by professionals who have an on-going or a planned therapeutic relationship with the child.

There are two overriding features of a forensic interview:

- Hypothesis testing.
- A child-centered approach.

First, forensic interviews are hypothesis-testing rather than hypothesis-confirming (Ceci & Bruck, 1995). Interviewers prepare by generating a set of alternative hypotheses about the source and meaning of the allegations. During an interview, interviewers attempt to rule out alternative explanations for the allegations. For example, when children use terms that suggest sexual touching, interviewers assess the children's understanding of those terms and explore whether touching might have occurred in the context of routine caregiving or medical treatment. When children report details that seem inconsistent, interviewers try to clarify whether the events could have occurred as described, perhaps by exploring whether the children are describing more than one event or are using words in nonstandard ways. Before closing an interview, interviewers should be reasonably confident that the

alleged actions are not subject to multiple interpretations and that any alleged perpetrators are clearly identified.

forensic interviews should be child-centered (see Quick Guide #2: Guidelines for Questioning Children)

Second, forensic interviews are child-centered. Although interviewers direct the flow of conversation through a series of phases, children should determine the vocabulary and specific content of conversations as much as possible. Forensic interviewers should avoid suggesting events that have not been mentioned by children or projecting adult interpretations onto situations (e.g., with comments such as "That must have been frightening").

Number of Interviewers

Local customs and requirements often dictate how many professionals will be involved in conducting an interview. There are advantages and disadvantages of both single-interviewer and team (e.g., child protection and law enforcement) approaches. On the one hand, children may find it easier to build rapport and talk about sensitive issues with a single interviewer; on the other hand, team interviewing may ensure that a broader range of topics are covered and reduce the need for multiple interviews.

one professional should be the primary interviewer, with the other taking a supportive role

When two professionals will be present, it is best to appoint one as the primary interviewer, with the second professional taking notes or suggesting additional questions when the interview is drawing to a close. Before conducting the interview, interviewers should have sufficient preparation time to discuss the goals for the interview and the topics that need to be covered; interviewers should not discuss the case in front of the child. At the start of the interview, both interviewers should be clearly introduced to the child by name and job title. Seating the second interviewer out of the line of sight of the child may make the interview seem less confrontational.

Support Persons

The presence of social support persons during forensic interviews is discouraged. Although it makes intuitive sense that children might be more relaxed with social support, studies have failed to find consistent benefits from allowing support persons to be present during interviews (Davis & Bottoms, 2002). Support persons might be helpful during early portions of interviews, but they might also inhibit children from talking about details with a sexual content. Individuals who might be accused of influencing children to discuss abuse, such as parents

involved in custody disputes or therapists, should not be allowed to sit with children during interviews.

If the interviewer deems a support person necessary (for example a social worker or teacher), this individual should be seated out of the child's line of sight to avoid criticism that the child was reacting to nonverbal signals from a trusted adult. In addition, the interviewer should instruct the support person that only the child is allowed to talk unless a question is directed to the support person.

Video or Audio Recording and Documentation

The Governor's Task Force on Child Abuse and Neglect supports as best practice the video recording of investigative forensic interviews of children at child advocacy centers or in similar settings. If your county video or audio records, follow the procedures suggested below.

A designated person should write on the recording label the interviewer's name, the child's name, the names of any observers, and the location, date, and time of the interview. Michigan law states, in part, that the video recorded statement shall state the date and time that the statement was taken; shall identify the persons present in the room and state whether they were present for the entire video recording or only a portion of the video recording; and shall show a time clock that is running during the taking of the statement (see Appendix, Video Recording Laws). All persons present in the interview room should be clearly visible to the camera and positioned so as to be heard. Rooms should be large enough to place video recording equipment at an acceptable distance from the child, but not so large that a single camera (or a two-camera setup) cannot monitor the entire room. Recording reduces the need to take notes during the interview. However, the interviewer may bring a list of topics to be discussed during the interview and may jot down notes during the interview to help remember which points need to be clarified.

If the interview is not being video or audio recorded, it is paramount that the interviewer or a designated person accurately document what the child says. Beginning with introducing the topic, the interviewer should try to write down the exact wording of each question as well as the child's exact words. It is efficient to use abbreviations for common open-ended prompts (e.g., "TWH" for "then what happened" or "TMM" for "tell me more").

The Physical Setting

The best environment for conducting forensic interviews is a center specifically equipped for this purpose. Centers often have comfortable waiting rooms with neutral toys and games, as well as interviewing rooms with video and audio links to observation rooms. The interview room should provide a relaxing environment that is not unnecessarily distracting to young children.

the interview room should be friendly but uncluttered and free from distracting noises and supplies

Interviewers who do not have access to an interviewing facility should try to arrange a physical setting that recreates some of the important features of specialized centers. First, select the most neutral location possible. For example, if the interview must be conducted in the home (in an emergency or if the child is preschool age or on school break), select a private location away from parents or siblings that appears to be the most neutral spot. Similarly, a speech-and-language room in a school might be a better choice than the principal's office because children often believe they are in trouble when they are called to the main office. Also, children may worry about being interviewed in a police station, and thus they might benefit from an explanation about why they are being interviewed there (e.g., "We like to talk to children over here because the rooms are nice and bright, and we won't be disturbed").

Second, select locations that are away from traffic, noise, or other disruptions. Items such as telephones, cell phones, televisions, and other potential distractions should be temporarily turned off.

Third, the interview room should be as simple and uncluttered as possible. Avoid playrooms or other locations with visible toys and books that will distract children. Young children are usually more cooperative in a smaller space that does not contain extra furniture. Moreover, children pay more attention when attractive items such as computers are temporarily removed from the interview space.

Interviewer Guidelines

Several guidelines about interviewer behavior, demeanor, and communication should be followed throughout the interview (adapted with permission from Poole & Lamb, 1998):

- Avoid wearing uniforms or having guns visible during the interview.

be relaxed and avoid • Convey and maintain a relaxed, friendly *emotional reactions to a* atmosphere. Do not express surprise, disgust,

child's description of abuse disbelief, or other emotional reactions to descriptions of the abuse.

- Avoid touching the child.
- Do not use bathroom breaks or drinks as reinforcements for cooperating during the interview. Never make comments like "Let's finish up these questions and then I'll get you a drink."
- Respect the child's personal space.
- Do not stare at the child or sit uncomfortably close.
- Do not suggest feelings or responses to the child. For example, do not say, "I know how *hard* this must be for you."
- Do not make promises. For example, do not say, "Everything will be okay" or "You will never have to talk about this again."
- Acknowledge and address the child's feelings if the child becomes upset, embarrassed, or scared, but avoid extensive comments about feelings.
  Comments such as "I talk with children about these sorts of things all the time; it's okay to talk with me about this" can be helpful.
- Do not make comments such as "good girl" or "we're buddies, aren't we?" that might be interpreted as reinforcing the child for talking about abuse issues. Supportive comments should be clearly non-contingent; in other words, encouragements should not be based on the child talking about specific types of issues. The best time to encourage children is during initial rapport building and at the close of the interview, after the conversation has shifted to neutral topics.
- Do not use the words "pretend" or "imagine" or other words that suggest fantasy or play.
- Avoid asking questions about why the child behaved in a particular way (e.g., "Why didn't you tell your mother that night?"). Young children have difficulty answering such questions and may believe that you are blaming them for the situation. • Avoid correcting the child's behavior unnecessarily during the interview. It can be helpful to direct the child's attention with meaningful explanations (e.g., "I have a little trouble hearing, so it helps me a lot if you look at me when you are talking so that I can hear you"), but avoid correcting nervous or avoidant behavior that is not preventing the interview from proceeding.
- Ask the child to repeat the comment if you have difficulty understanding what the child said. Use phrases such as "What did you say?" or "I couldn't hear that, can you say that again?" instead of guessing. (That is, do not say "Did you say [word or phrase you thought you heard]?"). Young children

will often go along with an adult's interpretation of their words.

- Be tolerant of pauses in the conversation. It is appropriate to look away and give the child time to continue talking. Similarly, it is often helpful to take a few moments to formulate your next question.
- Avoid giving gifts to the child.

The Phased Interview

Most current protocols advise interviewers to proceed through a series of distinct interviewing stages/phases with each phase accomplishing a specific purpose.[1] The goals of empowering children to be informative and minimizing suggestive influences are accomplished by three major guidelines:

- Interviewers clearly explain their jobs and the ground rules for the interview.
- Interviewers build rapport in a way that invites children to talk.
- Interviewers encourage children to describe information using the children's own words.

Some investigations require more than one interview with a child. Interviewers should introduce themselves, spend time establishing rapport, and address interview ground rules even when children have participated in a previous forensic interview.

This Protocol describes the general structure of a phased interview but does not dictate which specific questions interviewers will ask. Although the series of phases is specified, the structure gives the interviewer flexibility to cover any topics the investigative team determines are relevant, in any order that seems appropriate.

Phases

- Prepare for the Interview.
- Introduce Yourself and Start Building Rapport.
- Establish the Ground Rules.
- Conduct a Practice Narrative.
- Introduce the Topic.
- Elicit a Free Narrative.
- Question, Clarify, and Test Hypotheses.
- Close the Interview.

a summary of the interview (see Quick Guide #3: Overview of a Phased Interview)

When necessary, these phases can be varied to accommodate children's initial comments, their ages, and their levels of cognitive development. For example, some children begin to discuss allegations without prompting. In such cases, the interviewer should not interrupt until it is clear that the child has finished giving a free narrative. Moreover, placement of the ground rules is flexible, and interviewers can remind children about the ground rules at any point during the interview. Some interviewers prefer to establish the ground rules before building rapport. This gives them a chance to review the rules during informal conversation. However, small

Prepare for the Interview

(see Quick Guide #6: Guidelines for Use of Physical Evidence)

[1] See End Notes

children may not keep ground rules in mind throughout the interview, so some interviewers introduce the ground rules after initial rapport building conversation.

interviewers tailor their interview preparations to the needs of each case, collecting information that will help build rapport with the child and help test alternative hypotheses about the meaning of the child's comments

The following list illustrates the types of information that might be useful for interviews about child sexual abuse allegations (adapted with permission from Poole & Lamb, 1998):

- The child's name, age, sex, and relevant developmental or cultural considerations (e.g., developmental delay, hearing or speech impairment, bilingualism).
- The child's interests or hobbies that could be used to develop rapport.
- Family composition/custody arrangements.
- Family members' and relevant friends' or caregivers' names (especially how the child refers to significant others, with special attention to nicknames and duplicate names).
- Caregiving environments and schedules, with the child's names for these environments.

There are several things an interviewer should do when preparing for an interview:

- Set up the interview environment.
- Gather background information.
- Generate alternative hypotheses and hypothesistesting questions.

interviewers consider alternative hypotheses and plan questions to test these hypotheses (see Quick Guide #1: Alternative Hypotheses Questions and Planning Form)

Pre-interview preparation will vary depending on the nature of the allegations, the available resources, and the amount of time before an interview is conducted. If physical evidence is available, the interviewer should consult with the investigative team to consider several issues before deciding whether or not to use the physical evidence during the forensic interview.

Gather Background Information

It is more important to collect background material when the child is preschool age, when the allegations are based on ambiguous information (such as sexual acting out), or when factors such as medical treatment or family hostilities might complicate the investigation. Relevant information can be obtained from a variety of sources, including children's protective services files, police reports, and collateral interviews with the reporting person and/or family members.[2]

[2] See End Notes

- Relevant medical treatment or conditions (e.g., genital rashes, assistance with toileting, suppositories, or recent experiences with rectal thermometers).
- Family habits or events related to allegation issues (e.g., showering or bathing with the child, a mother who allows children in the bathroom while she changes tampons, physical play, or tickling).
- The content of recent sex education or abuse prevention programs.
- The family's names for body parts.
- The nature of the allegation and circumstances surrounding the allegation.
- Possible misunderstanding of the event.
- Possible motivations for false allegations (e.g., family or neighborhood hostilities that predate suspicions of inappropriate behavior).

Generate Alternative Hypotheses and Hypothesis-Testing Questions

Forensic interviews are hypothesis-testing rather than hypothesis-confirming. Interviewers prepare by generating a set of alternative hypotheses about the source and meaning of the allegations. Interviewers should plan the following (Poole, 2016):

- Questions to test alternative hypotheses about how the allegations arose (primary-issues hypothesis testing).
- Questions to test alternative interpretations of words the child uses to describe important event details (disambiguation).

For example, if there is an allegation that a babysitter touched a child in a sexual way, an alternative hypothesis is that the touching occurred during routine caregiving (such as wiping after a bowel movement). In this case, after the child states that he or she was touched on the butt by the babysitter, the question "What were you doing when the babysitter touched you on the butt?" could be the first of a series of questions to determine if the babysitter was cleaning the child. Similarly, if the child allegedly told her mother about a "butt licking game," the question "Who plays the butt licking game?" could test the hypothesis that the game is a joke about the family's new puppy.

Set Up the Interview Environment

The interviewer should remove distracting material from the room and position the chairs and recording equipment before introducing the child to the interview room. It is a good idea to be sure that the child has had a recent bathroom break and is not hungry before beginning the interview. Avoid scheduling an interview at the child's nap time. (See: The Physical Setting on page 4.)

Introduce Yourself and Start Building Rapport

The purpose of the introduction is to acclimate the child to the interview, modeling a relaxed and patient tone that will be carried throughout the interview. Sometimes a child was not informed or was misinformed by a parent or caregiver about the circumstances of the interview. When this happens, the child is often confused about the purpose of the interview or worried that they are in trouble. Moreover, children take time to adjust to new environments and may be temporarily distracted by the sights and sounds of the interviewing room.

children pay more attention when they are familiar with the environment and have some understanding about what will happen

After the child and the interviewer are seated, the interviewer begins by giving a brief explanation of the interviewer's job. Introductions can be brief or long, depending on the child's age and how relaxed the child appears. Here is a simple example:

> "Hello, my name is [interviewer's name]. My job is to listen to kids. Today is my day to listen to you."

Children might be confused about being questioned by a police officer or other professional, so interviewers are free to explain more about their job (e.g., "Do you know what a social worker/police officer does? Well, part of my job is to talk with children and to help them. I talk with a lot of children in [name of town]"). If children seem apprehensive, it is appropriate to provide some orienting information about the interview (e.g., "I talk with a lot of children about things that have happened. We are going to talk for a while and then I'll take you back to the other room where your mom [dad, etc.] is waiting for you"). The interviewer may want to talk informally to get to know the child.

If the interview is being recorded, the interviewer tells the child about the equipment and the purpose of the recording. The child should be given an opportunity to glance around the room, and school-age children could be allowed to inspect the recording equipment if they choose. The following is an example:

> "As you can see, I have a video camera/recorder here. It will record what we say. Sometimes I forget things and the recording helps me remember what you said."

There are varying views about whether or not to introduce the child to observers or let the child view the observation room before the interview. Generally, children have no concerns or objections with being recorded or observed.

building rapport begins with the initial introduction and continues throughout the interview

Building rapport begins with the initial introduction and continues throughout the interview. Appearing relaxed, friendly, and interested allows the interviewer to engage with the child. In daily conversations, adults tend to dominate conversations with children by asking numerous specific questions. Many children therefore expect that interviewers will ask a lot of questions and that their job is to respond to each one with a short answer. The purposes of rapport building are to:

- Make the child comfortable with the interview setting.
- Gather preliminary information about the child's verbal skills and cognitive maturity.
- Convey that the goal of the interview is for the *child* to talk.

use open-ended prompts that invite the child to talk

Transcripts of investigative interviews show that many interviewers build rapport by asking questions about the child's teacher, family, and likes or dislikes. Although such questions can be useful for starting the interview, questions that can be answered in one or two words may lead the child to expect that the interviewer will control the conversation. During early conversations, questions that invite the child to talk (e.g., "Tell me about your family") are better than more focused questions (e.g., "How many brothers and sisters do you have?").

During early rapport building, the interviewer can encourage a reluctant child with comments such as "It is okay to start talking now" or "This is your special time to talk. I want you to be the talker today and I'll listen." Smiling, leaning toward the child, using the child's name, expressing interest and

encouraging effort during early conversation ("I really want to know you better," "Thank you for letting me listen," Ahern et al., 2014, p. 776) create a supportive atmosphere that can help children be more forthcoming (Hershkowitz et al., 2014).

Establish the Ground Rules

There are four main ground rules to establish:

- **Don't guess at answers.**
- **Tell me if you don't understand something I say.**
- **Correct me if I make a mistake.**
- **Tell the truth.**

Studies have shown that children sometimes try to answer questions even when they have no basis for answering or the questions do not make sense. Also, children often fail to correct interviewers who misunderstand what they say. During the Establish the Ground Rules Phase, the interviewer motivates the child to answer accurately with a series of simple instructions as in the following examples:

allow the child to demonstrate understanding of the rules with simple practice questions

Don't guess. "Now that I know you better, I want to talk about some rules we have in this room. One rule is that we don't guess. If I ask a question and you don't know the answer, just say, 'I don't know.' For example, what is my dog's name?" [Wait for answer.] "That's right, you don't know my dog's name, so 'I don't know' is the right thing to say. Will you promise not to guess at answers?" (See Brubacher et al., 2015, for a review of ground rules instructions.)

the word gridelin means a color containing white and red, or a gray-violet color

Tell me if you don't understand. "Another rule is that if I say something you don't understand, you should tell me you don't understand. For example, is my shirt gridline? [Wait for child to say, "I don't know what that means."] "Thank you for telling me you didn't understand. I'll ask you a different way. What color is my shirt? Will you tell me when you don't understand something?"

Correct me if I make a mistake. "Sometimes people say something wrong by mistake. If I say something wrong, I want you to tell me. For example, how do you like being 10 years old (to a 6-year-old)?" [Wait for answer.] "That's right; you're not 10 years old, so I'm glad you told me. Will you correct me if I say something wrong?"

As part of the Establish the Ground Rules Phase, interviewers should discuss truth/lies and obtain verbal agreement from children that they intend to tell the truth. The purpose of discussing truth/lies is to motivate children to provide accurate

use concrete statements, such as, "I am sitting. Is that true or not true (a lie)?", rather than abstract questions, such as "What does it mean to tell the truth?"

supervisor advises against these questions.

descriptions and report only events that really happened (Lyon et al., 2008). A discussion of truth/lies can be delayed until the interviewer has built rapport with the child, or omitted if a

The interviewer starts the discussion of truth/lies by demonstrating that the child understands the difference between the truth and a lie, and the importance of telling the truth. This is accomplished by asking the child to label statements as "true" ("right") or "not true" ("a lie" or "wrong"), after which the interviewer asks for verbal acknowledgement that the child will tell the truth. The interviewer should avoid asking the child to define these concepts with questions such

as "What does it mean to tell a lie?" or "Can you tell me what the truth is?" These questions are difficult for children to answer and often lead to confusion. Questions like the ones that follow complete the Establish the Ground Rules Phase:

Truth/lies. "I need to make sure you know what the truth is.

Conduct a Practice Narrative

There are four general principles for an interviewer conducting a practice narrative:

- Elicit information using only open-ended prompts that invite the child to provide multiple-word responses, such as, "Tell me everything about [child's neutral event]" and "What happened next?"
- Use "still your turn" feedback (also called facilitators) to encourage the child to talk during this phase of the interview. These behaviors include head nods, exclamations (e.g., "Ohhhh"), and partial repetitions of the child's last comment (e.g., Child: "And then he opened my present by mistake." Interviewer: "He opened your present"). During this phase, the interviewer can also provide more direct encouragement (e.g., "You told me a lot about your birthday; I know a lot more about you now").
- Reinforce the ground rules.

ask the child to describe a recent event from beginning to end

use open-ended prompts, such as "and then what happened?"

I'm sitting down right now. Is that true or not true (a lie)?" [Wait for answer.] "That's right; I *am* sitting down, so sitting down is the truth. You are running right now. Is that true or not true (a lie)? That's right, you are sitting, so saying you are running is not true (a lie). I see you understand what the truth is. This room is a place where you should always tell the truth. While we are talking today, it is important to tell me the truth—what really happened. Will you tell me the truth today?"

encourage the child to talk by showing interest and by not interrupting

A practice narrative helps children understand and respond to the expectation that *they* are the information providers. Also, asking children to describe a neutral event gives the interviewer opportunities to revisit important ground rules. One way to

the child to describe this event in detail, using open-ended prompts, and conveys interest with everything the child has to say, as in the following example (Orbach et al., 2000):

- "A few days ago (or a few weeks ago) was your birthday (Thanksgiving, Christmas, etc.). Tell me about your birthday (Thanksgiving, Christmas, etc.)."
- "I want you to tell me all about your birthday (Thanksgiving, Christmas, etc.). Think again about your birthday and tell me what happened from the time you got up that morning until the time you went to bed that night (or some incident or event the child mentioned)."
- "Then what happened?"
- "Tell me everything that happened after [incident mentioned by the child]."
- "Tell me more about [something the child just mentioned]."

children who have little to say about specific events may be able to describe a repeated, scripted event conduct a practice narrative is to identify (during interview preparation) a specific event that the child recently experienced (or experienced around the time of the alleged abuse). Events used to train the child to talk could be a birthday party, a recent holiday celebration, an event at school, or a significant family event (e.g., getting a new puppy). The interviewer asks

Young children often have little to say about one-time events. If this is the case, it can be helpful to ask the child to describe a recurring, scripted event. A script is a general description of repeated events, such as what the child does to get ready for school each morning, what happens during a trip to the child's favorite fast-food restaurant, or how the child plays a favorite game. The following are examples designed to elicit scripted events:

- "I'd like to get to know more about you and your family. Tell me what you do every morning when you wake up." If further prompts are necessary, a child may be asked "Tell me what you do to get ready to go to school. Then what do you do? What do you do next?"
- "I talk with a lot of children, and most of them really like to get hamburgers or pizza at their favorite restaurant. Do you have a favorite place to eat?
  Good. Tell me everything that happens when you take a trip to [restaurant] to eat [food]. How do you get there? Then what happens?"

To engage a reluctant child, it may be helpful to express interest in a topic the child is an "expert" on and ask them to tell you about the topic:

> "I talked with your mom yesterday and she said you really like to play [soccer, baseball, video games]. I don't know much about playing [game child likes], but I've heard a lot about it. Tell me all about [game child likes]."

Before ending the Practice Narrative Phase, the interviewer can collect useful background information, such the child's names for caregivers or friends (National Child's Advocacy Center, 2014). By placing these questions after a practice narrative, conversation will transition seamlessly into the case issues phases should the child spontaneously begin talking about the matter under investigation. This inquiry is also a simple way to prolong rapport-building with an usually quiet child (Hershkowitz et al., 2006; Orbach et al., 2007).

Interviewers who collect background information select questions that meet case needs as in the following examples:

- "I'd like to know more about where you live and who lives with you. [Child's name], do you live in an apartment, a house, or something else?"
- "Tell me all of the people who live there with you." • "Does someone else live with you?" [Repeat until the child says "no"].
- "Is there another place where you stay when you are not [at home with your mom, in school, etc., and repeat until the child says "no"]?"
- "Tell me about the people at [child's name for caregiving environment]."
- "Does someone else ever take care of you when [your mom, your dad, etc.] is gone?"
- "Is there someone else who also takes care of you?" [Repeat until the child says "no."] (Poole, 2016, p. 104).

Here the interviewer can address topics that might prevent misunderstandings later in the interview or topics that might require exploration later in the interview. For example, questions about peers are useful when there is concern that an allegation might have been influenced by peers or if peers might also be victims.

Introduce the Topic

The alleged abuse portion of the interview begins when the interviewer prompts a transition to the target topic. Here are some transition examples:

- "Now that I know you a little better, it's time to talk about something else."
- "Now that we know each other a little better, I want to talk about the reason that you are here today." • "Now it's time to talk about something else."

start with the least suggestive prompts that might raise the topic of abuse (see Quick Guide #7: Introducing The Topic)

The interviewer should start with the least suggestive prompt that might raise the topic, avoiding mention of particular individuals or abuse:

- "Tell me the reason you are here today."
- "Do you know the reason I came to talk with you?"

If the child does not respond to these neutral prompts, the interviewer progresses to more specific opening remarks, still avoiding mention of a particular behavior. Also, it is best to avoid words such as *hurt*, *bad*, *abuse*, or other terms that project adult interpretations of the allegation. For example, an interviewer should not introduce the topic of sexual abuse using the terms "good touch or bad touch." Examples include the following:

- "I understand something has been bothering you."
- "Does your mom think that something has been bothering you?"
- "I understand there are some problems in your family [at camp, etc.]. Tell me about them." • "I know that you had to move recently, and Mr./Mrs. [name of caregiver] is taking care of you now. Tell me how that happened."
- "I heard you visited the doctor yesterday. Tell me about visiting the doctor."
- "I see you have a cast on your arm. What happened?"
- "I understand that the police came to your house last night. Tell me what happened."
- "I understand you were playing with someone yesterday and your teacher wanted you to stop playing. Tell me about that."

Some interviewers use the techniques listed below when children fail to respond to the above invitations:

(see Quick Guide #4: Hierarchy of Interview Questions)

- Ask what the child's favorite thing and least favorite thing is about various people in the child's life (Morgan, 1995).
- Ask "Who are the people you like to be with?" and "Who are the people you don't like to be with?" (Yuille, et al., 1993).
- Explore the topic indirectly by asking "Is there something you are worried about if you talk with me today?"
- Give the child more control over the interview by changing the seating, removing a second interviewer, or letting the child write an initial answer on paper.
- Ask "Is there something that would make it easier for you to talk with me today?"

The goal of these techniques is to avoid *closing the interview without a report of abuse is an acceptable outcome* preschoolers and children who have heard events discussed by adults) will say "yes" to these direct questions even when the events have not occurred (Myers et al., 2003; Poole & Lindsay, 2001). Consequently, answers to direct questions are less informative than answers to open-ended

Elicit a Free Narrative

because the event was not especially memorable and the child is not recalling the target event at this particular moment.

After the topic is raised, the interviewer asks the child to provide a narrative description of the event. Research shows that children's responses to open-ended prompts are longer and more detailed than responses to focused questions (e.g., Lamb et al., 2008; Orbach & Lamb, 2000). Also, responses to openended prompts are typically more accurate because children sometimes answer questions requesting specific details even when they do not remember relevant information. **The most** *encourage the child*

asking the child a direct question, such as "Did somebody touch your privates last week?" Research shows some children (particularly questions. Furthermore, direct questions about touching may elicit responses about routine caregiving (e.g., bathing, temperature-taking) or other sources of knowledge (e.g., information from a recent sexual abuse prevention program) that could escalate into false allegations, especially when these questions are followed by numerous specific questions. If the interviewer asks a direct question, it is important to shift to open-ended questions that encourage the child to describe events in his or her own words.

Closing the interview without a report of abuse is an acceptable outcome. There are many reasons why a child may not disclose: because the abuse didn't occur, because the child is frightened or does not want to get a loved one in trouble, or

to describe the event in the child's own words by using open-ended invitations such as, "tell me everything about [refer back to child's statement]"

common interviewer errors are omitting the Elicit a Free Narrative Phase or shifting prematurely to specific questions.

Instead of asking the child to talk about the event and then shifting to the Question, Clarify, and Test Hypotheses Phase, the interviewer should prolong the Elicit a Free

Narrative Phase with numerous open-ended prompts, such as "And then what happened?" and "Tell me more about [child's words for an event]."

To elicit a free narrative, the interviewer simply tacks on an open-ended broad prompt (also called an invitation) after the topic is raised:

- "What happened?"
- "Tell me everything you can about [refer back to child's statement]."
- "Tell me all about [refer back to child's statement], from the very beginning to the very end."

After the child begins talking, the interviewer should be patient about pauses in the conversation and not feel pressured to jump to the next prompt right away. Because continued silence can exert a subtle but gentle pressure on the child to respond, the interviewer should deliver the next prompt only when it is clear that the child is done responding.

The interviewer encourages the child to expand on the initial free narrative response with two types of open-ended prompts (Powell & Snow, 2007):

- Open-ended breadth prompts ask the child to tell more about an event.
  - Then what happened?
  - What happened next?
  - What else happened?

- Open-ended depth prompts (also called cued invitations) ask the child to discuss something the child already mentioned.
  - Tell me more about [child's words].
  - Tell me more about the part where [child's words].
  - What happened when [child's words]?
  - You said [child's words]. Tell me everything about that.

The interviewer can also motivate the child with neutral acknowledgments (such as "Uh huh"), by repeating the child's comments (e.g., "He turned on the TV. Then what happened?"), by giving permission to talk about target issues (e.g., "It's okay to say it"), and by reminding the child that the interviewer is used to talking about such things (e.g., "I talk with a lot of children about these sorts of things. It's okay to tell me all about it.").

Be tolerant of pauses in the conversation

If a child becomes non-responsive or upset, acknowledge the child's behavior and address it but avoid extensive comments. Give the child time to respond or to regain composure. If a child remains non-responsive, it may help to gently tell the child "You've stopped talking" or "I'm still listening." If a child remains upset, it may help to restate the child's last statement or say, for example, "I see you are crying. Tell me what's going on."

Children often make comments that adults do not understand or refer to people who have not yet been identified.
Interrupting the child to request an immediate clarification may inhibit the child from talking. It is better to encourage the child by using general prompts such as "Then what happened?" before entering the Question, Clarify, and Test Hypotheses Phase. Interviewers can jot down short notes while the child is talking to remind themselves to revisit specific information later in the interview.

Question, Clarify, and Test Hypotheses

The Question, Clarify, and Test Hypotheses Phase begins after it is clear that the child has finished providing a free narrative. This phase is the time to clarify the child's comments and seek legally relevant information. The interviewer should consider how directly a child should be prompted by taking into consideration the amount of corroborating evidence and risks to the child's safety. The interviewer may want to consult with their investigative team.

(see Quick Guide #2: Guidelines for Questioning Children; Quick Guide #4: Hierarchy of Interview Questions; and Quick Guide #5: Exploring Issues with Open-Ended Prompts and Question Frames)

The interviewer should avoid jumping from topic to topic. In general, it is best to build the questions around the child's free narrative. For example, if the child reported a single event, the interviewer would clarify information about that event before asking whether there have been other similar events.

During the Question, Clarify, and Test Hypotheses Phase, the interviewer should clarify:

- Descriptions of events.
- The identity of the perpetrator(s).
- Whether allegations involved a single event or multiple events.
- The presence and identities of other witnesses.

(see Quick Guides #8: Physical Abuse and Neglect Questions, Quick Guide #9: Sexual Abuse Questions, and Quick Guide #10: Interviewing About Repeated Similar Events)

Other topics may be important, depending upon the specific case, such as descriptions of physical evidence retrieved from the crime scene (e.g., a description of cameras if pictures were taken). However, the interviewer should avoid probing for unnecessary details. For example, it may not be essential to get a detailed description of an alleged perpetrator if the accused is someone familiar to the child (e.g., a relative or teacher). Although it is useful if the child can recall when and where each event occurred, children may have difficulty specifying this information if they are young, if the event happened a long time ago, or if there has been ongoing abuse over a period of time. (See Special Topics on page 25 for a discussion of general guidelines for investigating the time element in child criminal sexual conduct cases.)

Because children usually volunteer only a portion of what they

- Whether similar events have happened to other children.
- Whether the child told anyone about the event(s).
- The time frame and location/venue.
- Alternative explanations for the allegations.

use the least suggestive question possible, attempting to obtain a complete description of one event before shifting to a different topic (see Quick Guide #4: Hierarchy of Interview Questions) remember in response to each question or prompt, it may take a series of prompts to elicit complete descriptions of

individual events and details. For example, if a child mentions that a man showed her "a bad cartoon," the interviewer should begin with an open-ended question such as "You said something about a bad cartoon. Tell me about the cartoon." In order to gain further details, the interviewer may have to ask questions such as "What did the cartoon look like?", "Did he show you one cartoon or more than one cartoon?", "Tell me what the second cartoon looked like", and "Was the cartoon on paper, on a computer, or something else?"

The interviewer should always use the most open-ended questions possible while questioning and clarifying. If a specific question is necessary to raise an issue, the interviewer should follow it up with an open-ended prompt. For example, if objects were retrieved from the scene of the alleged event, the question "Did he bring anything with him when he came to see you?" could elicit a response like "He brought some clothes for me to wear." In this case, "Tell me about the clothes" is more open than "What color were the clothes?" This practice of asking focused questions paired with open-ended follow-up prompts is sometimes called the questioning cycle (Poole, 2016) or pairing (Lamb, La Rooy, Malloy, & Katz, 2011).

Following the terminology used in the *Memorandum of Good Practice* (Home Office, 1992), questions can be ordered along a continuum from least suggestive (open-ended questions) to most suggestive (leading questions). The following hierarchy describes this progression of question types. Interviewers should try to use questions at the top of the hierarchy and avoid leading questions altogether (See Quick Guide #4: Hierarchy of Interview Questions).

when prompting the child to tell you "everything," be aware that delayed disclosure and disclosure in stages can occur

Open-ended prompts (also called invitations and freenarrative prompts) allow children to select which details they will report and generally require multiple- word responses.
Open-ended prompts ask children to expand, (e.g., "You said dad hit you with a belt. Tell me everything about dad hitting you with a belt"), provide physical descriptions (e.g., "Tell me about the belt"), and clarify apparent contradictions (e.g., "You said you were alone, but then you said your mom heard you talking. I'm confused about that. Help me understand").

obtaining complete information in one interview may not always be possible

Open-ended prompts can also elicit information about physical surroundings and conversation. For example, even preschoolers can respond accurately to the following prompts (Poole & Lindsay, 2001, 2002):

- "Sometimes we remember a lot about how things looked. Think about all the things that were in the room where [child report of event]. Tell me how everything looked."
- "Sometimes we remember a lot about sounds and things that people said. Tell me all the things you heard when [child report of event]."

Specific but non-leading questions (also called directives and recall-detail questions) ask the child to recall a detail about something that was already mentioned, and these questions can be answered with a word or brief comment. Specific but non-leading questions might ask about the context of an event (e.g., "Tell me what you were doing when [event child described]"), request clarification (e.g., "You said 'Bob.' Who is Bob?"), or ask about a specific detail (e.g., "What color was the towel?").

Closed questions (also called option-posing questions) provide only a limited number of response options. Multiplechoice questions and yes-no questions are closed questions. These questions are more risky than open-ended or specific but non-leading questions because children sometimes feel they should choose one of the options. Therefore, responses

to these questions are generally less accurate than responses to more open-ended questions. If the interviewer wants to confirm a specific detail of an allegation and the child seems confused by open-ended or specific questions, it is best to delete the correct answer from a multiple-choice question. If an event allegedly happened in the bathroom, for example, the interviewer might ask, "Did that happen, in the bedroom, the kitchen, or in another place?" Closed questions should be followed by open-ended questions to show that the child can provide information spontaneously. Because yes-no questions are considered inherently leading by some experts, such questions should be used with caution, particularly with preschoolers. When yes-no questions are deemed necessary, it is useful to remind children that they should not guess. Interviewers should follow up with an open-ended question or prompt.

Leading questions imply an answer or assume facts that might be in dispute. Determination of whether a question is leading depends upon a host of variables, including the child's age, the child's maturity, and the tone of voice of the interviewer (Fallon & Pucci, 1994). Tag questions, such as "And then he touched you, didn't he?", are explicitly leading, as is any question that includes information the child has not yet volunteered.

During this phase, the interviewer should continually monitor that the child's statements are unambiguous. If the child talks about "grandpa," for example, the interviewer should determine which individual is being discussed (e.g., "Which grandpa?", "Does grandpa have another name?", "Do you have one grandpa or more than one grandpa?"). Similarly, if the child uses an unusual word (e.g., "my hot dog," "my tushee"), the interviewer should attempt to clearly identify what that word means to the child (e.g., "Tell me what your hot dog is").

young children may stray off topic and begin to discuss other events during this phase of the interview

If young children stray off topic and begin to discuss other events during this phase of the interview, it is important that the interviewer reiterate the topic under discussion. For example, it is very helpful to begin questions with identifying comments such as "About this time in the kitchen with Uncle Bill, [referring back to child's statement]." If the child reports new or unusual information, it is best to ask something like "Are you talking about that time Uncle Bill grabbed your privates, or is this another time?" It is easier for children to stay on topic if the interviewer warns the child when the topic is shifting (e.g., "I'm confused about that time in the park. Let

me ask you something about that"). Another strategy to avoid confusion is to verbally label events that the interviewer might want to return to later in the interview (e.g., "Okay, let's call that the kitchen time") (Brubacher et al., 2013; Yuille et al., 1993).

ask questions in an order corresponding to the sequence of the child's free narrative

The interviewer should avoid covering topics in a predetermined order. Instead, it is better to follow the child's train of thought and ask questions related to the child's narrative. In sexual abuse cases, the interviewer may need to ask whether the alleged event happened one time or more than one time, whether the child has knowledge that other children had a similar experience, and whether other individuals were present. Before ending this phase, the interviewer can check that the child has nothing else to say.

For example, if a child made a disclosure, asking "Is there something else you'd like to tell me about [event the child described]?" or "Did I forget to ask you anything?" can be helpful. Lastly, all references to people and events should be clarified to ensure there is only one interpretation of the child's statements.

During the Question, Clarify, and Test Hypotheses Phase, the interviewer listens to the child, mentally reviews the information already provided, makes decisions about further questioning, explores alternative hypotheses, and decides when to close the interview. Interviewers should maintain a relaxed manner and feel free to take a few minutes to collect their thoughts before deciding how to proceed. If there is a second interviewer or team members in an adjoining observation room, the interviewer can ask these individuals whether or not they have any additional questions before closing the interview. Consultations with team members (a short interview break) can occur at the end of the Question, Clarify, and Test Hypotheses Phase or any time a child's behavior or responses pose challenges for the interviewer.

Close the Interview

There are two major objectives for the closing phase of the interview:

- Answer questions from the child.
- Revert to a neutral topic to wind down the interview.

Regardless of the outcome of the interview, interviewers should ask children if they have any questions. It is important to answer questions truthfully and to avoid making promises (for example, saying that the child will not have to talk about the abuse again). When children ask about the interviewer's life
(e.g., "Did this happen to you too?), the interviewer can address the concern without disclosing personal information
(e.g., "Everyone, including me, has had things happen that they did not like or things that were upsetting" (Saywitz & Comparo, 2014, p. 151).

It is appropriate to chat about neutral topics for a few minutes in order to end the interview on a relaxed note. The interviewer can return to topics discussed while building rapport and in the practice narrative. The interviewer can thank the child for coming but should be careful not to specifically thank the child for disclosing abuse.

Special Topics

Questions about Time

There are several reasons why it can be very difficult for children to describe *when* an event happened. In their language development, children learn words that mark temporal relationships only gradually. Three-year-olds, for example, often use "yesterday" to mean "not today," and the words "before" and "after" are poorly understood before 7 years of age or even older (Walker, 2013). Regarding temporal concepts, children's understanding of dates and clock time is limited before 8-10 years of age. Often, children simply fail to remember exactly when target events occurred. Memory failure is common when events occurred a long time ago and when there were many similar events.

Interviewers should try to identify when events occurred, but young children sometimes answer inaccurately when questions demand details they cannot provide. For example, children sometimes try to answer questions about the day of the week or the time of day even when they are uncertain. Therefore, interviewers should try to determine when events occurred by asking about the context of the events. General questions about what grade the child was in, how old the child was, or whether it was summer vacation can narrow down the time. Similarly, knowing that the child was playing with a toy received for Christmas will date the event after Christmas, and questions about what TV show the child was watching will identify a time of day. Some interviewers ask children to point to a "time line" that contains pictures of holidays and other events, but there is no evidence that preschool children report the timing of past events more accurately with this aid than with developmentally-appropriate verbal questions (Malloy & Poole, 2002).

Interviewers should be aware that time is not an element in child criminal sexual conduct cases in Michigan. The Michigan Court of Appeals set forth 4 factors to consider when determining how specific the time of assault must be: the nature of the crime charged, the victim's ability to specify a date, the prosecutor's efforts to pinpoint a date, and the prejudice to the defendant in preparing a defense *(People v. Naugle, 152 Mich. App 227, 233; 393 NW2d 592 1986)*.

Interviewing Aids

Interviewers should not use anatomical dolls or body diagrams to elicit disclosures. Most interviews can be successfully conducted without these interviewing aids. Guidelines on anatomical dolls state that children's behavior with dolls is not diagnostic of abuse. Consequently, interviewers can be accused of suggesting sexual themes if they introduce aids before children have mentioned abuse (Dickinson, et al., 2005). Asking children to label body parts and then asking if they have been touched in any of the mentioned places is suggestive, and research has not shown that children's testimonial accuracy is improved when interviewers use body diagrams to elicit disclosures (Poole et al., 2011, Poole & Bruck, 2012, Bruck et al., 2016).

It is less controversial to introduce interviewing aids during the Question, Clarify, and Test Hypotheses Phase of the interview, when aids help to clear up ambiguities in children's reports (Everson & Boat, 2002). If the interviewer deems their use necessary, interviewing aids can be used during the Question, Clarify, and Test Hypotheses Phase.

Communication Issues

Interviewers should identify, during their interview preparation, whether children have special communication issues that require accommodation. Separate developmental assessments are not routinely required or useful, but they may be helpful for children who suffer from a developmental disability or have language limitations that raise questions about their ability to respond accurately to questions.

Preschoolers

Whenever possible, interviews with preschool children should be scheduled for a time of the day when the children are usually alert and have recently had a snack. No special adjustments to the Protocol are required for preschool children, but interviewers should be aware that young children are more likely than older children to answer closed questions when they do not really know the answer. When interviewers use closed questions with young children, it is helpful to demonstrate that they are not simply

guessing. For example, omitting the correct answer from multiple choice questions will reduce concerns about acquiescence.

Bilingual Children

During pre-interview preparation, interviewers should make their best determination of the child's primary language based on information from available sources, such as official records, consultations with parents or school officials, and the child's self-report.

Arrangements should be made for an interpreter of the child's primary mode of communication whenever there is concern that a child faces limitations in understanding or speaking English. An interpreter, if needed, should not be an individual who might have an interest in the outcome of the case. An interpreter should translate exactly (or as closely as possible) what the interviewer and child say during the interview.

Augmentative and Alternative Communication (AAC)

facilitated communication is not a scientifically supported alternative to speaking or augmentative and alternative communication

Augmentative and Alternative Communication (AAC) refers to communication systems that help children express themselves when they cannot communicate by producing typical speech or writing. AAC allows children to communicate *independently* through the use of eye gaze, picture boards, computer-based technologies, or other systems. The professional who has had the most contact with the child (and/or the development of the child's communication system) and an independent specialist should be involved in evaluating the needs of a child who communicates via AAC.

Unlike AAC, facilitated communication involves techniques in which adults touch or support children's arms or hands while the children interact with a keyboard or other device. Research clearly demonstrates that information obtained through facilitated communication often reflects the adults' knowledge. Thus, facilitated communication is not a scientifically supported alternative to speaking or AAC (American Academy of Child and Adolescent Psychiatry, 1994; American Psychological Association, 1994).

Developmental Disabilities

Chronic health problems and perceptual, movement, language, cognitive, and emotional disorders can influence a child's ability to participate in a forensic interview. The simplest approach for most children is the developmentally-sensitive, child-centered interview, one in which the interviewer plans procedures that help individuals of all ages understand and respond to questions.

If an initial interview is unsuccessful, and interviewers have the resources, it may be helpful to conduct a second interview, taking a more comprehensive approach to planning for individual needs. For example, it may be helpful to determine the child's primary and secondary diagnoses and educational accommodations (if any) to anticipate the child's strengths and areas of difficulty.

Quick Guide #1: Alternative Hypotheses Questions and Planning Form

During pre-interview preparation, interviewers generate a set of alternative hypotheses about the source and meaning of the allegations. During the Question, Clarify, and Test Hypotheses Phase, interviewers attempt to rule out alternative explanations for the allegations.

There are numerous alternative hypotheses to allegations of abuse and neglect. These include honest mistakes and misunderstandings, unintentional influence of the child, intentional influence of the child, and a child's decision to lie for attention or to achieve another goal. The following are some examples:

- Someone misunderstood the child's statement.
- The child was abused but misidentified the perpetrator.
- An injury was accidental.
- A rash was caused by a medical condition.
- An injury resulted from a medical condition (e.g., falling down from a seizure).
- Touching occurred during routine caregiving.
- The child witnessed, but did not experience, the alleged abuse.
- Repeated questioning made the child believe abuse occurred.
- Someone coached the child to report abuse.
- The child wanted to retaliate against the accused.
- The child made up a story to get out of trouble.
- The child reported sexual abuse to cover for evidence of sexual activity.
- The child lied about abuse or neglect to attempt to change a living or visitation arrangement.
- The child exaggerated about an event to show off to friends.
- The child lied about who the perpetrator was to protect the actual perpetrator.

Below are examples of allegations, alternative hypotheses, and possible ways of testing these hypotheses. *It's important that your test questions be case-specific and updated based on information received during the free narrative.*

Sexual Abuse Allegation

A 9-year-old girl reported that her stepfather touched her private parts while getting her ready for bed.

Hypothesis/Allegation

The girl was sexually abused.

Possible Alternative Hypotheses

- The child does not like the stepfather and would prefer to live with her natural father.
- The stepfather has to administer topical medication to the child's privates at bedtime.

Test Questions

- "Tell me what happens when [name child calls stepfather] gets you ready for bed."
- "Is there something you like about spending time with [name child calls stepfather]? Is there something you don't like about spending time with [name child calls stepfather]?"
- "How do you get along with [name child calls stepfather]? How do you get along with your father?"
- "You said your parents are divorced. Who decided that you should live with your mom? Tell me about that."
- "What was your stepfather doing just before he touched you?" After a disclosure of touching.
- "Have you been to a doctor recently? Tell me about that."

Sexual Abuse Allegation

The mother of a 5-year-old girl said that her daughter disclosed sexual abuse after returning from her father's house.

Hypothesis/Allegation

The girl was sexually abused by her father.

Possible Alternative Hypotheses

- The girl was led into making a false report by her mother, who questions her daughter after visits to her father's house.
- The mother misunderstood a comment the girl made about a sex abuse prevention video shown in school.

Test Questions

- "Tell me about visiting dad. Tell me some things you like about visiting dad. Tell me some things you don't like about visiting dad."
- "Tell me some things you like about your mom. Tell me some things you don't like about you mom."
- "What happens when you come home from dad's house?"
- "Do you talk to your mom about your visit with dad? Tell me about that."
- "Did you see a video at school about being safe? Tell me about the video.
- "Did you tell your mom about the video? Did you tell your dad about the video?"
- If the answer is "Yes," explore with "What did you tell your mom (dad) about the video?" or "Tell me all about that."

Child *Recanting* a Prior Abuse Allegation

A 14-year-old boy claimed that his teacher touched him sexually (e.g., “He touched my butt!”). He later said his comment was an innocent mistake (e.g., "The hallway was crowded and he slid behind me to pass through the line").

Hypothesis/Allegation

The boy misspoke or exaggerated when he reported that his teacher had touched him sexually.

Possible Alternative Hypotheses

- The child was touched inappropriately but is concerned that his teacher will be sent to prison.
- The child was touched inappropriately but is being teased by classmates and is embarrassed.
- The child got a bad grade and initially retaliated by lying about his teacher touching him.

Test Questions

- “Tell me about your teacher.”
- “How do you get along with your teacher? Is there anything about this situation with your teacher that worries you?”
- “Have any classmates talked to you about this situation with your teacher?” If the child says “Yes,” the interviewer should explore further.”
- “Have any friends or family members talked to you about this situation with your teacher?” If the child says “Yes,” the interviewer should explore further.
- “Have you talked to someone else about your teacher since we last spoke?”

Physical Abuse Allegation

A teacher reported that a 10-year-old boy came to school with a large bruise on the left side of his face. The child is secretive about the cause of the bruise.

Hypothesis/Allegation

A parent abused the boy.

Possible Alternative Hypotheses

- The injury was the result of an accident (e.g., The child was roughhousing with a sibling or injured while playing sports).
- The child was involved in a fight that could get him in trouble and wants to avoid discipline.
- The bruise was self-inflicted.

Test Questions

- "I see you have a bruise on your face. Tell me how you got the bruise on your face."
- "What were you doing just before you got the bruise on your face?"
- "Who were you with when you got the bruise on your face?"
- "How do you get along with your brothers/sisters?"
- "What happens at home when you get into trouble?"
- "What happens at school when you get into trouble?"

Internet Sexual Exploitation Allegation

Police found sexually suggestive photographs of a 13-year-old girl on her father's computer.

Hypothesis/Allegation

The girl's father is taking pornographic pictures of his daughter and up-loading them onto the computer.

Possible Alternative Hypotheses

- The girl took the pictures herself to send to her boyfriend.
- Someone other than the father took the photographs of the girl.

Test Questions

- "Who uses the computer in your house?"
- "Do you have a camera? Who in your house has a camera?"
- "Do you have a boyfriend? Tell me about him."
- "Does anyone take pictures of you? Tell me about the pictures."
- "Have you ever seen these pictures? Where did you see them?"
- "Has anyone else taken pictures like this of you?"
- "Have you ever taken pictures like this of yourself?"

Emotional Abuse Allegation

A teacher reported that the father of a 7-year-old yells at the boy almost every time he picks the child up from school. He makes demeaning comments to the boy, such as "I can't believe you are my son! I hate you!"

Hypothesis/Allegation

The father is emotionally abusing the boy.

Possible Alternative Hypotheses

- The boy has a father and a step-father; it is the step-father who belittles the boy.
- The teacher had a previous altercation with the father and is embellishing the story.

Test Questions

- "Who lives with you? Tell me all the people in your family."
- "Who usually picks you up from school? Tell me what happens when [person child named] picks you up from school."
- "Tell me something you like about [person child named] picking you up from school. Tell me something you don't like about [person child named] picking you up from school."
- "Does your teacher talk about your father?"

Alternative Hypotheses Planning Form

Hypothesis/Allegation

Possible Alternative Hypotheses

Test Questions

Quick Guide #2: Guidelines for Questioning Children

Strive to Avoid Misunderstandings

- **Don't guess**. If you cannot understand something the child said, ask the child to repeat the comment. Try not to guess with comments such as, "Did you say 'Bob?' "

- **Ask questions to clarify**. Children often make systematic pronunciation errors; for example, *potty* may sound like *body* or *something* may sound like *some paint*. Do not take young children's comments at face value; instead, always try to clarify what the child was saying by asking the child to describe the event fully (e.g., "I'm not sure I understand where he peed; tell me more about where he peed") or asking for an explicit clarification (e.g., "Did you say 'Bob' or 'mom' or something else?").

- **Pronounce words the way an adult does**. When talking, use the usual adult pronunciation for words; do not mimic the child's speech or use baby-talk (Exception: Do use the child's words for body parts).

- **Clarify what the child means by key words**. The child's meaning for a word may not be the same as the adult's meaning. Some children use particular words in a more restrictive way (e.g., "bathing suits" or "pajamas" may not be clothing to a young child), a more inclusive way (e.g., "in" often means "in" or

"between"), or in a way that is peculiar to them or their families (e.g., a "penis" is called a "bird"). Words that are critical to identifying an individual, event, or object should be clarified.

- **Remember that self-contradictions could be due to language issues**. Children may seem to contradict themselves because they use language differently than adults. For example, some children think that you only *touch* with your hands. Therefore, they may say "no" to questions such as "Did he touch you?" but later report that they were kissed. Children also tend to be very literal. For example, they might say "No" to the question "Did you put your mouth on his penis?" but later respond "Yes" to the question "Did he put his penis in your mouth?" Interviews may vary the phrasing of questions to check the child's understanding of the concept.

Avoid Using Difficult Words or Introducing New Words

- **Avoid difficult temporal words with young children**. Children under the age of about 7 years have difficulty with temporal words such as *before* and *after*. Try to narrow down the time of an event by asking about other activities or events, such as whether it was a school day or not a school day or what the child was doing that day.

- **Avoid kinship terms with young children**. Young children are often confused by kinship terms (e.g., uncle, aunt). Instead of using the kinship term (e.g., "Tell me about your aunt"), refer to the person by name (e.g., "Tell me about Aunt Sue").

- **Select words that clearly mention places, people, objects, and actions**. Children sometimes confuse the meaning of word pairs such as "come" and "go," "here" and "there," and "a" and "the." This confusion can make it difficult for a child to understand a question such as "Did you go *there* for Christmas?" Whenever possible, it is best to ask questions that clearly mention specific places, people, objects and actions (e.g., "Did you go to Grandpa John's house on Christmas day, or did you go somewhere else?").

- **Avoid adult jargon**. Even school-aged children often do not understand common legal terms and many other words that seem obvious to adults, such as *judge*, *jury*, *or hearing.* Avoid legal terms or other adult jargon.

- **Avoid introducing words the child has not yet mentioned**. Children often integrate new words into their narratives, so avoid introducing key words, names, or phrases that the child has not yet volunteered.

Ask Simple Questions

- **Ask one question at a time**. Questions should ask about only one concept at a time. Avoid multiple questions.

- **Use a noun-verb-noun order**. In other words, use the active voice (e.g., "You said earlier that you hit him ...") rather than the passive voice (e.g., "You said earlier that he was hit by you").

- **Do not use "tag" questions.** These are questions such as "And then he left, didn't he?"

- **Avoid pronouns and other "pointing" words.** Words such as *she*, *he*, *that*, or *it* can be ambiguous to a child, even when these words are in the same sentence as their referents (e.g., "So when *she* came home, did *mom* take a nap?"). Be redundant and try to use the referent as often as possible (e.g., say, "So after *your father pushed you*, then what happened?" rather than "So after he did *that,* then what happened?").

- **Prioritize *who, what,* and *where* questions.** Children learn to answer *who, what,* and *where* questions earlier than *when*, *how*, and *why questions.*

- **Avoid overly specific questions.** Children's memory failures are more common when interviewers word questions specifically rather than broadly. For example, the question "Tell me about the last time you visited your cousin's *house*" is less likely to prompt recall of abuse in the *back yard* than the question "Tell me about the last time you visited your cousin."

Consider How Culture Might Influence Children's Behavior

- **Try to learn about the child's culture.** If a child is from a different culture, the interviewer should try to confer with someone from that culture to see if special cultural considerations should be understood prior to the interview.

- **Avoid correcting children's nonverbal behavior.** Children are discouraged in some cultures from looking authority figures in the eye while answering. Avoid correcting children's nonverbal behavior unless that behavior interferes with your ability to hear the child.

- **Remember that many children are taught to cooperate with adults.** For example, some cultural groups discourage children from correcting or contradicting an adult, and children from these environments may be more likely to answer multiple- choice or yes-no questions even when they are uncertain.

Adapted from Poole and Lamb (1998) with permission from the American Psychological Association. For expanded discussions, see Walker (2013).

Quick Guide #3: Overview of a Phased Interview

1. Prepare for the Interview and the Interview Environment

a. Gather background information.
b. Generate alternative hypotheses and hypothesis-testing questions.
c. Remove distracting materials from the room

2. Introduce Yourself and Start Building Rapport

"Hello, my name is ___. My job is to listen to children, and today I am here to listen to you." a. Introduce yourself to the child by name and, if desired, by occupation.

b. Explain the recording equipment, if used, and permit the child to glance around the room.
c. Begin a brief conversation about neutral events. Favor prompts that require narrative responses over prompts that elicit single-word responses or lists of words. d. Answer spontaneous questions from the child.

3. Establish the Ground Rules

"Before we talk some more, I have some simple rules for talking today." a. Tell the child not to guess at answers.

b. Encourage the child to ask for clarification if the child does not understand something the interviewer said.
c. Explain the child's responsibility to correct the interviewer when the interviewer is incorrect.

d. Get a verbal agreement from the child to tell the truth.
e. Allow the child to demonstrate understanding of the rules with practice questions (e.g., "What is my dog's name?").

4. Conduct a Practice Narrative (to train the child to provide chronological details about a neutral event)

"I'd like to get to know you a little better now. I heard you (an event; e.g., went to ___). Tell me everything that happened that day, from [e.g., the time you got up, the time you got to the ___].

a. Ask the child to recall a significant event or (if the child is hesitant) a scripted event (e.g., What the child does to get ready for school each morning or how the child plays a favorite game).
b. Tell the child to report everything about the event from beginning to end, even things that might not seem very important.
c. Encourage a spontaneous narrative with open-ended prompts, such as "What else happened after ___ [a part of the event mentioned by the child]?" "And then what happened?" d. Be patient and allow time between a child's response and the next question/prompt.
e. Reinforce the child for talking by displaying interest both nonverbally and verbally (e.g., "Really?" or "Ohhh.)

Immediately after the practice narrative is a good time to discuss useful background information (if helpful): "Thank you for telling me about ___. I'd like to know more about [e.g., who lives with you, your friends]."

a. Use open-ended questions to elicit information about people and/or places you might discuss later in the interview.
b. If the child mentions a matter under investigation, proceed to phase 6.

5. Introduce the Topic

"Now that I know you better, I want to talk about the reason [you are/I am] here today. "Do you know the reason I came to talk with you?"

a. Raise the topic, starting with the least suggestive prompt.
b. Avoid words such as "hurt," "bad," "good-touch/bad touch," or "abuse."

6. Elicit a Free Narrative

"Tell me everything about [refer back to child's statement]."

a. Prompt the child for a free narrative with open-ended broad prompts, such as "Tell me everything you can about [refer back to child's statement].
b. Encourage the child to continue by using facilitators (e.g., pauses and utterances like "Uh huh") and open-ended breadth questions (e.g., "Then what happened?"). When the child stops adding new information, continue with open-ended depth prompts "Tell me more about the part where [refer back to child's statement]" paired with open-ended breadth questions (e.g., "What happened next?" "What else happened?").

7. Question, Clarify, and Test Hypotheses

"I want to make sure I understand everything that happened."

a. Cover topics in an order that builds on the child's prior answers. Avoid shifting topics abruptly or without warning.
b. Select less suggestion question forms over more suggestive questions as much as possible. (See Quick Guide #4: Hierarchy of Interview Questions.)
c. Do not assume that the child's use of terms (e.g., "uncle" or "pee pee") is the same as an adult's.

d. Clarify important terms and descriptions of events when these appear inconsistent, improbable, or ambiguous.
e. Ask questions that will test alternative explanations for the allegations.
f. At any time, you may break to review notes, check the interview plan, or consult with observers (if helpful)".

a. Tell the child that you need a moment to check your notes.
b. If you are recording, keep the recording equipment running.

8. Close the Interview

"Is there something else you'd like to tell me about [event child described]? Do you have any questions for me?"

a. Ask if the child has any questions.
b. Revert to neutral topics.

Adapted from Poole and Lamb (1998).

Broad, breadth, and depth prompts reflect terminology from Powell and Snow (2007).

Quick Guide #4: Hierarchy of Interview Questions

This is a hierarchy of prompt types from least suggestive to most suggestive. **Whenever possible, select prompts from the top of the hierarchy.**

Still-your-turn feedback refers to interviewer comments/behaviors that encourage children to continue talking (also called *facilitators* and *minimal encouragers*).

Examples:

- "Okay" or "Uh huh."
- Partial repetitions; e.g., child: "Then he took me into the basement." Interviewer: "Into the basement."
- Silence.

Free Narrative and Other Open-Ended Prompts allow children to decide which details to report (also called *open-ended recall prompts* and *open-ended questions*):

open-ended broad questions ask children to talk about an event (also called *free narrative prompts* and *invitations*).

Examples:

- "Tell me everything about [event the child mentioned]."
- "Tell me everything that happened."

open-ended breadth questions (another type of *invitation*) ask for more information about an event.

Example:

- "Then what happened?"

open-ended depth questions ask children to discuss something they already mentioned (also called *cued invitations*).

Example:

- "Tell me more about the part where [action the child mentioned.]"

Specific but non-leading questions ask children for details about topics that children have already mentioned (also called Wh- questions, directives, and recall-detail questions). Use these questions only when the details are important, because children often try to answer specific questions even when they do not know the relevant information.

Examples:

- "What were you doing when dad came over?"
- "What did your mom say after you told her?"

Closed questions provide only a limited number of options (also called *option-posing* and *forcedchoice questions*). These prompts are used when children do not respond to open-ended questions, there is no obvious open-ended question that will elicit the desired information, or when a specific question is developmentally inappropriate. For example, the question "How many times did that happen?" is difficult for your children.

Multiple-choice questions, particularly when they have more than two options, are preferable to yes-no questions because multiple-choice questions permit a wider range of responses.

Examples: • "Did [event] happen one time or more than one time?" Follow-up prompt: "Tell me about the last time [event] happened." "Did [event] happen at your house, at grandpa's house, or some other place?" Follow-up prompt" "Tell me more about [location child described]."

Yes-no questions expect the child to say "yes" or "no."

Example:

- "Was your mom home when [event] happened?" Follow-up prompt: "Tell me what your mom was doing."

Explicitly leading questions suggest the desired answer or contain information the child has not yet volunteered. (Even yes-no questions are considered leading by many psychologists, particularly if the child is young or the interviewer does not reiterate the child's right to say "no.") Explicitly leading questions should be avoided during forensic interviews.

Examples:

- "You told your mom you were scared of him, didn't you?"
- "What was he wearing when he laid next to you?" (When the child did not mention that the male in question laid down.)

Sources: Adapted with permission from the American Psychological Association from Poole and Lamb (1998) and Poole (2016). The terms facilitators, invitations, cued invitations, focused questions, and suggestive questions reflect usage by Michael Lamb and his colleagues (e.g., Sternberg et al., 2001). Martine Powell and her colleagues have divided open-ended questions into broad, breadth, and depth questions (e.g., Powell & Snow, 2007).

Quick Guide #5: Exploring Issues With Open-ended Prompts and Question Frames

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Familiarity with a list of frequently-used comments/prompts helps interviewers ask questions that children understand. Question frames (also called *question stems)* are memorized phrases that interviewers use to construct prompts about the issues under discussion.

Managing Topics Raising the Topic

Topic opener:
"Tell me what you have come to talk to me about today."

Keeping the Child on Topic

Topic marker:
"Tell me everything about [child's words; e.g., *those pictures*]."

Conducting a Topic-Drift Check

Topic-drift check:
"Are you talking about the time [current topic] or something else?"
"Are you talking about [person under discussion] or someone else?"
"Are you talking about [object under discussion] or something else?"

Shifting the Topic

Topic shifter:
"I am going to ask about something else now."

Eliciting Information

Asking for a Free Narrative

Open-ended broad question (also called a free narrative prompt):
"Tell me everything that happened."

Asking for Elaboration

Open-ended breadth question:
"What happened next/after that? (or "Then what happened?")
"What else happened that time [child's words]?"

Open-ended depth question:
"Tell me more about the part where [child's words]."
"What happened when [child's words]?"

Asking About Feelings and Reactions

"How did you feel when [child's words]?"
"What did [name of person] do that made you [child's words: scared, nervous, etc.]?" "Is there something that would make you feel less [scared, nervous, etc.]?"

Asking About Reasons

"What made [name of person] [action child described]?" (For example, "What made your mom get mad?")
"How did [description of the situation]?" (For example, "How did your pajamas come off?"
"How did the lighter get on the table?")

Asking for Sensory Details

"Sometimes we remember a lot about how things looked. Tell me how everything *looked* in/at/when [child's words for the location or event]."
"Sometimes we remember a lot about sounds or things that people said. Tell me all the things you *heard* in/at/when [child's words for the location or event]."

Exploring for Other Incidents

"Did that happen one time or more than one time?" (if child says, "lots of times"):
"Tell me about the last time something happened."
"Tell me about another time you remember."
"Tell me about the time you remember best (or the most)."

"Was there ever a time when something different happened?" "Tell me about that time."

Clarifying Reports

Clarifying Ambiguities

Person:
"You said [grandpa, teacher, Uncle Bill, etc.]. Do you have one ____ or more than one ____?"
"Which ____?"
"Does your ____ have another name?" (or, "What does your ____ [mom, dad, etc.] call ____ ?")

Object or action:
"You said [child's words]. Tell me what that is."

Object:
"You said [child's word]. What does the [child's word] look like?"

Location:
"I don't know anything about the [child's words]. Tell me about the [child's words]/What is the [child's words]?"

Clarifying "I Don't Know" Responses

"You don't know, or you don't want to talk about this right now?"

Clarifying Inaudible Comments

"I couldn't hear that. What did you say?"

Resolving Inconsistent Information

"You said [child's first words on the issue], but then you said [child's second words on the issue]. I'm confused about that. Tell me again how that happened."
"You said [child's first words on the issue], but then you said [child's second words on the issue]. Was that the same time or different times?"

Encouraging Responses

Overcoming Embarrassed Pauses

"It's okay to say it."
"It's okay to talk about this."
"Is there something that would make it easier for you to talk about this?" (Children sometimes continue when interviewers give them a choice, such as "Would you like to sit here instead?" or "Would you like

to make a picture while we talk?" The choices offered should permit continuous recording and should not involve unauthorized interview props.)

Repairing Conversational Breaks

"Tell me more about that."
"And then what happened?"
"I'm still listening."

Sources: Lyon et al. (2012), Poole and Lamb (1998), Powell (2003), Powell and Snow (2007).
Adapted from Poole (2016) with permission from the American Psychological Association.

Quick Guide #6: Guidelines for Use of Physical Evidence

Physical evidence of abuse or neglect may be presented to a child during a forensic interview, if necessary. Attempts should first be made to introduce the topic and elicit a free narrative from the child without the use of physical evidence. If those attempts fail, the interviewer may choose to proceed using physical evidence to introduce the topic.

The use of physical evidence may also be helpful during the Question, Clarify, and Test Hypotheses Phase. Interviewers should follow the hierarchy of questions, starting with the least suggestive types of questions (See Quick Guide #4: The Hierarchy of Interview Questions). For example, if a photograph is shown to a child, the interviewer should start by saying, "Tell me about this picture" rather than asking "What did he do to you?"

Types of physical evidence include, but are not limited to:

- Belts.
- Curling irons.
- Paddles.
- Medical photographs of bruises in physical abuse cases.
- Photographs of the condition inside a house in neglect cases.
- Sex toys.
- Camcorders.
- Lubricants in sexual abuse cases.
- Photographs or video recordings in sexual abuse cases.

The investigative team should consider several questions before making the decision whether or not to use physical evidence during the forensic interview:

- Is it necessary?

- When should the evidence be presented?
- How should the evidence be presented?
- Which items, images, or recordings should be presented to the child?
- Should the items, images, or recordings be masked to cover the abusive material?

Not all items, images, or recordings available may need to be presented to a child. Evidence presented during an interview should be chosen based upon issues including, but not limited to:

- Charging needs of the prosecutor.
- Identification of the child.
- Identification of the perpetrator(s).
- Identification of witnesses.
- Corroborative purposes.

After evaluating these questions, the team can then decide the most appropriate course of action.

The interviewer should be up-front about physical evidence early in the interview. For example, with pictures, the interviewer might say "I have some pictures I may want to show you and talk about today, but first I want to get to know you better." This approach gives the interviewer the option of showing or not showing the physical evidence.

Special consideration must be given to photographs or recordings of a child engaged in sexually abusive activity. Please contact the charging authority (prosecutor or attorney general) in your area before presenting these types of images to a child. There are state and federal laws governing the possession and handling of child sexually abusive material. Child sexually abusive material should be handled by law enforcement. Law enforcement officers may provide child sexually abusive material to a forensic interviewer for use in a forensic interview if they ensure that the child sexually abusive material does not leave the interview location. All child sexually abusive material should be returned to law enforcement immediately after the interview.

The investigative team should consider using the least graphic images available. If necessary, the team may mask the images using paper, cardboard, tape, or a template to remove the abusive material. The method and nature of the masking should be documented.

Physical or digital evidence should not be altered. If it is impractical to mask the original and not alter the image, a copy may be made for this purpose. If a copy of an image (including a still frame from a video recording) needs to be made so that it can be masked, the investigative team should contact their local law enforcement digital evidence expert. Copies of child sexually abusive material for this purpose should only be made by a certified computer forensic examiner.

Quick Guide #7: Introducing the Topic

When introducing the topic, start with a transitional statement such as "Now that I know you a little better, it is time to talk about something else" and then follow-up with one or more of the suggestions listed below. Whenever possible, select the more open-ended questions at the top of the hierarchy.

"Tell me the reason you are here today."

"Do you know the reason I came to talk with you?" If answer is "I don't know," respond:

- "It is important for me to understand the reason you came to talk to me today."
- "I talk to kids about things that have happened. Has something happened to you?"
- "As I told you, my job is to talk to kids about things that have happened to them. It is very important that I understand the reason you are here. Tell me why you think your mom (dad, etc.) brought you here today."
- "Is your mom (dad, etc.) worried that something may have happened to you?" If the child says "Yes," respond, "Tell me what mom (dad, etc.) is worried about."
- "Tell me the reason [person named in allegation] doesn't live with you anymore."
- "I heard that someone has been bothering you. Tell me all about that."
- "I heard that something might have happened to you. Tell me all about that."

If children do not respond to any of the above, then questions can be more direct and focused:

- "I heard you talked to [name of person] about something. Tell me all about that."
- "I heard that you saw a policeman (social worker, doctor, etc.) last week (yesterday.) Tell me all about that."
- "I have some information that something happened. Tell me all about what happened."
- "Tell me all about [location or time of alleged incident.]"
- "I heard that someone might have [brief summary of allegation without mentioning name of alleged perpetrator]."

Remember to follow up the answer with "Tell me all about [event child described]

Quick Guide #8: Physical Abuse and Neglect Questions

This quick guide contains examples of questions which may be helpful during physical abuse and neglect interviews. As with any forensic interview, the interviewer should try to get as much information as possible from a child during the free narrative portion of the interview, using openended questions and prompts to elicit information from the child. Keep in mind the questions below are not a script, as case features and child responses determine which questions are appropriate. It is important to follow up on the child's answers with prompts such as "Tell me more about [use child's words]."

Child Was Left Home Alone (Failure to Supervise)

- "Have you ever been left home alone? Tell me about being home alone."
- "Tell me about the last time you were home alone."
- "If you need help and your mom (dad) is not home, what do you do?"
- "Tell me how you feel when you are home alone."
- "Tell me what happened last night after your mom (dad) left the house."
- "I understand the police were at your home last night—tell me all about last night."

Child Is Not Taking Prescribed Medication/Pills (Medical Neglect)

- "I understand that you take pills so you don't get sick. Tell me about that."
- "Tell me about the pills that you take."
- "Tell me what your pills look like."
- "How do you get your pills?"
- "Do you need help to take your pills?"
- "What happens if you don't take your pills?"
- "Has there ever been a time when you had no pills? Tell me about that time."
- "Was there a time you didn't take your pills—what happened?"

Child Is in a Dirty House or House Lacking Food, Heat, or Water (Neglect)

- "What do you like about your house?"
- "Is there anything you do not like about your house?"
- "What happens when you get dirty?"
- "What happens when your clothes get dirty?"
- "Tell me about the last time you had a bath or shower."
- "Tell me about the food you ate today, beginning with when you got up this morning."
- "How do you stay warm in your house?"
- "Do you have any pets? Where does your pet go to the bathroom?"

Child Has Been Spanked/Hit, Leaving Injury (Physical Abuse)

- “Tell me the best thing about your family.”
- “Is there anything about your family that you do not like? Tell me about the things you don’t like.”
- "Tell me what happens if you don’t do what your mom (dad, mom’s boyfriend/girlfriend) tells you to do.”
- “What happens when your mom (dad) gets mad?”
- “You said that mom hit you with a fly swatter. Tell me about that time with the fly swatter.”
- “Tell me about the last time you were spanked (hit, kicked).”
- “Who else did you tell? Who else knows about this?”
- “You said your dad hit you with a belt. Tell me what your (arm, leg, etc.) looked like after your dad hit you with a belt.”
- “I understand the police were at your house last night. Tell me about last night.”

Child Has Been Ridiculed/Humiliated/Threatened Consistently (Emotional Abuse)

- “Tell me the best thing about your family.”
- “Is there something about your family that you do not like? Tell me about the things you don’t like.”
- “Tell me about the last time you were afraid.”
- “If you could change three things about your family, what would you change?”
- “Tell me about the last time your mom (dad) was angry with you.”
- “Tell me about the last time someone made you feel bad about yourself.”
- “Tell me about the last time you felt like crying.”
- “I heard that someone was calling you names. Tell me about the name calling.”

Child Has Recanted

- “Do you know the reason you are here today?”
- “You said [child’s initial statement] then you said [child’s second statement.] I’m confused. Help me understand.”
- “Tell me what’s been going on in your life since the last time we talked. How is your mom? How is your dad?” Use information you obtained in the first interview about likes/dislikes, family, etc. to try to determine what changes, if any, may have prompted a recantation.
- “Did someone tell you what to say today?”
- “Tell me the reason you’re saying this today.”
- “We talked a couple weeks ago. You told me [child’s disclosure]. Tell me the reason you told me about [child’s disclosure].”

Quick Guide #9: Sexual Abuse Questions

This quick guide contains examples of questions which may be helpful during sexual abuse interviews. As with any forensic interview, the interviewer should try to get as much information as possible from a child during the free narrative portion of the interview, using open-ended questions and prompts to elicit information from the child. Keep in mind the questions below are not a script, as case features and child responses determine which questions are appropriate.

Who is the alleged perpetrator?

- **Clearly identify the alleged perpetrator**. "Who did [child's report of what happened]?" "Who is [name child mentioned]?" Do not assume you understand what the child means. For example, if the child says "I came here to talk about what daddy did," you can ask "Does daddy have another name?" or "Do you have one daddy or more than one daddy?"

- **Determine the child's relationship to the alleged perpetrator.** For example, "How do you know [name child used]?"

What allegedly happened? Determine what happened before, during, and after the event, putting the child's report in context. "Tell me what happened before [event child described]? Tell me what happened after [event child described]."

- **If the child reports touching, clarify what part of the alleged perpetrator's body was involved.** "How did [alleged perpetrator] touch you? You said he touched your pee pee. What part of his body touched your pee pee?" If child says "His hand," ask "Did some other part of his body touch your pee pee, or just his hand?"

- **Clarify whether the child is reporting touching on top of clothes or under clothes.** "What were you wearing? What was [alleged perpetrator] wearing? Did anything happen to your clothes? Did anything happen to [alleged perpetrator's] clothes? Did your clothes move at all? You said he touched your pee pee with his hand and you were wearing pajamas and panties. Was [alleged perpetrator's] hand on top of your pajamas or under your pajamas?" If child reports under pajamas, ask "Was his hand on top of your panties, on your skin, or somewhere else?"

  If the child is young, you can begin this line of questioning by testing knowledge of "on top of" and "under" using props, such as a piece of paper and a pencil. "I want to make sure I understand your words. Put the pencil on top of the paper. Put the pencil under the paper."

- **Determine if the child is alleging any degree of penetration, e.g., outside genital region or inside labia majora. "**You said [alleged perpetrator] [child's report, i.e., touched, felt, etc.] your [child's word] with his hand." Determine child's name for body part and have child point to it; ask "Can you point to your [child's word]?" If a girl points to genital area, ask "What do you do with your [child's word, i.e. private, kitty cat, coochie, etc.]? After you go pee pee (or whatever word child used), what do you do?" If child says, "I wipe myself", ask "The area where you wipe yourself - what do you call it? You

said that [alleged perpetrator] touched your [child's word]. Did [alleged perpetrator] touch on the outside of [child's word] or inside where you wipe yourself? How did it feel when [alleged perpetrator] [child's report]?"

If the child is young, you can begin this line of questioning by testing knowledge of "inside" and "outside" using props, such as a pencil box and a pencil. "Let me make sure I understand your words. Put the pencil outside the box. Put the pencil inside the box."

- **Determine if there may be physical evidence on clothing (e.g., ejaculate, creams) or items that can be retrieved.** "Tell me everything that happened when [alleged perpetrator] [child's report]. Did [alleged perpetrator] use anything when he touched you? What did the [item child mentioned] look like? Where is the [item child mentioned] kept?" If the child alleges penile contact, ask "What did his [child's word for penis] look like? Did anything come out of [child's word for penis]? What did [alleged perpetrator] do about [child's word for what came out of penis]?"

- **Ask about conversation.** "Did [alleged perpetrator] say anything? Did you say anything (talk) to [alleged perpetrator]? When [abuse] ended, did [alleged perpetrator] say something?"

- **Ask about potential witnesses.** "Was anyone else there when [alleged perpetrator] [child's report]? Did anyone see? Did you hear anyone else? Did anyone hear you?"

Where did this allegedly happen? "Where were you when [alleged perpetrator] [child's report]." "If reported location is a home or apartment, ask "What room were you in when [alleged perpetrator] [child's report]? Tell me what [child's word for room] looks like. Where were you in the [child's word for room]?"

When did this allegedly happen? For younger children, use questions about age, school, or recent holidays to restrict the time; e.g., "How old were you when [alleged perpetrator] [child's report]? What grade in school were you in when [alleged perpetrator] [child's report]? Did [alleged perpetrator] [child's report] a short time ago or a long time ago?" For older children, ask
"When did this happen?" Attempt to establish whether offenses happened after August 2006 (when the law was amended to increase penalties). For younger children, if you need to determine a time of day for the alleged event, ask questions about what they were doing, using school hours, television shows, or mealtimes to narrow the time; e.g., "What were you doing when [alleged perpetrator] started to [child's report]" (See Questions about Time on page 25).

How often did this allegedly happen? Ask questions about the nature of the touching for each event the child reports.

- Young child: "Did [alleged perpetrator] [child's report] one time or more than one time?" If child says, "More than one time", ask "Did [child's report] happen a lot of times or just a few times?" • "Tell me about the first time [alleged perpetrator] [child's report]. Tell me about the last time [alleged perpetrator] [child's report]. You told me [alleged perpetrator] [child's first report] and [second report]. Were those the only times or was there another time? What time do you remember the best? What was the worst time something like [child's report] happened?"

- It is not necessary to ask the child for the specific number of times the abuse happened. Instead, determine if it happened every day, once a week, every time Mom went bowling, every time the alleged perpetrator babysat, or in reference to some other meaningful event.

Were images taken or were sexually explicit materials used?

- "Did [alleged perpetrator] show you anything when [child's report] happened? Tell me about the [child's report]."

- "Did [alleged perpetrator] ever show you any books, pictures, or movies when [report of abuse] happened? Tell me everything about [child's report]."

- "Did [alleged perpetrator] say something about books, pictures, or movies when [report of abuse] happened? Tell me all about [what accused said]."

- "Did [alleged perpetrator] have a computer, cell phone or other media device? Did [alleged perpetrator] show you anything on [named media device]? Tell me about [child's report]."

- "Did [alleged perpetrator] show you anything on the TV or [named media device] that you think children your age shouldn't see?" Ask questions to find out where these items are located in the house and what the child saw.

- "Did you ever watch movies with [alleged perpetrator]?"

- "Did [alleged perpetrator] take any pictures? How do you know? Tell me all about [child's report]."

Who knows about the alleged abuse?

- **Identify people the child has told and when these disclosures occurred.** "Have you told someone about [child's report]? Does anyone else know about [child's report]? How long has [named person] known about [allegation]?"

- **Explore the child's motivations for delaying disclosure.** "Did you tell someone?" If the child responds "No" then follow up with "Is there a reason you didn't tell?" If the child responds "Yes", then "Is there a reason you decided to tell? How was [child's report] able to stay a secret for so long? Did [alleged perpetrator] say something about you telling? Did [alleged perpetrator] give you anything? Did [alleged perpetrator] take away anything from you? Is there anything [alleged perpetrator] allows you to

do, that you can't do somewhere else? Did [alleged perpetrator] let you break any of your mom or dad's rules?"

- **Ask if other people know about the alleged events.** "Who else knows about [child's report]? How do they know? Did someone else see (hear) this?" Remember that preschoolers may have difficulty with questions that include the words "remember" and "know."

What was the nature/quality of the child's relationship with the alleged perpetrator?
Explore the alleged perpetrator's relationship with the child to elicit details of grooming (e.g., unusual gift-giving) or motivations for the child to lie (e.g., history of harsh punishment or rules). "How did you get along with [alleged perpetrator]? Is there something you liked about spending time with [alleged perpetrator]? Is there something you didn't like about spending time with [alleged perpetrator]? How did you feel about [alleged perpetrator] when he wasn't [child's report]? Were there other things you didn't like about spending time with [alleged perpetrator]? How did your mom (dad, brother, etc.) get along with [alleged perpetrator]?"

Has the alleged perpetrator allegedly done this to someone else? "Has [alleged perpetrator] done things he shouldn't do to another child? Have you seen with your own eyes or have you seen [alleged perpetrator] do it to another child?" Follow up with questions to determine the child's name, name of parents, if known, and "does your mom or dad know how to reach them?"

Has someone else allegedly done this to the child? "Has someone else ever [child's report]?" If the child mentions a name, begin a line of questioning to clarify who that individual is and to explore this new disclosure.

Quick Guide #10: Interviewing About Repeated Similar Events

Children who experienced repeated similar events may recall *scripts*, which are memories of what *usually* happened. Script recall is evident when a child describes typical activities (for example, "first she closes the door, then she"). If the child discloses using the generic language of a script, the interviewer can use generic prompts to elicit what *usually* happens, as illustrated on the left side of the following table (e.g., "Tell me *what happens*"; Brubacher et al., 2012; Connolly & Gordon, 2014):

Generic Prompts	Episodic Prompts
Tell me *what happens*.	Tell me *what happened* that time.
Then *what happens*?	Then *what happened*?
What happens next?	*What happened* next?

What else happens when [child's words for the repeated action or other information that identifies the topic, such as "the other children leave"]?	*What else happened* when [child's words for the event or other information that identifies the topic, such as "the other children left"]?
You said [child's words; e.g., "she starts yelling"]. *Then what happens*?	You said [child's words; e.g., "she started yelling"]. *Then what happened*?
You said sometimes [child's words; e.g., "she uses a belt"]. Tell me *what happens* when [child words; e.g., "she uses a belt"].	You said once [child's words; e.g., "she used a belt"]. Tell me *about that time*.

After the child gives a generic description, the interviewer can question to elicit specific instances by asking about the time the child remembers best, the last time it happened, and so forth. After the child mentions a specific incident, the interviewer encourages elaboration through prompts that refer to specific episodes, as illustrated on the right side of the table.

Adapted from Poole (2016) with permission from the American Psychological Association.

End Notes

[1] A variety of terms are used to describe this progression from introduction to closing, including *step-wise* (Yuille, Hunter, Joffe, & Zaparniuk, 1993)-and *phased approaches* (Bull, 1995).

[2] There are no fixed guidelines about how much information interviewers should gather before meeting with a child. An interview is conducted "blind" when the interviewer knows only the child's name and age. The goal of a blind interview is to reduce the possibility that the interviewer can direct the child to confirm the allegations by asking leading questions. There are a variety of reasons why most experts oppose blind interviews. First, it is difficult for interviewers to develop rapport with children when they know nothing about their living situations or interests. Second, because some children will not respond to general questions about why they are being interviewed, it is difficult for interviewers to introduce the topic of abuse when they know nothing about the place or timing of the alleged abuse. Third, blind interviewing makes it more difficult for interviewers to consider alternative hypotheses about the meaning of children's statements. Information about recent medical treatment, adults in a child's life who have duplicate names (e.g., two grandpas), and the child's caretaking environments and playmates can help interviewers understand what a child is describing. For these reasons, the National Center for Prosecution of Child Abuse, the American Prosecutor's Research Institute, and the National District Attorney's Association (1993, p. 59) concluded, "Interviewing a child without knowing any of the details revealed to another is analogous to performing a medical examination without knowing the patient's history or looking for an unfamiliar destination without a road map." For a discussion of issues and information about a hybrid approach, see Poole (2016).

Appendix Video Recording Laws

For the most current version of these laws, refer to: www.legislature.mi.gov.

Criminal Statue

REVISED JUDICATURE ACT OF 1961 (EXCERPT) Act 236 of 1961

MCLA 600.2163a Definitions; prosecutions and proceedings to which section applicable; use of dolls or mannequins; support person; notice; videorecorded statement; special arrangements to protect welfare of witness; videorecorded deposition; section additional to other protections or procedures; violation as misdemeanor; penalty.

Sec. 2163a. (1) As used in this section:

(a) "Custodian of the videorecorded statement" means the department of human services, investigating law enforcement agency, prosecuting attorney, or department of attorney general or another person designated under the county protocols established as required by section 8 of the child protection law, 1975 PA 238, MCL 722.628.

(b) "Developmental disability" means that term as defined in section 100a of the mental health code, 1974 PA 258, MCL 330.1100a, except that, for the purposes of implementing this section, developmental disability includes only a condition that is attributable to a mental impairment or to a combination of mental and physical impairments and does not include a condition attributable to a physical impairment unaccompanied by a mental impairment.

(c) "Videorecorded statement" means a witness's statement taken by a custodian of the videorecorded statement as provided in subsection (5). Videorecorded statement does not include a videorecorded deposition taken as provided in subsections (18) and (19).

(d) "Vulnerable adult" means that term as defined in section 145m of the Michigan penal code, 1931 PA 328, MCL 750.145m.

(e) "Witness" means an alleged victim of an offense listed under subsection (2) who is any of the following:

(i) A person under 16 years of age.

(ii) A person 16 years of age or older with a developmental disability.

(iii) A vulnerable adult.

(2) This section only applies to the following:

(a) For purposes of subsection (1)(e)(i) and (ii), prosecutions and proceedings under section 136b, 145c, 520b to 520e, or 520g of the Michigan penal code, 1931 PA 328, MCL 750.136b, 750.145c, 750.520b to 750.520e, and 750.520g, or under former section 136 or 136a of the Michigan penal code, 1931 PA 328.

(b) For purposes of subsection (1)(e)(iii), 1 or more of the following:

(i) Prosecutions and proceedings under section 110a, 145n, 145o, 145p, 174, or 174a of the Michigan penal code, 1931 PA 328, MCL 750.110a, 750.145n, 750.145o, 750.145p, 750.174, and 750.174a.

(ii) Prosecutions and proceedings for an assaultive crime as that term is defined in section 9a of chapter X of the code of criminal procedure, 1927 PA 175, MCL 770.9a.

(3) If pertinent, the witness shall be permitted the use of dolls or mannequins, including, but not limited to, anatomically correct dolls or mannequins, to assist the witness in testifying on direct and cross-examination.

(4) A witness who is called upon to testify shall be permitted to have a support person sit with, accompany, or be in close proximity to the witness during his or her testimony. A notice of intent to use a support person shall name the support person, identify the relationship the support person has with the witness, and give notice to all parties to the proceeding that the witness may request that the named support person sit with the witness when the witness is called upon to testify during any stage of the proceeding. The notice of intent to use a named support person shall be

filed with the court and shall be served upon all parties to the proceeding. The court shall rule on a motion objecting to the use of a named support person before the date at which the witness desires to use the support person.

(5) A custodian of the videorecorded statement may take a witness's videorecorded statement before the normally scheduled date for the defendant's preliminary examination. The videorecorded statement shall state the date and time that the statement was taken; shall identify the persons present in the room and state whether they were present for the entire videorecording or only a portion of the videorecording; and shall show a time clock that is running during the taking of the videorecorded statement.

(6) A videorecorded statement may be considered in court proceedings only for 1 or more of the following:

(a) It may be admitted as evidence at all pretrial proceedings, except that it may not be introduced at the preliminary examination instead of the live testimony of the witness.

(b) It may be admitted for impeachment purposes.

(c) It may be considered by the court in determining the sentence.

(d) It may be used as a factual basis for a no contest plea or to supplement a guilty plea.

(7) A videorecorded deposition may be considered in court proceedings only as provided by law.

(8) In a videorecorded statement, the questioning of the witness should be full and complete; shall be in accordance with the forensic interview protocol implemented as required by section 8 of the child protection law, 1975 PA 238, MCL 722.628, or as otherwise provided by law; and, if appropriate for the witness's developmental level or mental acuity, shall include, but is not limited to, all of the following areas:

(a) The time and date of the alleged offense or offenses.

(b) The location and area of the alleged offense or offenses.

(c) The relationship, if any, between the witness and the accused.

(d) The details of the offense or offenses.

(e) The names of any other persons known to the witness who may have personal knowledge of the alleged offense or offenses.

(9) A custodian of the videorecorded statement may release or consent to the release or use of a videorecorded statement or copies of a videorecorded statement to a law enforcement agency, an agency authorized to prosecute the criminal case to which the videorecorded statement relates, or an entity that is part of county protocols established under section 8 of the child protection law, 1975 PA 238, MCL 722.628, or as otherwise provided by law. The defendant and, if represented, his or her attorney has the right to view and hear a videorecorded statement before the defendant's preliminary examination. Upon request, the prosecuting attorney shall provide the defendant and, if represented, his or her attorney with reasonable access and means to view and hear the videorecorded statement at a reasonable time before the defendant's pretrial or trial of the case. In preparation for a court proceeding and under protective conditions, including, but not limited to, a prohibition on the copying, release, display, or circulation of the videorecorded statement, the court may order that a copy of the videorecorded statement be given to the defense.

(10) If authorized by the prosecuting attorney in the county in which the videorecorded statement was taken, a videorecorded statement may be used for purposes of training the custodians of the videorecorded statement in that county on the forensic interview protocol implemented as required by section 8 of the child protection law, 1975 PA 238, MCL 722.628, or as otherwise provided by law.

(11) Except as provided in this section, an individual, including, but not limited to, a custodian of the videorecorded statement, the witness, or the witness's parent, guardian, guardian ad litem, or attorney, shall not release or consent to release a videorecorded statement or a copy of a videorecorded statement.

(12) A videorecorded statement that becomes part of the court record is subject to a protective order of the court for the purpose of protecting the privacy of the witness.

(13) A videorecorded statement shall not be copied or reproduced in any manner except as provided in this section. A videorecorded statement is exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246, is not subject to release under another statute, and is not subject to disclosure under the Michigan court rules governing discovery. This section does not prohibit the production or release of a transcript of a videorecorded statement.

(14) If, upon the motion of a party made before the preliminary examination, the court finds on the record that the special arrangements specified in subsection (15) are necessary to protect the welfare of the witness, the court shall order those special arrangements. In determining whether it is necessary to protect the welfare of the witness, the court shall consider all of the following:

(a) The age of the witness.

(b) The nature of the offense or offenses.

(c) The desire of the witness or the witness's family or guardian to have the testimony taken in a room closed to the public.

(d) The physical condition of the witness.

(15) If the court determines on the record that it is necessary to protect the welfare of the witness and grants the motion made under subsection (14), the court shall order both of the following: (a) All persons not necessary to the proceeding shall be excluded during the witness's testimony from the courtroom where the preliminary examination is held. Upon request by any person and the payment of the appropriate fees, a transcript of the witness's testimony shall be made available.

(b) In order to protect the witness from directly viewing the defendant, the courtroom shall be arranged so that the defendant is seated as far from the witness stand as is reasonable and not directly in front of the witness stand. The defendant's position shall be located so as to allow the defendant to hear and see the witness and be able to communicate with his or her attorney.

(16) If upon the motion of a party made before trial the court finds on the record that the special arrangements specified in subsection (17) are necessary to protect the welfare of the witness, the court shall order those special arrangements. In determining whether it is necessary to protect the welfare of the witness, the court shall consider all of the following:

(a) The age of the witness.

(b) The nature of the offense or offenses.

(c) The desire of the witness or the witness's family or guardian to have the testimony taken in a room closed to the public.

(d) The physical condition of the witness.

(17) If the court determines on the record that it is necessary to protect the welfare of the witness and grants the motion made under subsection (16), the court shall order 1 or more of the following:

(a) All persons not necessary to the proceeding shall be excluded during the witness's testimony from the courtroom where the trial is held. The witness's testimony shall be broadcast by closed-circuit television to the public in another location out of sight of the witness.

(b) In order to protect the witness from directly viewing the defendant, the courtroom shall be arranged so that the defendant is seated as far from the witness stand as is reasonable and not directly in front of the witness stand. The defendant's position shall be the same for all witnesses and shall be located so as to allow the defendant to hear and see all witnesses and be able to communicate with his or her attorney.

(c) A questioner's stand or podium shall be used for all questioning of all witnesses by all parties and shall be located in front of the witness stand.

(18) If, upon the motion of a party or in the court's discretion, the court finds on the record that the witness is or will be psychologically or emotionally unable to testify at a court proceeding even with the benefit of the protections afforded the witness in subsections (3), (4), (15), and (17), the court shall order that the witness may testify outside the physical presence of the defendant by closed circuit television or other electronic means that allows the witness to be observed by the trier of fact and the defendant when questioned by the parties.

(19) For purposes of the videorecorded deposition under subsection (18), the witness's examination and cross-examination shall proceed in the same manner as if the witness testified at the court proceeding for which the videorecorded deposition is to be used. The court shall permit the defendant to hear the testimony of the witness and to consult with his or her attorney.

(20) This section is in addition to other protections or procedures afforded to a witness by law or court rule.

(21) A person who intentionally releases a videorecorded statement in violation of this section is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than $500.00, or both.

History: Add. 1987, Act 44, Eff. Jan. 1, 1988; Am. 1989, Act 253, Eff. Mar. 29, 1990; Am. 1998, Act 324, Imd. Eff. Aug. 3, 1998; Am. 2002, Act 604, Eff. Mar. 31, 2003; Am. 2012, Act 170, Imd. Eff. June 19, 2012.

Probate Code Statute

MCL 712A.17b Definitions; proceedings to which section applicable; use of dolls or mannequins; support person; notice; video recorded statement; shielding of witness; video recorded deposition; special arrangements to protect welfare of witness; section additional to other protections or procedures. Sec. 17b. (1) As used in this section:

(a)"Custodian of the video recorded statement" means the family independence agency, investigating law enforcement agency, prosecuting attorney, or department of attorney general or another person designated under the county protocols established as required by section 8 of the child protection law, 1975 PA 238, MCL 722.628.

(b) "Developmental disability" means that term as defined in section 100a of the mental health code, 1974 PA 258, MCL 330.1100a, except that, for the purposes of implementing this section, developmental disability includes only a condition that is attributable to a mental impairment or to a combination of mental and physical impairments, and does not include a condition attributable to a physical impairment unaccompanied by a mental impairment.

(c)"Video recorded statement" means a witness's statement taken by a custodian of the video recorded statement as provided in subsection (5). Video recorded statement does not include a video recorded deposition taken as provided in subsections (16) and (17).

(d) "Witness" means an alleged victim of an offense listed under subsection (2) who is either of the following:

(i) A person under 16 years of age.

(ii) A person 16 years of age or older with a developmental disability.

(2) this section only applies to either of the following:

(a) A proceeding brought under section 2(a)(1) of this chapter in which the alleged offense, if committed by an adult, would be a felony under section 136b, 145c, 520b to 520e, or 520g of the Michigan penal code, 1931 PA 328, MCL 750.136b, 750.145c, 750.520b to 750.520e, and 750.520g, or under former section 136 or 136a of the Michigan penal code, 1931 PA 328.

(b) A proceeding brought under section 2(b) of this chapter.

(3) If pertinent, the witness shall be permitted the use of dolls or mannequins, including, but not limited to, anatomically correct dolls or mannequins, to assist the witness in testifying on direct and cross-examination.

(4) A witness who is called upon to testify shall be permitted to have a support person sit with, accompany, or be in close proximity to the witness during his or her testimony. A notice of intent to use a support person shall name the support person, identify the relationship the support person has with the witness, and give notice to all parties to the proceeding that the witness may request that the named support person sit with the witness when the witness is called upon to testify during any stage of the proceeding. The notice of intent to use a named support person shall be filed with the court and shall be served upon all parties to the proceeding. Court shall rule on a motion objecting to the use of a named support person before the date at which the witness desires to use the support person.

(5) A custodian of the video recorded statement may take a witness's video recorded statement. The video recorded statement shall be admitted at all proceedings except the adjudication stage instead of the live testimony of the witness. The video recorded statement shall state the date and time that the statement was taken; shall identify the persons present in the room and state whether they were present for the entire video recording or only a portion of the video recording; and shall show a time clock that is running during the taking of the statement.

(6) In a video recorded statement, the questioning of the witness should be full and complete; shall be in accordance with the forensic interview protocol implemented as required by section 8 of the child protection law, 1975 PA 238, MCL 722.628; and, if appropriate for the witness's developmental level, shall include, but need not be limited to, all of the following areas:

(a) The time and date of the alleged offense or offenses.

(b) The location and area of the alleged offense or offenses.

(c) The relationship, if any, between the witness and the respondent.

(d) The details of the offense or offenses.

(e) The names of other persons known to the witness who may have personal knowledge of the offense or offenses.

(7) A custodian of the video recorded statement may release or consent to the release or use of a video recorded statement or copies of a video recorded statement to a law enforcement agency, an agency authorized to prosecute the criminal case to which the video recorded statement relates, or an entity that is part of county protocols established under section 8 of the child protection law, 1975 PA 238, MCL 722.628. Each respondent and, if represented, his or her attorney has the right to view and hear the video recorded statement at a reasonable time before it is offered into evidence. In preparation for a court proceeding and under protective conditions, including, but not limited to, a prohibition on the copying, release, display, or circulation of the video recorded statement, the court may order that a copy of the video recorded statement be given to the defense.

(8) If authorized by the prosecuting attorney in the county in which the video recorded statement was taken, a video recorded statement may be used for purposes of training the custodians of the video recorded statement in that county on the forensic interview protocol implemented as required by section 8 of the child protection law, 1975 PA 238, MCL 722.628.

(9) Except as provided in this section, an individual, including, but not limited to, a custodian of the video recorded statement, the witness, or the witness's parent, guardian, guardian ad litem, or attorney, shall not release or consent to release a video recorded statement or a copy of a video recorded statement.

(10) A video recorded statement that becomes part of the court record is subject to a protective order of the court for the purpose of protecting the privacy of the witness.

(11) A video recorded statement shall not be copied or reproduced in any manner except as provided in this section. A video recorded statement is exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246, is not subject to release under another statute, and is not subject to disclosure under the Michigan court rules governing discovery. This section does not prohibit the production or release of a transcript of a

video recorded statement. (12) Except as otherwise provided in subsection (15), if, upon the motion of a party or in the court's discretion, the court finds on the record that psychological harm to the witness would occur if the witness were to testify in the presence of the respondent at a court proceeding or in a video recorded deposition taken as provided in subsection (13), the court shall order that the witness during his or her testimony be shielded from viewing the respondent in such a manner as to enable the respondent to consult with his or her attorney and to see and hear the testimony of the witness without the witness being able to see the respondent.

(13) In a proceeding brought under section 2(b) of this chapter, if, upon the motion of a party or in the court's discretion, the court finds on the record that psychological harm to the witness would occur if the witness were to testify at the adjudication stage, the court shall order to be taken a video recorded deposition of a witness that shall be admitted into evidence at the adjudication stage instead of the live testimony of the witness. The examination and cross-examination of the witness in the video recorded deposition shall proceed in the same manner as permitted at the adjudication stage.

(14) In a proceeding brought under section 2(a)(1) of this chapter in which the alleged offense, if committed by an adult, would be a felony under section 136b, 145c, 520b to 520e, or 520g of the Michigan penal code, 1931 PA 328, MCL 750.136b, 750.145c, 750.520b to 750.520e, and 750.520g, or under former section 136 or 136a of the Michigan penal code, 1931 PA 328, if, upon the motion of a party made before the adjudication stage, the court finds on the record that the special arrangements specified in subsection (15) are necessary to protect the welfare of the witness, the court shall order 1 or both of those special arrangements. In determining whether it is necessary to protect the welfare of the witness, the court shall consider both of the following:

(a) The age of the witness.

(b) The nature of the offense or offenses.

(15) If the court determines on the record that it is necessary to protect the welfare of the witness and grants the motion made under subsection (14), the court shall order 1 or both of the following: (a) In order to protect the witness from directly viewing the respondent, the courtroom shall be arranged so that the respondent is seated as far from the witness stand as is reasonable and not directly in front of the witness stand. The respondent's position shall be located so as to allow the respondent to hear and see all witnesses and be able to communicate with his or her attorney.

(b) A questioner's stand or podium shall be used for all questioning of all witnesses by all parties, and shall be located in front of the witness stand.

(16) In a proceeding brought under section 2(a)(1) of this chapter in which the alleged offense, if committed by an adult, would be a felony under section 136b, 145c, 520b to 520e, or 520g of the Michigan penal code, 1931 PA 328, MCL 750.136b, 750.145c, 750.520b to 750.520e, and 750.520g, or under former section 136 or 136a of the Michigan penal code, 1931 PA 328, if, upon the motion of a party or in the court's discretion, the court finds on the record that the witness is or will be psychologically or emotionally unable to testify at a court proceeding even with the benefit of the protections afforded the witness in subsections (3), (4), and (15), the court shall order that a video recorded deposition of a witness shall be taken to be admitted at the adjudication stage instead of the witness's live testimony.

(17) For purposes of the video recorded deposition under subsection (16), the witness's examination and cross-examination shall proceed in the same manner as if the witness testified at the adjudication stage, and the court shall order that the witness, during his or her testimony, shall not be confronted by the respondent but shall permit the respondent to hear the testimony of the witness and to consult with his or her attorney.

(18) This section is in addition to other protections or procedures afforded to a witness by law or court rule.

(19) A person who intentionally releases a video recorded statement in violation of this section is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fi ne of not more than $500.00, or both.

History: Add. 1987, Act 45, Eff. Jan. 1, 1988;--Am. 1989, Act 254, Eff. Mar. 29, 1990;--Am. 1998, Act 325, Imd. Eff. Aug. 3, 1998;--Am. 2002, Act 625, Eff. Mar. 31, 2003.

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