

# Instructor Resource Guide



## **Intermediate Child Abuse Prevention and Investigation**

Course ID# 2105

Continuing Education Requirement

Revised: July 2024

# ABSTRACT

This course is designed to meet the legislative mandate provided in Chapter 1701 of the Texas Occupations Code and to satisfy the requirements presented in Commission Rules 221.1 and 221.3. Child Abuse Prevention and Investigation is designed to teach all officers how to identify, respond to, and investigate cases of child abuse and neglect. This course is required to receive the Intermediate Peace Officer certification.

## **Instructor Resource Guide:**

This is an Instructor Resource Guide (IRG), not a lesson plan. The purpose of the IRG is to outline the minimum state requirements of what must be taught for a course to be considered compliant and receive TCOLE credit. The learning objectives provided in this IRG are the minimum state requirements for the training and must not be changed or altered.

- A qualified instructor **shall** develop the IRG into a lesson plan that meets their organization and student needs and must be kept in a training file for auditing purposes.

**Please note: It is the responsibility of the Academy and/or Contractual Training Provider to ensure the IRG is developed into a complete lesson plan based on the requirements outlined in the IRG for a particular topic.**

## **Lesson Plan:**

Each organization is charged with creating their own lesson plan for how the organization will disseminate the information in the IRG.

- The IRG is designed to assist the instructor/subject matter expert in developing comprehensive lesson plans. The use of current statistics, best practice models, and scenario-based training should also be included in the lesson plan development. Instructors are encouraged to add additional activities.
- The institutions and instructors will determine how much time is spent on each topic/module, how many/what kind of examples or exercises are used during their presentation, and how in-depth they review each topic in the course they present.
- Any activity that is **suggested** is just that, an example or suggestion, and is not mandated for inclusion.
- Anything that is **required** must be included in the instructor's lesson plan.

## **Note to Trainers:**

**It is the responsibility of the Academy and/or Training Coordinator to ensure this curriculum and its materials are kept up to date. Refer to curriculum and legal resources for changes in subject matter or laws relating to this topic as well as the Texas Commission on Law Enforcement website at [www.tcole.texas.gov](http://www.tcole.texas.gov) for edits due to course review. Training providers must keep a complete training file on all courses reported for TCOLE credit.**

**Student Prerequisites:**

- None

**Instructor Prerequisites:**

An instructor must be a documented subject matter expert in the topic or must have documented knowledge/training/education with completion of the Intermediate Child Abuse Prevention and Investigations Course. An instructor must provide a biography that documents subject matter expertise. It is the responsibility of the training academy/training coordinator to select qualified instructors. A TCOLE instructor certification does not certify someone to teach any topic.

- If a documented subject matter expert does not hold a TCOLE instructor certification, the instructor must be approved in writing by the department's training coordinator or chief administrative officer and kept in the training file for the course.
- It is highly recommended that guest speakers or subject matter experts such as a CAC forensic interviewer co-teach this course in the unit of interview and interrogation techniques.

**Facility Requirements:**

- This class may be instructor-led in a standard classroom environment, instructor-led in a virtual setting, or online.

**Length of Course:**

It is the training coordinator's responsibility to ensure the minimum hours are being met. Students are required to attend all classroom hours as listed in this instructor resource guide, there is no 10% attendance rule. TCOLE Rule 218.1 (C)(4) states that failure to meet the minimum course length may be grounds for denial of training. This course shall be taught the minimum hours that are listed in this guide and the student shall attend the entire class to receive credit.

- 24 hours, minimum.

**Assessment:**

- Training providers are responsible for creating student assessments and documenting the mastery of all objectives in this course using various testing assessment opportunities.
  - Assessment opportunities include oral or written testing, interaction with instructor and students, case study and scenario, and other means of testing student's application of the skills taught as the instructor or department deems appropriate.
- The minimum passing score shall be 70%.

## **Unit 1 Overview of Child Abuse and Neglect**

### **1.1 Define child abuse.**

- A. There are three common types of abuse.
  - i. Physical abuse
    - 1. Intentional use of physical force that can result in physical injury.
    - 2. Ex: hitting, kicking, shaking, burning, pushing.
  - ii. Sexual abuse
    - 1. Pressuring or forcing a child to engage in sexual acts.
    - 2. Ex: fondling, penetration.
  - iii. Emotional abuse
    - 1. Behaviors that harm a child's self-worth or emotional well-being.
    - 2. Ex: name-calling, shaming, rejection, withholding love, threatening.
- B. Neglect
  - i. The failure to meet a child's basic physical and emotional needs.
  - ii. Housing, food, clothing, education, medical care.
- C. Child abuse and neglect are serious public health problems.
- D. Considered adverse childhood experiences (ACEs)—experiences that have long-term impacts on health, opportunity, and wellbeing.
- E. ACEs include all types of abuse and neglect against children under 18 years of age by parent, caregiver, or other person in a custodial role (coach, teacher).

### **1.2 Identify the link between child abuse cases, domestic violence, and current child abuse statistics.**

**INSTRUCTOR NOTE:** Start with a brief discussion on the aspects and prevalence of child abuse and domestic violence.

- A. Child abuse is rarely a single physical attack or single act of sexual abuse.
- B. Abuse is usually a pattern of behavior.
  - i. Takes place over a period of time.
  - ii. Effects on the child are cumulative.
- C. The longer abuse continues, the more serious and severe it can become.
- D. Some children cannot or will not cry out for help.
- E. Domestic violence or intimate partner violence (IPV)
  - i. The willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another.
  - ii. Physical violence, sexual violence, threats, economic abuse, and emotional/psychological abuse.

- F. Domestic violence and child abuse are linked.
  - i. Witnessing domestic violence can affect a child the same way as children who are physically or sexually abused.
  - ii. Often includes child abuse where children are victimized or threatened as a way of punishing or controlling the adult victims of domestic violence.
  - iii. Children also may be injured unintentionally when acts of violence occur in their presence.
- G. It is essential for peace officers to recognize signs of child abuse.
  - i. Signs can be found in child's behavior and appearance.
  - ii. Abuse may also be recognized through observing caretaker behavior.
- H. Family violence, child abuse, and neglect affect all socio-economic, ethnic, racial, and age groups.
- I. The incidence of child sexual abuse is difficult to estimate because so many cases are not reported.
- J. It is difficult to estimate how many children die as a result of child physical abuse in the United States because states are not mandated to report child physical abuse related homicides to any federal authority.
- K. Texas Family Code, Sec. 261.203

**INSTRUCTOR NOTE:** Refer to the following links to view most recent child abuse statistics.

Centers for Disease Control (CDC) <https://www.cdc.gov/child-abuse-neglect/about/index.html>

Texas Department of Family and Protective Services (DFPS) <https://www.dfps.texas.gov/default.asp>

Children's Advocacy Centers (CAC) of Texas <https://www.cacct.com/statistics>

### **1.3 Recognize the roles of the officer and multidisciplinary teams in investigating child abuse cases.**

- A. The role of the law enforcement officer varies with each department's policy.
  - i. A law enforcement agency's departmental policy toward child abuse and neglect is important in the procedural training of all officers.
  - ii. Child abuse and neglect is a crime under state criminal statutes and therefore it is the role of law enforcement to rigorously investigate and intervene.
  - iii. Anyone in Texas must report child abuse if they have cause to believe the child has been abused.
  - iv. A law enforcement officer's role includes:
    - 1. Intervene in any case of alleged family violence.
    - 2. Protect the victim without regard to the relationship between the alleged offender and victim.

3. Complete a written report and the necessary action under protective order statutes.
  4. Investigate any conduct that results in physical or emotional injury to the child, including homicide.
  5. Report abuse and neglect cases to the Department of Protective and Regulatory Services (mandated statutorily).
  6. Enforce court orders.
- B. Many departments have specially trained officers and units assigned to investigate and follow-up on all child abuse and neglect cases.
  - C. Trained officers in this specialty area are important because the victim's age often affects how the investigator may proceed.
  - D. Other professionals who have important roles in child abuse and neglect cases:
    - i. Social workers
    - ii. Physicians
    - iii. Nurses
    - iv. Educators
    - v. Prosecutorial staff
    - vi. Victim's assistance advocates

**1.4 Discuss the importance of Children Advocacy Centers and the multidisciplinary team in child abuse investigations.**

- A. Families must contend with both the civil and criminal justice systems, which can be complex, confusing, and often re-traumatizing during abuse investigations.
- B. Civil and criminal investigators also face challenges as they try to collect information and evidence necessary for the investigation.
- C. The Child Advocacy Center (CAC) model
  - i. Developed to address these needs by facilitating a victim-centered, multidisciplinary team approach to the investigation and prosecution of child abuse cases.
  - ii. Referenced in Chapter 264 of Texas Family Code, a multidisciplinary team is a group of professionals from specific, distinct disciplines that collaborates from the point of initial report and throughout a child and family's involvement with the CAC.
  - iii. A functioning and effective multidisciplinary team approach is the foundation of a CAC.
  - iv. Provides a multitude of services:
    1. Forensic interviews
    2. Delivering specialized therapeutic recovery services

3. Facilitate safety
  4. Facilitate justice and healing for children and their families
  - v. A CAC is not just a physical facility but serves as an interagency coordinated response center.
- D. Aim to preserve and respect the rights, mandates, and obligations of each agency.
  - E. All multidisciplinary team representatives contribute their knowledge, experience, and expertise for an efficient response to abuse.
  - F. Joint investigations are critical to ensuring that child abuse cases are investigated by both the civil and criminal justice system to provide safety and justice to child victims.
  - G. A multidisciplinary team for response to child abuse allegations includes representation from the following:
    - i. Law Enforcement
    - ii. Child Protection
    - iii. Prosecution
    - iv. Medical
    - v. Mental Health
    - vi. Victim Support and Advocacy
    - vii. Forensic Interviewing
    - viii. Children's Advocacy Center
  - H. Family Code, Sec. 264.4061
  - I. Benefits of utilizing the multidisciplinary teams approach include:
    - i. Smooths out communication
    - ii. Facilitates coordination
    - iii. Collaboration and information sharing
    - iv. Better synchronization in joint investigations of child abuse
    - v. Reduces trauma
    - vi. Provides better services as a whole
    - vii. Gives child access to all CAC services
      1. Specialized forensic interviewing
      2. Medical and mental health assessments and treatment
      3. Multidisciplinary teams case reviews
      4. Comprehensive advocacy services
  - J. Involvement of the prosecutor from the beginning stages of the case may also contribute to a more successful criminal justice outcome.

- K. Multidisciplinary team interventions in a neutral, child-focused setting are associated with:
  - i. Less anxiety
  - ii. Fewer interviews
  - iii. More appropriate and timely referrals for needed services
- L. The multidisciplinary team response increases willingness to participate in the criminal justice system.
- M. Parents and other caregivers are also empowered to protect and support their child throughout the investigation and prosecution.

## **Unit 2 Child Abuse, Neglect, and Exploitation Law**

### **2.1 Identify the laws pertaining to child abuse and neglect related to the Federal Child Abuse Prevention and Treatment Act (CAPTA).**

- A. The 1974 Child Abuse Prevention and Treatment and Adoption Reform Act (CAPTA)—Provides federal funding and guidance to states in support of action against child abuse and neglect.
- B. CAPTA has been reauthorized and amended to eventually require states to have in place the following provisions and procedures:
  - i. To identify and assess all reports involving children known or suspected to be victims of sex trafficking.
  - ii. To train child protective services workers to:
    - 1. identify, assess, and provide comprehensive services for children who are sex trafficking victims
    - 2. coordinate with state law enforcement
    - 3. coordinate with social services agencies, such as runaway and homeless youth shelters
- C. CAPTA assists states in improving:
  - i. Intake, assessment, screening, and investigation of child abuse and neglect reports
  - ii. Risk and safety assessment protocols
  - iii. Training for child protective services workers and mandated reporters
  - iv. Programs and procedures for the identification, prevention, and treatment of child abuse and neglect
  - v. Development and implementation of procedures for collaboration among child protection services, domestic violence, and other agencies
  - vi. Services to disabled infants with life-threatening conditions and their families
- D. Under CAPTA, states perform a range of prevention actions, including:
  - i. addressing the needs of infants born with prenatal drug exposure



- ii. referring children not at risk of imminent harm to community services
  - iii. implementing criminal record checks for prospective foster and adoptive parents and other adults in their homes
  - iv. training child protective services workers
  - v. protecting the legal rights of families and alleged perpetrators
  - vi. supporting citizen review panels
- E. CAPTA requires states to convene multidisciplinary teams to review the circumstances of child fatalities in the state and make recommendations.

**2.2 Define “child” according to Texas Family and Penal Code statutes.**

- A. A “child” is defined as a person ten years of age or older and under 17 years of age (Texas Family Code, Sec. 51.02).
- B. Exceptions to this definition identified in the Texas Penal Code include:
- i. Penal Code, Sec. 22.011
  - ii. Penal Code, Sec. 22.021
  - iii. Penal Code, Sec. 22.04
  - iv. Penal Code, Sec. 22.041

**2.3 List Texas Penal Code statutes, Family Code statutes, and Code of Criminal Procedure statutes related to child abuse investigations.**

Code	Title
PC 9.61	Parent – Child (use of force)
PC 9.62	Educator – Student (use of force)
PC 20.0	Definitions (of abduction)
PC 20A.01	Definitions (of trafficking)
PC 20A.02	Trafficking of Persons
PC 20.02	Unlawful Restraint
PC 20.03	Kidnapping
PC 21.11	Indecency with a Child
PC 22.011	Sexual Assault
PC 22.021	Aggravated Sexual Assault
PC 22.04	Injury to a Child, Elderly Individual, or Disabled Individual
PC 22.041	Abandoning or Endangering a Child
PC 22.10	Leaving a Child in a Vehicle
PC 25.02	Prohibited Sexual Conduct
PC 25.03	Interference with Child Custody
PC 25.031	Agreement to Abduct from Custody
PC 25.04	Enticing a Child
PC 25.06	Harboring a Runaway Child
PC 25.07	Violation of Protective Order or Magistrate’s Order
PC 25.08	Sale or Purchase of a Child

PC 33.021	Online Solicitation of a Minor
PC 43.05	Compelling Prostitution
PC 43.25	Sexual Performance by a Child
PC 43.251	Employment Harmful to a Child
PC 43.262	Possession or Promotion of Lewd Visual Material Depicting a Child

Code	Title
FC 32.001 (a)(8) and FC 32.002	Consent by Peace Officer (for Medical Attention of a Child)
FC 32.005	Examination Without Consent of Abuse or Neglect of Child (by a physician, dentist, psychologist)
FC 85.026	Warning on Protective Order
FC 86.001	Adoption of Procedures by Law Enforcement Agency
FC 86.002	Duty to Provide Information to Firearms Dealers
FC 86.003	Law Enforcement Assistance Under Temporary Order
FC 86.004	Law Enforcement Assistance Under Final Order
FC 86.005	Protective Order from Another Jurisdiction
FC 153.013	False Report of Child Abuse
FC 261.001	Child Abuse and Neglect Definitions
FC 261.107	False Report: Criminal Penalty; Civil Penalty
FC 261.109	Failure to Report; Penalty
FC 261.3032	Interference with Investigation; Criminal Penalty
FC 262.003	Civil Liability (in circumstances for temporary possession of a child during an emergency)
FC 262.004	Accepting Voluntary Delivery of Possession of a Child
FC 151.003	Rights and Duties of Parent
FC 153.073	Rights of Parent at All Times
FC 153.074	Rights and Duties During Period of Possession
FC 153.076	Parents' Duty to Provide Information
FC 261.002	Central Registry
FC 261.301	Investigation of Report (Civil)
FC 261.302	Conduct of Investigation (Civil)
FC 261.305	Access to Mental Health Records
FC 264.401	Child Advocacy Center Definition
FC 264.402	Establishment of Children's Advocacy Center
FC 264.403	Interagency Memorandum of Understanding
FC 264.4031	Multidisciplinary Team Working Protocol
FC 264.404	Board Representation
FC 264.405	Center Duties
FC 264.406	Multidisciplinary Team
FC 264.4061	Multidisciplinary Team Response Required
FC 264.407	Liability

FC 264.408	Use of Information and Records; Confidentiality and Ownership
FC 264.409	Administrative Contracts
FC 264.410	Contracts with Children’s Advocacy Centers
FC 264.411	Eligibility for Contracts

Code	Title
CCP 2.13	Duties and Powers
CCP 5.01	Legislative Statement
CCP 5.04	Duties of Peace Officers
CCP 5.045	Standby Assistance; Liability
CCP 5.05	Reports and Records
CCP 6.05	Duties of Peace Officers as to Threats
CCP 6.06	Peace Officers to Prevent Injury
CCP 12.01 (1) (D)	Felonies (statute of limitations on indecency with a child and sexual assault)
CCP 14.03	Authority of Peace Officers (to arrest without warrant)
CCP 17.41	Condition Where Child Alleged Victim (concerning bail)
CCP 18.021	Issuance of Search Warrant to Photograph Injured Child
CCP 38.07	Testimony in Corroboration of Victim of Sexual Offense
CCP 38.071	Testimony of Child Who Is Victim of Offense
CCP 38.072	Hearsay Statement of Child Abuse Victim
CCP 38.10	Husband or Wife as Witness
CCP 39.14	General Discovery
CCP 39.15	Discovery of Evidence Depicting or Describing Abuse of or Sexual Conduct by Child or Minor
CCP 39.151	Discovery of Evidence Depicting Invasive Visual Recording of Child
CCP 57.02	Confidentiality of Files and Records (of a sex offense victim)
CCP 57.03	Offense (for releasing information about a victim of a sex offense)
CCP 63.001	Definitions
CCP 63.002	Missing Children and Missing Persons Information Clearinghouse
CCP 63.003	Function of Clearinghouse
CCP 63.004	Report Forms
CCP 63.005	Distribution of Information
CCP 63.006	Release of Dental Records
CCP 63.007	Release of Medical Records
CCP 63.009	Law Enforcement Requirements
CCP 63.010	Attorney General to Require Compliance
CCP 63.011	Missing Children Investigations
CCP 63.012	Report of Inquiry
CCP 63.013	Information to Clearinghouse
CCP 63.014	Cross-Checking and Matching
CCP 63.015	Availability of Information Through Other Agencies

CCP 63.018	Death Certificates
CCP 63.019	School Records Systems
CCP 63.020	Duty of Schools and Other Entities
CCP 63.021	System for Flagging Records

**2.4 Discuss personal liability and departmental civil liabilities as they relate to child abuse cases.**

- A. There is a legal process that law enforcement must follow upon learning of a missing child or possible child abuse case.
- B. Failure to properly complete this process may result in personal or departmental liability.
- C. Immediately on receiving a report of a missing child/person:
  - i. Enter the name of the person into the National Crime Information Center (NCIC).
  - ii. Enter all available identifying features.
    - 1. Dental records
    - 2. Fingerprints
    - 3. Other physical characteristics
    - 4. Description of clothing worn when last seen
  - iii. An agency's entry into the NCIC missing persons file results in automatic entry into the Clearinghouse database.
    - 1. The Clearinghouse is a central repository of information about Texas missing persons or persons missing from other states but believed to be in Texas.
      - a. The Clearinghouse was established to aid in locating missing persons.
      - b. In an effort to assist law enforcement agencies and to keep the public informed, the Clearinghouse provides the following services:
        - 24/7 Toll-Free Telephone Line (1-800-346-3243) to provide information about missing persons.
        - Missing Persons Bulletin of missing or unidentified persons to most Texas law enforcement agencies, all clearinghouses in other states and to non-criminal justice centers and the general public upon request.
        - Unidentified Deceased/Living Bulletin unidentified deceased/living persons. This special bulletin is distributed to most Texas law enforcement agencies and to all clearinghouses in other states.
        - Brochures: The Clearinghouse disseminates educational and informational brochures.
        - Fliers: If requested, missing person fliers are developed by the Clearinghouse to assist individuals filing missing person reports.

- D. Enter additional Information that becomes available into the NCIC as a supplement to the original entry as soon as possible.
  - i. Immediately enter information about all unidentified bodies into the Clearinghouse and the National Crime Information Center (NCIC) unidentified person file.
  - ii. No later than the 10th working day after the date of a death is reported to the agency, enter all available identifying features of the unidentified body into the NCIC File.

**INSTRUCTOR NOTE:** Entering information into the NCIC will automatically enter the information into the clearinghouse. Provide current clearinghouse information for students.

- E. There is liability in an officer's failure to protect the subject of a protective order.
- F. Some courts have ruled that the issuing of a protective order creates a "special relationship" for that family.
  - i. Examples of special relationship cases include those involving incarcerated prisoners and involuntarily committed mentally ill patients.
  - ii. *DeShaney v. Winnebago County Dep't of Soc. Servs.*, 489 U.S. 189, 196-97, 109 S.Ct. 998, 1003-04, 103 L.Ed.2d 249 (1989)
- G. Penal Code, Sec. 25.07—the officer and/or the department may be found liable if a child is subsequently injured.
  - i. *Nearing v. Weaver*, 670 P.2d 137 (Ore. 1983).
  - ii. *Thurman v. City of Torrington*, 595 F. Supp. 1521.
  - iii. *Estate of Bailey v. County of York*, 768 F.2d 503 (1985).
  - iv. *Sorichetti v. City of New York*, 482 NE 2d 70 (1985).
- H. Code of Criminal Procedure, Art. 6.05 and Art. CCP 6.06

## **2.5 Discuss the prosecutor's role and responsibilities in a child abuse case.**

- A. National District Attorneys Association (NDAA) assists in the prosecution of child abuse cases through the National Center for the Prosecution of Child Abuse.
- B. The NDAA maintains resources for members and non-members including:
  - i. strategies to overcome defense expert testimony
  - ii. head trauma cases
  - iii. child and adolescent friendly courtrooms
  - iv. state statutes information
  - v. videos showing examples of cross examinations and real and demonstrative evidence
- C. A common obstacle to child abuse cases is the burden of proof that a prosecutor is responsible for.

- D. Burden of proof is a constitutional safeguard requires the prosecution to have the burden of proving beyond a reasonable doubt that the defendant committed the crime in question.
- E. The Brady Rule
  - i. Requires prosecutors to disclose evidence that might benefit the defense.
  - ii. Brady material
    - 1. Evidence the prosecutor is required to disclose.
    - 2. Includes any evidence favorable to the accused that would reduce a defendant's potential sentence.
  - iii. The prosecution is constitutionally bound by duty to due process to disclose this information.
  - iv. Prosecutors should be very familiar with the facts of any child abuse case they are preparing so they can recognize material inconsistencies and be sure to inform the defense of any evidence gathered.
- F. The Morton Act
  - i. Defense attorneys no longer have to rely on the prosecution for information and are given material when it is available.
  - ii. For a prosecutor in a child abuse case, this means the defense is aware of the child's testimony, the evidence, and the CAC videos from the very beginning.
  - iii. Protects the prosecution from a mistrial for withholding evidence.
  - iv. Allows the defense time and information to sift through to try and find a mistake from law enforcement or any other entity where the child is interviewed.
  - v. Child pornography—the defense can view the material, but are not allowed to make copies, disseminate, or otherwise remove the material from the prosecutor's office/custody.
- G. Defendants have the right to confront their accuser and/or witness.
  - i. Children often have to testify in court.
  - ii. This is a traumatizing experience for many child abuse victims and can stand in the way of the case moving forward.
- H. Child sexual abuse cases are notoriously difficult to prosecute as often medical evidence is not available.

### **Unit 3 Dynamics and Indicators of Child Abuse.**

#### **3.1 Identify myths and facts concerning child abuse.**

- A. Myth: Child abuse only happens in some parts of society.
  - i. Fact: Rates of physical abuse and neglect are affected by socioeconomic status
  - ii. Child sexual abuse perpetration/victimization still occurs in all parts of society.
- B. Myth: Children are victimized mostly by strangers.

- i. Fact: In 2015, 91.6% of victims were maltreated by one or both parents.
- ii. Other perpetrators known to victims included foster parents, other relatives, neighbors, and daycare providers.
- iii. For child sexual abuse, about 90% of victims know their abuser.
- C. Myth: Children usually tell someone they are being abused.
  - i. Fact: Research has found that most child victims delay or never disclose child sexual abuse to friends, family, or the authorities.
- D. Myth: Many children lie about being abused.
  - i. Fact: False allegations of sexual abuse by children and adolescents are statistically uncommon.
  - ii. Occur in 2-10% of all cases.
- E. Myth: If a child has been sexually abused, there will be medical evidence.
  - i. Fact: Medical evidence is found in less than 5% of substantiated child sexual abuse cases.
- F. Myth: The most common type of abuse children experience at home is sexual abuse.
  - i. Fact: Child neglect is the most common type of abuse experienced in the home.
- G. Myth: Males who are sexually abused at a young age all grow up to sexually abuse children.
  - i. Fact: Male sexual abuse victims rarely become perpetrators of sexual abuse.
- H. Myth: Only men sexually abuse children.
  - i. Fact: At least 20% of substantiated child sexual abuse cases are perpetrated by females.
- I. Myth: Boys are less traumatized as victims of sexual abuse than girls.
  - i. Fact: The severity of traumatization among male victims of sexual abuse is equal to that of female victims.
- J. Myth: Children with disabilities are less likely to become victims of abuse than children without disabilities.
  - i. Fact: Child with disabilities are two to three times more likely than children without disabilities to experience abuse.

### **3.2 Identify indicators of child abuse and the dynamics of a child abuse situation.**

- A. There are several indicators of abuse and neglect to be aware of.
- B. Some cases might show different indicators than others.
- C. Caretaker attitudes
  - i. The caretaker might be purposely vague or evasive or might not volunteer information at all.
  - ii. Abusive caretakers often take the child to many different physicians or physicians located far from home for treatment.

D. Child's behavior

- i. Abused children may be wary of physical contact with adults.
- ii. Sometimes the child will exhibit extreme fright in reaction to physical contact.
- iii. Others show extreme apathy and unresponsiveness.

E. Living conditions

- i. Officers should consider the child's complete environment.
- ii. Low income is not synonymous with neglect. Low-income families may be providing the best care possible within their means.
- iii. Burned-out or condemned buildings should be regarded as unsafe housing.
- iv. Unsanitary conditions, such as human and animal waste on the floors, are indicative of neglect.
- v. Lack of heat in the house during the winter months is neglect.
- vi. Danger of fire from open heating units such as buckets of burning wood or coal should be considered as unsafe conditions.
- vii. Children sleeping on cold floors or in beds that are dirty, soiled, and wet with human waste are neglected.
- viii. Infestation of rodents demonstrates neglected homes.

F. Health hazards

- i. Malnutrition of children is indicated if there are signs of being underweight and small in stature.
- ii. Most neglected children will appear obviously undernourished.
- iii. Officers should also be aware of the condition of food in the house.
  1. No food available in the home
  2. Only food available is spoiled
- iv. The child's failing to thrive may be due to a legitimate medical condition that a doctor is attempting to cure.
  1. Neglected children usually will not be receiving doctor's care.
  2. Ask the parents if the child is receiving any medical care.
  3. Verify information regarding the child's medical care.

G. Unexplained bruises and welts

- i. It is important to resist using only bruises as an indicator of child abuse. Bruises might instigate a closer look, but bruises are common in children.
- ii. Look closely at the location and frequency of the bruises.
- iii. If the child is immobile (infant) then they should not have bruises that a toddler would have.

H. Primary target zone



- i. Injuries that are not in primary target zones do not mean there is not abuse taking place.
- ii. Primary target zones are areas to look at that are more common in child abuse investigations and include:
  - 1. The area that extends from the back of the neck to the back of the knees including the back of the arms and hands.
  - 2. Injuries located on head and face, particularly on non-body areas such as the cheeks.
  - 3. Injuries in several different surface areas or that are in various stages of healing.
- I. Various injury anomalies
  - i. Injuries often reflect the shape of an object used to inflict the injury, such as hand, hose coupling, belt buckle.
  - ii. Wrap-around or loop injuries from flexible objects such as a belt, strap, or electrical cord.
  - iii. Tethering wounds to the neck, ankles, and wrists as a result of being tied up.
  - iv. Injuries that regularly appear after an absence, like a weekend or vacation.
- J. Unexplained burns
  - i. Burns may be an indicator that further investigation is necessary.
  - ii. Cigarette burns, especially on soles of feet, palms, back, or buttocks.
  - iii. Immersion burn
    - 1. Having a sock-like or glove-like shape
    - 2. Donut shape around buttocks indicates that the child was held down in hot liquid
  - iv. Burn that is in a pattern of the object used to inflict the injury such as an iron.
  - v. Rope burns on arms, legs, neck, or torso.
- K. Unexplained skeletal injuries
  - i. May include injuries to the skull, nose, facial structure, or ribs.
  - ii. Often found in various stages of healing.
  - iii. May also include multiple or spiral fractures:
    - 1. Not all spiral fractures are indicative of abuse.
    - 2. Investigations into the mechanisms of injury particularly in spiral fractures need to be noted.
- L. Unexplained lacerations or abrasions
  - i. Mouth
  - ii. Inside lips

- iii. Upper and lower frenulum
  - iv. Gums
  - v. Eyes
  - vi. Genitalia or anal areas.
- M. Unexplained head injuries
- i. May be found with absence of hair in various spots.
    - 1. Examples include:
      - a. Bilateral subdural hematomas (bruises to the brain) caused by shaking a child
      - b. Retinal hemorrhages or detachment
      - c. Cauliflower ear
      - d. Clotted blood in the nose and/or deviated septum
      - e. Concussion
- N. Unexplained internal injuries
- i. Often difficult to detect. Common examples include:
    - 1. Lacerated livers
    - 2. Bruised colons
    - 3. Ruptured spleens
    - 4. Damaged kidneys
  - ii. Usually caused by direct blows, being thrown against wall, door, furniture, pummeling, or kicking.
  - iii. Internal injury without evidence of falls from high places or automobile accidents should be considered suspicious.
  - iv. Incidents such as pediatric strangulation frequently do not cause any visible injury but can be fatal.

### **3.3 Identify types of child abuse.**

- A. Sexual Abuse
- i. Sexual conduct harmful to a child's mental, emotional, or physical welfare, including conduct that constitutes the offense of:
    - 1. Indecency with a child. Penal Code, Sec. 21.11
    - 2. Sexual assault. Penal Code, Sec. 22.011
    - 3. Aggravated sexual assault. Penal Code, Sec. 22.021
  - ii. Failure to make a reasonable effort to prevent sexual conduct harmful to a child.
  - iii. Compelling or encouraging the child to engage in sexual conduct as defined by Penal Code, Sec. 43.01
  - iv. Any act constituting an offense under Penal Code, Sec. 43.25

- v. Sexual abuse may consist of a single incident or many acts throughout a long period of time.
- vi. Boys and girls of any age can be victims.
- vii. Perpetrators can be male or female.
- viii. Sexual abuse is almost always perpetrated by someone who is in a position of trust.
- ix. The abuse may escalate over time, especially if the abuser is within the family.
- x. The child's non-abusing caregiver may be unaware that the abuse is happening.
- xi. Child sexual abuse includes the following:
  - 1. Fondling
  - 2. Lewd or lascivious exposure or behavior
  - 3. Intercourse
  - 4. Sodomy
  - 5. Oral copulation
  - 6. Penetration of a genital or anal opening by a foreign object
  - 7. Child pornography
  - 8. Child sex trafficking
- xii. The child may be coaxed, seduced, persuaded, or forced.
- xiii. Perpetrators often threaten or manipulate children to keep them from telling anyone.
- xiv. Allegations or disclosure of sexual abuse can be extremely difficult to accept, especially when the abuser is a family member or an otherwise seemingly respectable person.
- xv. Many adults may overlook, discount, minimize, explain away, or disbelieve allegations of sexual abuse.
- xvi. Children very rarely lie or invent stories of sexual abuse.

**B. Physical Abuse**

- i. Physical injury that results in substantial harm to the child.
- ii. A genuine threat of substantial harm from physical injury to the child is present.
- iii. Excludes an accident or reasonable discipline that does not expose the child to a substantial risk of harm.
- iv. Failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to the child.
- v. Use by a person of a controlled substance as defined by Chapter 481, Health and Safety Code that results in the injury of a child.
- vi. Causing, expressly permitting, or encouraging a child to use a controlled substance as defined by Chapter 481, Health and Safety Code.

- vii. Any non-accidental physical injury caused by a child's caretaker is considered physical abuse.
- viii. Physical abuse does not necessarily include intent to injure. It could be the result of over discipline or inappropriate punishment.
- ix. Distinguishing between discipline and physical abuse
  - 1. Purpose of the discipline
  - 2. Correct the child's behavior
  - 3. Punish or hurt
  - 4. Is the discipline appropriate to the child's age?
  - 5. Is the discipline appropriate to the child's physical and mental condition?
  - 6. Is the discipline appropriate to the child's transgression?
  - 7. When physical force is used as a disciplinary measure, is the force applied in a safe location (i.e. buttocks) or an unsafe location (i.e. head)?
- x. Almost any injury can either be inflicted or accidental.
- xi. Some fractures are much more specifically indicative of abuse than others.
  - 1. Rib fractures, especially posterior rib fractures.
  - 2. Metaphyseal fractures
    - a. Usually seen in children less than 2 years of age.
    - b. Most commonly in the lower limbs, and typically result from jerking or swinging a baby whilst grasping the wrist or ankle.
- xii. Pediatric abusive head trauma, or shaken baby syndrome (SBS), most often involves brain injury of infants and young children.
- xiii. Abusive head trauma usually involves injury to the intracranial contents or skull.
- xiv. Physical abuse typically occurs when a frustrated parent or caregiver hits, shakes, or throws a child because of anger.
- xv. Other forms of abuse include:
  - 1. burning
  - 2. scalding
  - 3. biting
  - 4. kicking
  - 5. cutting
  - 6. poking
  - 7. twisting a child's limbs
  - 8. binding
  - 9. gagging
  - 10. strangling

11. hitting with a closed fist or other instrument

xvi. Any form of corporal punishment may be abusive if it results in injury.

C. Emotional Abuse

- i. Mental or emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological functioning.
- ii. Causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury.
- iii. Use by a person of a controlled substance as defined by Chapter 481, Health and Safety Code that results in the emotional injury of a child.
- iv. Those parents who fail to provide an environment in which a child may develop normally commit these forms of abuse.
- v. Specific behavior or lack of behaviors on the part of a parent.
- vi. Examples of emotional neglect:
  1. A baby who is never picked up out of the crib.
  2. Parents who are totally undemonstrative in loving or giving affection toward their children.
- vii. General examples of emotional neglect
  1. Deprivation
  2. Distancing
  3. Depreciation
  4. Domination
- viii. The effects of emotional abuse or neglect are not always evident until later in the child's life.
- ix. Emotional injury is inflicted on children by verbal assaults such as:
  1. blaming
  2. belittling
  3. rejecting a child
  4. name calling
  5. screaming
  6. threatening
  7. sarcasm
- x. Siblings may be treated unequally.
- xi. There may be a persistent lack of concern by the care provider for the child's welfare.
- xii. Physical abuse is almost invariably accompanied by emotional abuse.

- xiii. Parents who physically abuse their child are more likely inclined to verbally abuse them as well.
- xiv. The most common form of emotional abuse of children is domestic violence.
- xv. Emotional abuse is more subtle than physical abuse and when it is not accompanied by another type of abuse, it is not as inclined to be investigated.
- xvi. Emotional abuse is devastating for children and can ultimately lead to long-term effects such as substance abuse, crime, suicide, and a perpetuation of violence in the family.

**3.4 Discuss the Abuse of Children Wheel as a tool to help law enforcement officers understand how a perpetrator inflicts child abuse.**

- A. The Abuse of Children Wheel is a tool that can be used to help law enforcement officers understand the myriad of ways a perpetrator may abuse a child.
- B. A perpetrator may use various tactics to justify the violence and abuse in the home.
- C. Forms of violence vary.
  - i. Committing incest
  - ii. Sexual touching/kissing
  - iii. Sexualizing children's behaviors
  - iv. Pinching
  - v. Hitting
  - vi. Kicking
  - vii. Pushing
  - viii. Twisting arms
  - ix. Strangulation
  - x. Using Institutions
    - 1. The perpetrator may use institutions to threaten punishment.
      - a. Religion
      - b. Courts
      - c. Police
      - d. School
      - e. Juvenile detention
      - f. Foster homes
      - g. Relatives
      - h. Psychiatric wards
  - xi. Isolation
    - 1. The perpetrator will isolate the victim by controlling access to others.
    - 2. This tactic may instill cooperation or silence from the child.

xii. Emotional Abuse

1. The perpetrator may put down the child by name calling and/or shaming them.
2. If there is a domestic violence situation, one parent may use the child as a confidant or use the child to get or give information to the other parent.
3. Their actions may be inconsistent, which confuses the child and keeps them on guard at all times.

xiii. Economic Abuse

1. The perpetrator may withhold basic needs, such as food, clothing, and education to control the child.
2. The parent may use money to control the child's behavior or squander the family's money.
3. One parent may use a child as leverage in a divorce and/or withhold paying child support.

xiv. Threats

1. The perpetrator may threaten abandonment or suicide to control the victim.
2. Threatening physical harm to the victim or others.

xv. Using Adult Privilege

1. The perpetrator will use societal norms to tell the child that the adult makes the rules.
2. The parent may treat the child as a servant and may punish or boss the child around.
3. Denying input in visitation and custody decisions is another tactic used to control the child.

xvi. Intimidation

1. Instilling fear through looks, actions, gestures, and property destruction.
2. Using an adult's size, yelling, and being violent to the other parent and/or pets.



Adapted from: Domestic Abuse Intervention Project, Duluth, MN 218/722-4134

### 3.5 Identify types of neglect.

- A. Neglect tends to be chronic and is considered to be inattention to the basic needs of a child such as:
  - i. Food
  - ii. Clothing
  - iii. Shelter
  - iv. Medical care
  - v. Supervision
- B. It is a child's parent, guardian, or conservator's responsibility to either directly provide these needs or arrange for someone else to provide them.
- C. A child living in poverty is not considered to be neglected unless aid and relief has been offered but refused by the parent, guardian, or conservator.
- D. Endangerment and Abandonment
  - i. Leaving a child in a situation where the child would be exposed to a substantial risk of physical or mental harm.



- ii. Intending not to return by a parent, guardian, or managing or possessory conservator of the child.
  - iii. Infant safe haven law
    1. Focused on women who had an unplanned pregnancy or did not want their newborn child.
    2. These women may not reach out to crisis centers or available adoption services.
    3. Enables mothers to safely relinquish their babies to designated locations where the babies are protected and provided with medical care until a permanent home is found.
    4. Safe haven laws generally allow the parent, or care provider, to remain anonymous and shielded from prosecution for abandonment or neglect.
    5. Texas law stipulates the following:
      - a. The child must be 60 days old or younger.
      - b. The child may be taken to a hospital, fire department, or Emergency Medical Services (EMS) station in Texas.
      - c. The person dropping the child off will be asked to fill out a voluntary form to gather medical information about the child.
      - d. The police will not be called and the person forfeiting the child will not be prosecuted.
- E. Drug endangerment
- i. A person under the age of 18 who lives in or is exposed to an environment where drugs, including pharmaceuticals, are present.
  - ii. These children are at high risk of experiencing physical, sexual, or emotional abuse, harm, or neglect.
  - iii. These children may be at risk of being forced to participate in illegal or sexual activity in exchange for drugs or money.
- F. Physical neglect
- i. The failure to provide a child with food, clothing, or shelter necessary to sustain the life or health of the child.
  - ii. Excludes failure caused primarily by financial inability unless relief services had been offered and refused.
  - iii. Placing a child in or failing to remove the child from a situation in which the child could be exposed to a substantial risk of sexual conduct harmful to the child.
- G. Malnourishment
- i. A dietary deficiency that results in poor health conditions.
  - ii. Malnutrition makes children more vulnerable to severe diseases and also can result in permanent cognitive, social, and behavioral deficits.

#### H. Medical neglect

- i. Failing to seek, obtain, or follow through with medical care for a child.
  - ii. Failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury or with the failure resulting in an observable and material impairment to the growth, development, or functioning of the child.
  - iii. Families of a lower socioeconomic status who cannot afford medical treatment are not considered neglectful unless they refuse treatment and assistance provided that is free or affordable.
  - iv. Oftentimes parents who are physically or sexually abusive avoid medical treatment for the fear of being caught.
- I. Acts or omissions by a person
- i. Placing a child in, or failing to remove a child from, a situation beyond the child's level of maturity, physical condition, or mental abilities and that results in bodily injury or a substantial risk of immediate harm to the child.
  - ii. The failure by the person responsible for a child's care, custody, or welfare to permit the child to return to the child's home without arranging for the necessary care for the child.

### **3.6 Identify types of exploitation.**

#### A. Family Code, Sec. 261.001 sexual abuse/exploitation includes:

- i. Penal Code, Sec. 21.02
- ii. Penal Code, Sec. 21.11
- iii. Penal Code, Sec. 22.011
- iv. Penal Code, Sec. 22.021
- v. Compelling or encouraging the child to engage in sexual conduct as defined by Penal Code, Sec. 43.01
- vi. Penal Code, Sec. 20A.02
- vii. Penal Code, Sec. 43.02
- viii. Penal Code, Sec. 43.05
- ix. Photographing, filming, or depicting of a child in an obscene or pornographic manner as defined by Penal Code, Sec. 43.21

#### B. Human Trafficking

- i. The exploitation of a person for labor, services, or commercial sex.
- ii. The Trafficking Victims Protection Act of 2000 (TVPA) defines human trafficking as:
  1. Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion.
  2. 22 U.S.C. Ch. 78 Sec. 7102

- iii. Child sex trafficking occurs when a person knowingly:
  - 1. Traffics a child under the age of 18 and causes by any means the child to engage in or become the victim of commercial sex acts or child sex abuse.
  - 2. Receives a benefit from participating in a venture that involves child sex trafficking.
  - 3. Engages in sexual conduct with a trafficked child.
- iv. It is important to emphasize that force, fraud, or coercion does not need to be proven in cases where the victim is a minor.
  - 1. Force
    - a. The use of a weapon.
    - b. The use of such physical strength or violence as is sufficient to overcome, restrain, or injure a person.
    - c. Inflicting physical harm sufficient to coerce or compel submission by the victim.
  - 2. Fraud
    - a. Some deceitful practice or willful device, resorted to with intent to deprive another of their rights, or to injure them in some manner.
    - b. In the context of human trafficking, fraud often involves false promises of jobs or other opportunities.
  - 3. Coercion
    - a. Threats of serious harm to or physical restraint against any person.
    - b. Any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to or physical restraint against any person.
    - c. The abuse or threatened abuse of the legal process.
- v. The Commercial Sexual Exploitation of Children (CSEC) is defined under the Office of Juvenile Justice and Delinquency Prevention (OJJDP) as:
  - 1. A range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person.
  - 2. Examples include:
    - a. Child sex trafficking
    - b. Prostitution of children
    - c. Child sex tourism involving commercial sexual activity
    - d. Commercial production of child pornography

- e. Online transmission of live video of a child engaged in sexual activity in exchange for anything of value
  - vi. Trafficking is included in the child abuse statute.
  - vii. Texas Family Code, Sec. 261.001
- C. Internet Crimes Against Children
  - i. The Internet Crimes Against Children (ICAC) Task Force Program
    - 1. Network of coordinated task forces engaged in proactive and reactive investigations, forensic examinations, and criminal prosecutions.
    - 2. Helps state and local law enforcement agencies develop an effective response to technology-facilitated child sexual exploitation and Internet crimes against children.
    - 3. Aims to decrease the number of children and teenagers targeted online.
    - 4. Aim to increase the number of trained law enforcement officers, prosecutors, parents, and youth.
    - 5. Primary investigative priorities
      - a. Production of child sexual abuse material
      - b. Sextortion
      - c. Online networks enterprising in child sexual abuse material

**INSTRUCTOR NOTE:** Refer to the link provided to access statistics provided by to the Pew Research Survey of Parents, Teens, and Digital Monitoring, then engage the students in a discussion on how knowing and questioning for this information may help inform investigations. <https://www.pewresearch.org/internet/2016/01/07/parents-teens-and-digital-monitoring/>

- D. Child pornography
  - i. A form of child sexual exploitation that is any visual depiction of sexually explicit conduct involving a minor.
  - ii. Federal law prohibits the production, distribution, importation, reception, or possession of any image of child pornography.
  - iii. A violation of federal child pornography laws is a serious crime and convicted offenders face fines severe statutory penalties.
  - iv. Possession, distribution and/or manufacture of child pornography is a serious state felony and/or federal offense.
    - 1. These images of child sexual abuse and torture have exploded with the advent of the internet.
    - 2. Pedophiles now have easy and free access to millions of images of child sexual abuse.

3. It is not uncommon to find huge collections of child sexual abuse images on cellphones, computers, gaming units, flash drives, and/or other storage media when investigating child abuse and other types of crimes.
  - a. Offenders use these images to:
    - Achieve sexual release
    - Blackmail young victims into compliance
    - Groom new victims
    - Trade with other pedophiles to achieve high social status in internet pedophile interest groups
  - b. Most of these images are created by a child molester while they are offending on a child.
  - c. These items are then easily uploaded to the internet to trade with other offenders.
  - d. In some cases, webcams are used to record the live abuse of a child while offenders from anywhere in the world watch.
  - e. Hundreds of thousands of traders of these images have been identified by the ICAC Task Force Program.
- v. It is important for local law enforcement agencies to receive training and assistance in child pornography investigations from their local ICAC Task Force.
- vi. Penal Code, Sec. 43.26
- E. Online Solicitation of a Minor
  - i. Penal Code, Sec. 33.021
  - ii. The use of the internet to entice, invite, or persuade a child to meet an adult for sexual acts or to arrange such a meeting.
  - iii. Online predators focus their attention on children who respond to them.
  - iv. Victims are typically vulnerable children who are attention and affection seeking.
  - v. Predators will often “groom” their victims to manipulate them into trusting them.
  - vi. Predators will befriend children online.
    1. Contacting them in chat rooms or social media websites
    2. Exchanging private messages
    3. Finding out about the child’s relationship with their parents and friends
    4. Determines the child’s likes and dislikes and uses this information to lure the child
    5. Showing them sexual photographs of other children
    6. Convincing the child that they are not loved at home
  - vii. Signs of grooming or that a child is engaging in risky online behavior may include:

1. Receiving gifts through the mail, like bus tickets, cell phones, and webcams
2. Making calls to unknown numbers
3. Turning away from friends and family in favor of spending time online
4. Getting upset when they cannot get online
5. Minimizing the computer screen or changing apps on the cellphone when a parent or authority figure walks in the room
6. Risky online behaviors which put children at higher risk for cyber predators include:
  7. Befriending unknown people online
  8. Posting personal information
  9. Embarrassing or harassing people
  10. Talking about sex
  11. Sending or posting provocative images
  12. Sharing passwords with friends
  13. Clicking on pop-ups that lead to inappropriate sites

F. Cyberbullying

- i. Bullying through technology such as cellphones, the internet, and online games.
- ii. There is no way to control how quickly and how far private information from cyberbullying spreads once it is online.
- iii. Cyberbullying may include:
  1. Spreading rumors and gossip using technologies (cellphones and instant messaging)
  2. Posting inappropriate pictures of someone without consent
  3. Stealing passwords to assume someone else's identity and adding embarrassing information to their account
  4. Threatening or harassing others with offensive language
  5. Minors prostituting other minors

G. Sexting

- i. Sexting is the sending of sexual messages, pictures, or videos through cellphones.
- ii. Even if a teen takes a picture of their own body, the picture(s) can be considered child pornography.
- iii. Teens can be registered as sex offenders for sexting.

**3.7 Discuss different cultural practices that constitute child abuse in the United States.**

A. Marriage of Minors

- i. In most cases, a marriage is considered a child marriage when one or both parties are under the age of 18.
- ii. The minimum legal age for marriage in Texas is 18 without parental consent and 16 with parental consent.
- iii. A minimum age of marriage along with the enforcement of a prohibition on forced marriage, irrespective of the age of either party, aims to protect both girls and boys from child marriage.
- iv. Child marriages often violate human rights.
  - 1. Education
  - 2. Freedom from violence
  - 3. Reproductive rights
  - 4. Access to health care
  - 5. Employment
  - 6. Freedom of movement
  - 7. The right to consensual marriage.

**INSTRUCTOR NOTE:** Refer to Marriage Age By State <https://worldpopulationreview.com/state-rankings/marriage-age-by-state> if needed as part of the discussion.

- B. Cultural healing practices can mimic child abuse.
- C. Although these cultural practices are not intended to be child abuse, careful interview and follow-up procedures should be followed.
- D. Examples of these practices include:
  - i. Coining (caogio)—Ancient healing practice of dermabrasion therapy.
    - 1. Involves intense rubbing of the skin.
    - 2. Used by Vietnamese, Cambodians, and Laotians to treat a variety of illnesses.
    - 3. This will result in linear erythematous patches, petechia, or purpura.
  - ii. Cupping (hijama)—A fairly common healing practice used throughout the Middle East, Asia, Latin America, and Eastern Europe.
    - 1. In the United States, this technique is practiced by naturalistic health providers.
    - 2. Wet cupping involves small cuts to the skin to draw blood and is thought to rid the body of toxins.
    - 3. Dry cupping is an open-mouthed vessel heated and applied to the skin. Suction is produced and the skin is pulled into the vessel.
  - iii. Guasha—Used in China to rid the body of illness. This procedure results in a linear pattern of ecchymosis when a spoon-like tool is used to rub the wet skin.
  - iv. Moxibustion—A healing practice involving burning rolled pieces of moxa herb directly over the skin and allowing it to burn near the skin until the onset of pain.

1. The lesions of moxibustion appear as a pattern of circular target-like burns that may be confused with cigarette burns.
  2. Originated in Asian medicine.
- v. Caida de mollera— This condition refers to the presence of a sunken anterior fontanel in an infant (often due to dehydration).
1. Treated by culturally bound strategies in Mexico, Guatemala, and other Central American countries.
  2. The remedy might include oral suction of the fontanel by a folk healer, slapping of the soles of the feet of the infant, or shaking the infant vertically while holding the baby upside down.
- E. Female genital mutilation is another cultural practice that is considered child abuse in the United States. There are four types of female genital mutilation harm the female victim.
- i. Type 1 – Partial or total removal of the clitoral glans and/or the prepuce/clitoral hood.
  - ii. Type 2 – Partial or total removal of the clitoral glans and the labia minora with or without removal of the labia majora.
  - iii. Type 3 – The narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, without removal of the clitoral prepuce/clitoral hood and glans (infibulation).
    1. Deinfibulation refers to the practice of cutting open the sealed vaginal opening of a woman who has been infibulated.
    2. Often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth.
  - iv. Type 4 – This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping, and cauterizing the genital area.

### **3.8 Distinguish medical conditions, illness, and medical practices that could mimic child abuse and neglect.**

- A. There are a large number of medical conditions that can mimic child abuse.
- B. These medical conditions can lead to abnormalities in skin texture, fragility to internal organs, and joint issues.
  - i. Conditions often mistaken for bruises
    1. Mongolian Spots
      - a. Blue-gray macules or patches usually located over the lower back. These are melanin deposits present at birth and tend to fade over several years.
      - b. Common for African-American, Asian, and Hispanic infants.
    2. Phytophotodermatitis



- a. Phototoxic reaction when the skin comes into contact with certain plants and then exposed to sunlight.
  - b. Lemons and limes are usually responsible for this reaction, but other plants include celery, garden carrots, parsley, and dill.
- 3. Henocho-Schonlein purpura—A necrotizing venulitis affecting the venules of the skin that showing as skin lesions usually on lower extremities.
- 4. Clothing dyes, such as dyes from blue jeans, have been mistaken for bruises.
- ii. Conditions often mistaken for burns
  - 1. Staphylococcal toxin-mediated diseases
    - a. Infection of staphylococcal bacteria.
    - b. Produces an epidermolytic toxin.
  - 2. Bullous impetigo
    - a. Localized form of toxin-mediated disease showing as a primary lesion that can rupture.
    - b. Appearance is often confused with cigarette burns.
  - 3. Diaper dermatitis
    - a. Severe irritant diaper dermatitis produces erosion of the skin.
    - b. Condition can mimic scald burns.
- iii. Conditions mistaken for traumatic hair loss
  - 1. Alopecia areata
    - a. Autoimmune condition
    - b. Characterized by well-defined patches of complete or near total hair loss and no scaling or edema.
  - 2. Trichotillomania—irregular areas of incomplete alopecia.
  - 3. Hair pulling caused by abuse can generally be distinguished from these and other hair disorders by the presence of scalp petechiae.
- iv. Conditions mistaken for sexual abuse
  - 1. Perianal streptococcal disease
    - a. Perianal infection causes local itching, pain, erythema, and occasionally blood-streaked stool.
    - b. Bacterial culture will confirm the diagnosis.
  - 2. Crohn's disease
    - a. Edema of the vulva and perianal regional fissures.
    - b. Can be mistaken for signs of trauma due to sexual abuse.

**3.9 Identify cases of child abuse that might require specialized training.**

- A. Munchhausen Syndrome by proxy

- i. An individual deliberately makes another person sick or convinces others that the person is sick.
  - ii. A relatively uncommon mental health condition involving the exaggeration or fabrication of illnesses or symptoms by a primary care provider.
  - iii. Considered one of the most harmful forms of child abuse.
  - iv. The parent or caregiver misleads others into thinking that the child has medical problems by lying and reporting fictitious episodes by exaggerating, fabricating, or inducing symptoms.
  - v. As a result, doctors usually order tests, try different types of medications, and may even hospitalize the child or perform surgery to determine the cause.
  - vi. Typically, the perpetrator feels satisfied by gaining the attention and sympathy of medical professionals and others who come into contact with them and the child.
- B. Certain characteristics are common in a person with Munchausen Syndrome by Proxy.
- i. Is a parent or caregiver.
  - ii. May be a health care professional.
  - iii. Is very friendly and cooperative with health care providers.
  - iv. Appears quite concerned (some may seem overly concerned) about their child.
  - v. May suffer themselves from Munchausen syndrome (factitious disorder imposed on self) which is a related disorder in which a person fakes illness and lies about symptoms, makes themselves appear sick, or makes themselves purposely unwell.
- C. Other possible warning signs of Munchausen Syndrome by proxy
- i. The child has a history of many hospitalizations, often with a strange set of symptoms.
  - ii. Worsening of the child's symptoms generally is reported by the parent and is not witnessed by the hospital staff.
  - iii. The child's reported condition and symptoms do not agree with the results of tests.
  - iv. More than one unusual illness or death of children in the family.
  - v. The child's condition improves in the hospital, but symptoms recur when the child returns home.
  - vi. Blood in lab samples may not match the blood of the child.
  - vii. Chemicals in the child's blood, stool, or urine.

## **Unit 4 Victims and Perpetrators**

### **4.1 Identify common victim characteristics including populations with increased risk.**

#### **A. At Risk Populations**

- i. Infants or pre-school age children who are defenseless, demanding, and/or lacking in communication skills.
  - ii. Young children who may not be in daycare or school, which further isolates them from others who may see and report the abuse.
  - iii. Other children targeted for abuse are children with special needs (mentally disabled, hyperactive, speech defective, etc.)
  - iv. Runaway youths
    1. A runaway youth is considered a "missing child" (Code of Criminal Procedure, Sec. CP 63.001) and should be investigated as such.
    2. A case investigation concerning runaway youths should focus on the family, friends, school, and lifestyle of the missing youth.
    3. When a runaway youth is located, the investigator should consider 3 aspects of the situation.
      - a. Why did the child leave home?
        - The investigator should be sensitive to possible child abuse in the home.
        - Many runaway youths have been abused physically or sexually at home.
      - b. What happened to the child during the time they were missing?
        - Sexual exploitation while missing.
        - Support themselves by selling sex, drugs, or by stealing.
        - Getting youths to talk about their experience could also possibly lead to the arrest of perpetrators.
      - c. What can be done for the youth now?
        - The officer handling a runaway case should have knowledge of programs in the community that can help families resolve problems.
        - Mental health counseling
        - Teenage pregnancy counseling
        - School social workers
        - Residential care
        - Family counseling
    4. Once the runaway youth has been found, the family can be reunited, or the proper referral made to a social services agency.
- B. Neglect and emotional abuse are not restricted to any group or class. Identifying characteristics in victims include:
- i. Speech disorders
  - ii. Lag in physical or emotional development

- iii. Failure to thrive caused by lack of attention or touching
- iv. Nervous skin disorders (picking, hair pulling)
- C. Child sexual abuse has many physical indicators.
  - i. Difficult in walking or sitting up
  - ii. Torn, stained, or bloody underclothing
  - iii. Pain or itching in genital area
  - iv. Pregnancy at an early age
  - v. Evidence of physical trauma (bruising or bleeding) to the genital area, mouth, or anal areas
  - vi. Odd or unusually shaped bruises caused by sucking
  - vii. Bruises or bleeding in external genitalia, vaginal, or anal areas
  - viii. Venereal disease, especially in pre-teens
  - ix. Nervous disorders
- D. The victim of sexual abuse or exploitation may be a boy or girl of any age, but it is most often a school age or adolescent girl.
  - i. Sexual assault
  - ii. Incest
  - iii. Fondling of the genitals
  - iv. Fondling of the breasts
  - v. Exhibitionism
  - vi. Exploitation including:
    - 1. Child molestation
    - 2. Child pornography
    - 3. Child prostitution

**4.2 Discuss child abuse cases involving children with disabilities.**

- A. Children with disabilities face higher risk for abuse than children without disabilities.
- B. Many children with disabilities face increased risk for assault, abuse, and/or neglect.
- C. Children who live in institutions have high risks for isolation, abuse, and neglect.
  - i. Group homes
  - ii. Foster care
  - iii. Residential schools
  - iv. Hospitals
- D. In many institutions, more than one child may have been victimized or neglected.
- E. Children with disabilities who are abused may not be aware that what is happening is abuse or that abuse happens to other people as well.

- F. Some children with disabilities may not understand the difference between a sexual touch, an affectionate touch, or a hygienic touch.
- G. No one may have ever encouraged them to tell an adult if someone has hurt or tried to hurt them.
- H. A common misconception is that individuals with disabilities are asexual and are not at risk for sexual or other forms of abuse or neglect.
- I. Many children and youth with disabilities do not receive correct information or education about sexuality, body parts, or self-protection strategies.

#### **4.3 Identify characteristics of child abuse offenders.**

**INSTRUCTOR NOTE:** Engage the students in a discussion about concepts of good versus bad parenting as part of starting this section.

##### **A. Characteristics of Parenting**

###### **i. Good parenting**

1. The ability to recognize, with or without clear understanding, and try to provide for the needs of a child.
2. A child's needs include:
  - a. Physical care and protection
  - b. Nurturing
  - c. Love and opportunity to relate to others
  - d. Bodily growth and the exercise of physical and mental functions

###### **ii. Abusive parenting**

1. There is a proven link between domestic violence and child abuse.
2. Certain factors may influence risk of domestic violence.
  - a. Parental violence history
  - b. Socioeconomic status
  - c. Substance abuse
  - d. Neighborhood characteristics
3. Abusive parents may have been abused themselves when they were children.
4. Children exposed to domestic violence are more likely to become involved in intimate partner violence throughout adolescence and adulthood as both victims and perpetrators.

##### **B. Characteristics of offenders**

###### **i. Demographics**

1. Parents, other relatives, and a parent's paramour account for almost 96% of all perpetrators.

2. Child abuse and child neglect cuts across every social, cultural, ethnic, economic, and geographic boundary in Texas.
3. When a child is injured, the perpetrator is typically someone known to the child.
  - a. Parent
  - b. Guardian
  - c. Conservator
  - d. Other household or family member
  - e. Another person with regular access to the child
    - Teacher
    - Coach
    - Tutor
4. Most often if spousal abuse occurs within a family, child abuse is also prevalent.

**INSTRUCTOR NOTE:** Emphasize to students these characteristics are generalized. They are not all inclusive, nor do they apply to everyone. It is useful to view parental abuse as an extreme response to stress.

- ii. General characteristics of abusive parents
  1. Abusive parents may have experienced a disastrous rearing experience or have been abused, neglected, or deprived as children.
  2. They may have very limited parenting skills or have strong beliefs in using corporal punishment for discipline.
  3. Have low self-esteem and emotional needs that were not met by their own parents leaving them with inadequate coping skills.
  4. Often had high demands from their own parents that might continue into adulthood.
  5. Some cannot provide emotional support and frameworks for themselves as adults and are immature emotionally as a result.
  6. Abusive parents frequently have a low self-image, seeing themselves as worthless and no-good; a result of never having been able to please someone.
  7. They often have poor impulse control.
  8. There is usually a shallow relationship between intimate partners. They often expect rejection from all human connections in their life.
  9. Often abuse or have addictions such as drugs and/or alcohol, but often do not have a police record.
  10. Often if there is severe domestic violence in the home, there is also physical and/or sexual abuse of the children as well.

11. Parents with a tendency to abuse their children are even more likely to do so under the stress that accompanies divorce, unemployment, or other family crises.
- iii. Characteristics of sexually abusive parents
    1. May be experiencing overcrowding in their home.
    2. May have marital problems causing one spouse to seek physical affection from a child rather than the other spouse.
    3. Lack social and emotional contacts outside the family and often does not engage in social activities outside the home.
    4. May be geographically isolated.
    5. Have cultural standards that determine the degree of acceptable body contact.
    6. The non-abusive parent may be aware of the sexual abuse, but either subconsciously denies the abuse is happening or sees the sexual activity as preferable to extra-marital affairs.
      - a. They might also feel the activity between the parent partner and the child is a “relief” from their own sexual obligation.
      - b. There may be a mixture of guilt, jealousy, and anger toward the abused child and a fear of being left by the partner if they report the abuse.
  - iv. Characteristics of physically and/or emotionally abusive
    1. Abusive parents have unrealistic expectations of their children.
    2. Seem unconcerned about the child.
    3. Sees the child as bad or evil and may verbally threaten to injure child.
    4. Offers illogical, unconvincing, contradictory explanations, or have no explanation of the child's injury.
    5. May attempt to conceal injury or protect the identity of the person responsible by blaming injury on sibling or another child.
    6. Routinely employs harsh, unreasonable discipline that is inappropriate to the child's age, transgressions, and condition.
    7. Expect their children to fill their emotional void.
  - v. Characteristics of neglectful parents
    1. May have a chaotic home life and do not focus or put effort towards the child's well-being.
    2. Tend to be passive toward all aspects of their children's lives.
    3. May live in unsafe conditions.
      - a. No food
      - b. Garbage and excrement in living areas

- c. Exposed wiring
  - d. Drugs, chemical, and/or poison within reach of children
  - 4. Are often depressed; may be struggling with their mental health and or experiencing a mental impairment.
  - 5. Have little motivation or skill to effect changes in their lives or the lives of their children; may be motivated and employed but unable or unwilling to find or afford childcare.
  - 6. May be totally absorbed in fulfilling their own needs in contrast of their apathy to their children's needs.
- C. Sex Offenders
- i. Characteristics of sex offenders
    1. It is extremely difficult for a child to report sexual abuse.
    2. Child molestation is one of the most under-reported crimes.
    3. Very young children may not understand the incident is wrong.
    4. The abuser most likely discourages the child from telling anyone.
    5. The offender may build a friendship to foster trust to break down the child's resistance to touch by playing games that initiate physical contact like wrestling or tickling.
    6. As the relationship grows, they test the child's ability to protect themselves and push limits.
    7. Offenders may use the child's dependency and affection to extort a promise of secrecy.
    8. May threaten to harm and kill the child, other family members, or pets.
    9. The abuser may also tell the child the family will be broken up, the child will be blamed, or the child may be taken away from the home if the secret is found out.
    10. Offenders make children think it is okay, or just a game, or something they will like.
  - ii. Grooming
    1. Targeting specific children, families, and/or communities to exploit.
    2. Perpetrators not only groom children for abuse; they also groom parents, families, and communities.
    3. Treating the child as more special than others.
    4. Buying the child gifts or giving money.
    5. Making excuses to be alone with the child.
    6. Encouraging secrecy between themselves and the child.
    7. Sending private messages via social media, email, or text.



8. Tickling or wrestling; touching whether appropriate or inappropriate.
  9. Viewing child when nude or exposing the child to nudity.
  10. Showing pornography.
  11. Telling the child about his/her sexual activity with others.
  12. Walking in while children use the restroom.
  13. Grooming works because most adults do not know what to look for, and most adults do not want to see it or believe it.
- iii. Characteristics of a sexually abusive parents
1. Is jealous yet protective of the child.
  2. Often initiates sexual contact with the child by hugging and kissing; tends to develop over time into more caressing, fondling, and then genital-genital and oral-genital contacts.
  3. The abusive parent is often a rigid disciplinarian but may be passive outside the home.
- iv. Characteristics of a pedophile
1. Ability to relate well with children.
  2. Might seek employment or volunteer programs involving children and is often successful and well liked in the community.
  3. Has a preference of child within a specific age range, gender, or stage of development.
  4. Usually establishes a friendship and/or a trusting relationship with the child victim before escalating.
    - a. Grooming with photographs
    - b. Exposing the child to pornography
  5. Often collects child pornography and will rarely dispose of any collected pornography.
  6. May advocate adult-child sex in order to rationalize the molestation.
  7. May prey on runaways as there is less of a chance that the child will report.

**4.4 Describe the possible behavioral and long-term effects of abuse on child victims.**

- A. There is an established link between child abuse and crime in later life.
  - i. Children who have experienced child abuse are nine times more likely to become involved in criminal activities.
  - ii. An abused child may grow up and abuse their own children.
- B. Behavioral indicators
  - i. Effects of physical or emotional child abuse
    1. May be wary of adults

2. May be apprehensive when other children cry
  3. May suffer behavioral extremes
    - a. Withdrawal
    - b. Aggression
    - c. Regression
  4. May be frightened of parents or care providers
  5. May refuse to speak in front of parents
  6. May be afraid to go home
  7. May wear long sleeved shirts, knee socks, or other covering clothes that are unseasonable to hide injuries
  8. May report injury by parent or care provider
  9. Acting out, particularly with sexual abuse.
    - a. Many times, children who are sexually abused will perpetrate against other children.
    - b. These other children are usually younger than the abused perpetrator.
- ii. Effects of child sexual abuse
1. Exhibits withdrawal, fantasy, or infantile behavior.
  2. Has bizarre, sophisticated, or unusual sexual behavior.
  3. Is unwilling to change clothes for gym or participate in education class.
  4. Depression or has feelings of guilt or shame.
  5. Has poor peer relations.
  6. Is delinquent or runs away from home often.
  7. Reports sexual assault by care provider.
  8. Demonstrates self-abusive behavior, such as alcohol or drug abuse.
  9. Sleeping disorders
- iii. Behavioral indicators showing the effects of neglect
1. Habit disorders
    - a. Sucking
    - b. Biting
    - c. Rocking
  2. Conduct disorders
  3. Has abnormal fears
  4. Suffers behavioral extremes
  5. Suffers overly adaptive behavior (inappropriately adult or infant)
  6. Has developmental lags

7. May attempt suicide
  8. Bedwetting
  9. Nutritional neglect including the child begging or stealing food.
  10. The child frequently appears tired and listless, often falling asleep in school.
  11. The child has poor hygiene and wears dirty or inappropriate clothing.
  12. Educational neglect
    - a. Extended days at school (early arrival or late departure)
    - b. Frequently absent from school
    - c. Delinquency at school
    - d. Statements that there is no care provider
    - e. Mentions of being left unattended or inadequately supervised for long periods of time
  13. Unattended physical problems including medical or dental neglect
  14. Failure to thrive caused by improper nutrition.
- C. Abused children often have common long-term trauma
- i. Inability of a child to trust
  - ii. Physical scars and deformation
  - iii. Negative, aggressive, or hyperactive behavior
  - iv. Learning dysfunction
  - v. Failure to thrive which can result in stunted growth, physical impairments, or death

## **Unit 5 Investigative Techniques and Coordinated Investigations**

### **5.1 Explain the child abuse investigation process.**

- A. Questions for the officer to ask at the beginning of the investigation:
- i. Is the child in immediate physical danger?
    1. The maltreatment in the home, present or potential, is such that a child could suffer damage to body or mind if left after initiating the investigation.
    2. Care provider's anger during the investigation must be considered.
    3. Although a child is in imminent need of medical or psychiatric care, the care providers refuse to obtain it.
    4. The child's age, physical, or mental condition makes self-protection impossible.
    5. The child has some characteristics that the care providers find completely intolerable.
    6. The care providers are torturing the child or resorting to physical force too severe to be considered reasonable discipline.

7. The physical environment of the home is an immediate threat to the child.
  8. The care provider's physical or mental condition poses a threat to the child.
  9. The family has a history of hiding the child from outsiders.
  10. The family has a history of prior incidents or allegations of abuse and neglect.
  11. Care providers abandon the child.
- ii. Does the child need protective custody?
    1. Family Code, Sec. 262.101
    2. Family Code, Sec. 262.102
    3. Family Code, Sec. 262.104
  - iii. Should the care provider be immediately arrested?
- B. Questions to ask in the preliminary stages of the investigation:
- i. How did it occur?
  - ii. When did it occur?
  - iii. Has it occurred before?
  - iv. What is the home condition?
  - v. What is the parents' condition? (mental and physical)
  - vi. What is the parent-child relationship?
  - vii. Who had access to the child?
  - viii. Is the child likely to be the subject to further harm?
  - ix. Were there witnesses present?
  - x. What is the condition of other children present?
- C. When handling a child abuse case, the following procedures should be followed:
- i. Emergency Case
    1. Remove child from home if their life is endangered.
    2. Ensure that injured child receives immediate medical attention.
    3. Photograph injuries.
    4. Write complete report of injuries including physician's remarks.
    5. Collect physical evidence such as instrument used to inflict injuries.
    6. Resume normal investigative actions as outlined in non-emergency cases after the emergency conditions have been met.
    7. Check child's medical history for previous indications of abuse.
    8. Conduct preliminary investigation of abuse to any other children in the home.
  - ii. Non-Emergency Case.
    1. Observe physical condition of the child.

2. Consider the attitude of the care provider toward the child.
3. Consider child's general environment including living conditions, health, and moral hazards.
4. Interview all parties involved including complainants, child, care providers, neighbors, relatives, friends, and siblings.
5. Check department records and Texas Department of Protective and Regulatory Service records for referrals or reports regarding care providers and victims.
6. Check child's medical history for previous indications of abuse.
7. If a copy of the record may be needed, obtain a release from parent or guardian or a subpoena.
8. Evaluate evidence of abuse to determine if it may continue and endanger the safety of the child.
9. Record the incident fully and forward copy of report to the Department of Protective and Regulatory Services.

**5.2 List the components of a child abuse investigation report.**

- A. In any criminal investigation the officer should maintain a log or keep notes of actions and findings while conducting the investigation.
- B. The following is a suggested format for a child abuse investigation report. Department policy may require more or less and should be adhered to by the officer.
  - i. Introduction
    1. How notified of the case.
    2. Time notified and time of arrival on scene help establish a time frame for occurrence of the offense.
    3. Immediate findings at the scene:
      - a. Type of abuse involved.
      - b. Victim's location.
      - c. If victim in route to hospital, what means and by whom.
      - d. Who was with victim?
      - e. Who discovered victim and at what time?
      - f. Who reported abuse and at what time?
      - g. Parents/care providers whereabouts.
      - h. Attitude of parents/care providers.
      - i. Offense.
  - ii. Scene Summary
    1. Description of scene.

2. Identification of victim by whom.
  3. Dress or undress of victim.
  4. Identification of injury.
  5. Location where abuse occurred.
- iii. Scene Evidence
1. Photograph victim and injury. (Code of Criminal Procedure, Art. 18.02)
  2. Photograph scene.
  3. Inside residence, room where injury occurred.
  4. Outside residence.
  5. If not residence, photograph scene.
  6. Photograph any evidence where it is discovered.
  7. Mark all evidence and maintain chain of custody.
  8. Some agencies are using videotape of injuries and the scene in addition to still photography.
- iv. Hospital Investigation
1. Obtain name of admitting person(s), attending personnel, and physician.
  2. Request victim's parents sign release of medical information form. (Occupations Code, Sec. 159.005)
  3. Ask attending physician for opinion as to cause of injuries and if any evidence or symptoms exist indicating previous injuries or neglect.
  4. Interview medical personnel as to parents' attitude toward child and injury.
  5. Obtain medical report. (Occupations Code, Sec. 159.005)
- v. Medical Examination
1. Description of injury, location, and manner of occurrence.
  2. Age of injury.
  3. If autopsy, request any evidence, results of autopsy, and disposition of body. (Code of Criminal Procedure, Articles 49.01, 49.25, and 49.05)

**5.3 Explain the basis for probable cause and warrantless searches.**

- A. Did a Crime Occur?
- i. Was a crime committed and, if so, what was it?
  - ii. The officer must know the provisions of the Penal Code, Family Code, and the Code of Criminal Procedure that are related to child abuse.
- B. Was there an injury to the child victim?
- i. Severity of the Injury.
    1. Physical condition of the child victim.
    2. Child has a known history of being the victim of child abuse.

- 3. Collection of physical evidence.
- ii. The characteristics of the injury provide signals for the officer.
  - 1. Cigarette burns.
  - 2. Shape of an instrument implanted on skin.
- iii. Explanation of how the injury occurred is important in finding probable cause to arrest.
  - 1. Responsible party must be identified.
  - 2. The injury is inconsistent with the account given by the care-provider.
  - 3. Vague or evasive attitude by care provider.
  - 4. Conflicting stories given by each care provider and/or child victim.
- C. Confession by a care provider/offender sufficient grounds for arrest.
  - i. Code of Criminal Procedure, Art. 38.21
  - ii. Code of Criminal Procedure, Art. 38.22
  - iii. Code of Criminal Procedure, Art. 38.23
- D. Protection of legal rights of care provider/offender during interviews by officers.

#### **5.4 Identify available resources for internet crimes against children.**

- A. Having access to a forensic examiner to extract information from a computer or other electronic device will always be beneficial.
- B. It helps as well if they are well versed on extracting child-related information from the device and knowing what to look for.
- C. Having the training that National Center for Missing & Exploited Children (NCMEC) or ICAC provides also assists with knowing what to look for to relay to the forensic examiner.
- D. Refer to <https://www.ncmectx.org/> for more information.

#### **5.5 Explain the process for investigating child death cases.**

- A. After any child fatality, it is recommended to have a special case review (Child Fatality Review Team) convene.
- B. The Texas Child Fatality Review Team is a multidisciplinary, multi-agency group that reviews all child deaths regardless of the cause.
- C. The purpose of the Child Fatality Review Team
  - i. Improve the response to child fatalities.
  - ii. Provide accurate information on how and why Texas children are dying.
  - iii. Reduce the number of preventable child deaths by taking data into prevention practice.
- D. As part of the multidisciplinary team, investigators can ask for assistance and guidance from prosecutors when it comes to working child fatalities.

- E. Most agencies will work child fatalities the same as any other death investigation however, there are different approaches that can be taken.
- F. Family Code, Sec. 264.513
- G. Family Code, Sec. 264.514
- H. Family Code, Sec. 264.515

**5.6 Discuss the process followed when conducting school investigations.**

- A. For the purpose of an investigation in a school setting, the terms abuse and neglect shall have the meaning assigned to those terms in the Family Code, Sec. 261.001(1) and (4).
- B. School investigations are covered in Administrative Code, Sec. 707.597 through Sec. 707.625.
- C. The investigator will generally map out how to approach the school administration regarding the evidence.
- D. It is beneficial to know the school resource officers (SROs) at the schools to help build rapport.

**5.7 Identify the role of the Department of Family and Protective Services' (DFPS) programs and other roles involved in the investigation.**

- A. The Sexual Assault Nurse Exam (SANE) nurses, therapists, family advocates, and prosecutors are all critical to building a solid case.
- B. The CAC takes the burden off law enforcement officers when it comes to helping the family with basic need and resources.
  - i. Transportation
  - ii. Food
  - iii. Clothing
- C. CACs are able to obtain medical records, visit the family, speak to other members of the household, school, and friends.
- D. There are times where families may prefer to talk to CPS instead of law enforcement officers, and vice versa.

**5.8 Identify the role of CCL and Protective Services in the investigation process.**

- A. Child-Care Licensing (CCL) under Tx Health and Human Services and DFPS
  - i. Safeguards the basic health, safety, and well-being of Texas children by developing and enforcing minimum standards for child-caring facilities and child-placing agencies.
  - ii. Investigates complaints and serious incidents involving day-care and residential-care facilities and, if necessary, takes corrective or adverse action.
  - iii. Licensing group day-care homes, day-care centers, and registered family homes, child-placing agencies, and privately and publicly owned residential child-care facilities.



- B. Protective Services for Families and Children
  - i. Investigates reports of abuse and neglect of children.
  - ii. Places children in foster care.
  - iii. Places children in permanent adoptive homes.
  - iv. Provides services to help stabilize runaways and at-risk youth.
  - v. Contracts with other agencies to provide clients specialized services.
  - vi. Provides services to children and families in their own homes.

## **Unit 6 Interview and Interrogation Techniques**

### **6.1 Understand the interview process conducted by a Children’s Advocacy Center forensic interviewer.**

- A. The field of forensic interviewing is evolving.
  - i. Ensure better access to justice for children of abuse.
  - ii. Enhance the investigation and prosecution of cases.
- B. All CAC’s employ specially trained forensic interviewers and have observable interview rooms with video-recording capabilities.
- C. It is recommended to contact the local CAC so CAC staff can facilitate scheduling the forensic interview(s) related to a child abuse investigation.
- D. CAC forensic interviewers represent a neutral party as they are not an investigating agency.
- E. A forensic interview is a legally justifiable, objective, fact finding interview done at the request of law enforcement, Child Protective Services, or the District Attorney’s Office.
- F. The forensic interview should be non-leading and non-biased, be detail-seeking but also appropriate for the child’s age and developmental stage.
- G. Forensic interviewers at CACs conducting non-leading child interviews are trained in many areas related to childcare and development.
- H. There are various types of forensic interviews.
  - i. Forensic interview: A method of gathering factual information regarding allegations of abuse and/or exposure to violence.
    - 1. This interview is conducted by a competently trained, neutral professional.
    - 2. Interviewer practices informed techniques as part of a larger investigative process.
  - ii. Subsequent forensic interview: An interview to supplement the initial completed forensic interview.
  - iii. Multi-session forensic interview: One forensic interview completed over multiple sessions for children and cases with special considerations.
- I. Family Code, Sec. 264.4061

- J. Counties not officially served by a CAC are often able to receive courtesy services from a nearby center, including the ability to have a child forensically interviewed by a trained interviewer. Visit <https://www.cactx.org/find-a-local-center> to find local CACs.

**6.2 Outline the types and stages of disclosure and the reasons or factors for disclosure or non-disclosure.**

- A. There are two types of disclosure.
  - i. Accidental—information is revealed by chance
  - ii. Purposeful—information is revealed by a conscious decision to tell
- B. Neither one is more reliable than the other.
- C. Stages of Disclosure
  - i. Disclosure of abuse is a process unique to each individual.
  - ii. A child’s disclosure of abuse may include one or all of the following stages:
    - 1. Denial: denies abuse occurred
    - 2. Tentative: states something happened but lacks detail
    - 3. Active: gives detailed information regarding abuse
    - 4. Recant: retracts previous statement of abuse
    - 5. Reaffirmation: states the abuse occurred and retracts the recantation
  - iii. These stages may not occur in order.
  - iv. The single most important factor in conversations with children who have experienced some level of abuse or neglect is their perception of safety.
  - v. Most children are sexually abused by someone they know, love, and trust, and have mixed emotions about disclosing.
- D. Factors that can lead to a child’s disclosure:
  - i. Child acting out when questioned by an adult
  - ii. Watching program regarding abuse on TV
  - iii. Disclosure by another child
  - iv. Fear of seeing alleged perpetrator again
  - v. School “Safety” Education program
  - vi. Sensory trigger via smells, tastes, and location
  - vii. Disclosure to child friend
  - viii. Questioning because of exposure to known offender
  - ix. Concern of future alleged perpetrator
  - x. Continued abuse
  - xi. Concern for other possible victims
- E. Reasons for non-disclosure

- i. The child cannot verbalize what happened.
- ii. The child may be taking care of their parent's emotional needs.
- iii. The child may feel they deserved the abuse.
- iv. The child loves their parents.
- v. The child fears the parents will divorce.
- vi. The child fears the parents will go to jail.
- vii. The child fears they will be sent to a foster home or institution.
- viii. The child fears retaliation.
- ix. The child fears what friends will say.
- x. The child fears adults will not believe them.

### **6.3 Distinguish special considerations for interviewing child abuse victims.**

#### **A. Fantastical Elements**

- i. Statements that seem bizarre, implausible, or improbable related to the abuse.
- ii. Do not necessarily mean that the abuse did not occur.
- iii. These statements should be explored further by law enforcement during the investigation and by the forensic interviewer during the interview process.
- iv. There are many reasons that a child may have fantastical elements in their statement when disclosing sexual abuse.
  1. The way in which the abuse was explained to the child by the perpetrator.
  2. The circumstances under which the abuse occurred.
  3. The developmental understanding of the child about the abuse.
  4. The questions asked by the interviewer.

#### **B. Suggestibility**

- i. The suggestibility of children is a widely debated topic and of much concern to forensic interviewers.
- ii. Forensic interviewers must be trained to conduct fact-finding interviews that are non-leading.
- iii. Factors that influence suggestibility in interviews
  1. Interviewer's preconceived ideas
  2. Erroneous suggestions
  3. Repeated questioning
  4. Multiple interviews
  5. Types of questions asked
  6. Intimidating environment
  7. Positive or negative reinforcements

- iv. Forensic interviewers must take every precaution to guard against suggesting things to the victim.
  - v. In general, preschool children are more vulnerable to suggestibility than older children, so extra precaution should be taken with younger children.
  - vi. Open-ended questions, clarifying questions, and avoiding assumptions are of particular importance with this age group.
- C. Linguistics
- i. Children's language development varies from child to child.
  - ii. There are general guidelines that help the forensic interviewer maintain realistic expectations and pose developmentally appropriate questions.
- D. Recantation
- i. It is a best practice to conduct a video-recorded recantation interview, preferably by the original forensic interviewer.
  - ii. There are numerous reasons why a child might recant.
    - 1. Pressure from family members to recant.
    - 2. Feelings of guilt about the repercussions toward the perpetrator.
    - 3. Feelings of guilt for causing non-offending family members pain or hardship.
    - 4. Their original statement of abuse was false.
    - 5. Of those that disclose, more than 20% eventually recant even though the abuse occurred.
  - iii. It is important to find out the reason for the recantation.
  - iv. Consider the circumstances surrounding the recantation; examples may be loss of toys, family time, or special treatment.
  - v. Other things to consider are the circumstances of the outcry.
  - vi. What happened after the outcry?
    - 1. Ex: Was a Sexual Assault Nurse Exam (SANE) used
    - 2. Ex: Was the child removed from the home
  - vii. After a recantation, things will frequently settle down for the child and they will reaffirm their original statement.
  - viii. The reaffirmation should be video recorded by the forensic interviewer as well.
  - ix. If a child or teenager has allegedly recanted, it is imperative that they are re-interviewed, preferably by the same person that conducted the initial interview.
  - x. The goal of the recantation interview
    - 1. Determine if the recantation was coached.
    - 2. Determine if the abuse really occurred or not.
    - 3. Get detailed information about the recantation directly from the child.

- xi. Recantation interviews should be conducted similarly to an initial forensic interview.
    1. The same protocols should be followed.
      - a. Recording the interview
      - b. Establishing competency
      - c. Building rapport with the child
    2. Law enforcement and CPS should not give the family or the victim any advance warning of the interview.
    3. The same multidisciplinary team members that watched the initial forensic interview should also be present for the recantation interview as well as a team member from the District Attorney's Office should also be present, if possible.
    4. Facts of the case should be discussed with the forensic interviewer.
    5. Evidentiary facts can be used in the recantation interview, such as any evidence law enforcement collected as part of the investigation.
    6. Sometimes, their feelings about the changes in their living situation alone can explain why the child is recanting.
    7. Details collected by the interviewer will give investigators details to corroborate when the recantation interview is over.
    8. The forensic interviewer can gently confront the child with other evidence that has come out in the investigation.
      - a. Perpetrator's confession
      - b. Other witness statements
      - c. Eyewitness accounts
      - d. Any forensic evidence found related to the abuse
    9. Multidisciplinary team can determine the next steps.
    10. Investigator can check out the victim's new statement and see if they are able to corroborate details from the recantation.
- E. Reaffirmations
- i. Reaffirmation interviews are done in the same way as initial forensic interviews and recantations.
  - ii. It is a best practice to use the same interviewer for all interviews; review all previous interviews with the child and have the multidisciplinary team members present for this interview.
  - iii. This interview should also be recorded, and the interviewer should establish competency.

- iv. Unlike the recantation interview, the interviewer should go back through the abuse scenario to make sure that what the child stated in the initial forensic interview is what really happened.
- v. The interviewer also needs to find out from the victim why they recanted, so that the multidisciplinary team can address the issues related to the recantation.
- vi. Questions that need to be asked in a reaffirmation interview:
  - 1. Why did they recant?
  - 2. Why are they reaffirming?
- vii. Some reasons for reaffirming could include:
  - 1. Fears about perpetrator
  - 2. Additional support from multidisciplinary team or family
  - 3. Pressure from someone else
- viii. Look for sensory details and events in chronological order.
- ix. After recantations and reaffirmations, an investigator should decide the next steps in their case by comparing the initial interview to the reaffirmation.
  - 1. Are the details and chronological order the same?
  - 2. Are the offenses the same?
  - 3. Are there any new witnesses to talk to?
  - 4. Is there enough evidence to charge someone with witness tampering?
  - 5. Do the reasons for recantation make sense?

**6.4 Describe the importance of interviewing the outcry witness and other non-offending caregivers or collaterals.**

- A. An outcry witness is the first adult to whom a child or disabled person tells about being a victim of a statutory designated offense (Code of Criminal Procedure, Art. 38.072).
- B. Rule 801(d), Texas Rules of Evidence
- C. Interviewing Outcry Witnesses
  - i. Prepare for the interview by reviewing the source of the child abuse and neglect allegation and any other available written information about the case.
  - ii. Obtain details regarding incident.
  - iii. Obtain written statements.
  - iv. Document contact information for witnesses.
- D. Non-Offending Caregivers or Collaterals
  - i. When interviewing non-offending caregivers
    - 1. Were they aware of the abuse/neglect?
    - 2. Were they a participant in the activity?

3. Do they have the ability to protect the child victim and/or siblings?
4. Can they further validate the child victim's statements?

**6.5 Identify the need for positive interactions with immigrant children and families during a child abuse case.**

- A. When working with immigrant children and/or their families, it is especially important to be clear about one's role.
- B. Crime victims undergoing an evaluation may feel like they are suspects undergoing an interrogation.
- C. Professionals should explain the terms they use and encourage clients to ask questions.
  - i. Describe position held within agency.
  - ii. Explain agency's role.
  - iii. Describe who has access to the information gathered.
- D. Always address adults by their last name with their title.
- E. Set aside time at the beginning and end of each meeting for socializing.
- F. Spending time cultivating the relationship should not be seen as a waste of time.
- G. If the professional tries to progress too quickly, victims may pull away.
- H. Try to help ease the family's isolation.
  - i. Whether or not the family decides to tell others about the sexual abuse, immigrant families can be helped by interventions that integrate them into a community.
  - ii. Possible resources
    1. English classes
    2. Religious groups
    3. Volunteer work
    4. Neighborhood associations
    5. Psychotherapy
      - a. If psychotherapy is recommended, it must be described in non-pathological terms.
      - b. Many cultures think of psychotherapy as appropriate only for people who are mentally ill.
      - c. Individuals may be willing to consider therapy if it is presented as:
        - A way to learn more about what happened to avoid future problems
        - Part of a medical work-up
        - A way of checking in periodically
- I. Seek information about the cultural group or groups being worked with.

- J. While individuals may reject a part of their ethnic background, culture-specific information can orient one to issues that can affect recovery from sexual abuse.
- K. Pay careful attention to boundaries.
  - i. People who have been abused sexually have had their boundaries violated.
  - ii. Typically, immigrants also experience violations of their privacy when they have to discuss their political and personal practices as part of immigration and visa interviews.
  - iii. Allow clients to shape and set the pace of work.
- L. Do not minimize the distress the victim has been through.
- M. Using an interpreter during Interviews and Interactions
  - i. Children should be interviewed in their primary language, even if they are able to speak English.
  - ii. If a bilingual interviewer is not accessible, an interpreter may be used and is highly encouraged.
  - iii. Many CACs contract with professional services if needed.
  - iv. Sign language interpreters may be used in cases with victims who are hearing impaired.
  - v. It is also important to consider dialectical variations in selecting interpreters.

**6.6 Outline the main purposes of interviewing and basic interviewing techniques in a child abuse case.**

- A. There five main purposes of interviewing in a child abuse case.
  - i. Assessment of danger to the child and the need for protective custody.
  - ii. Determination whether physical abuse or neglect is occurring as defined by the Penal Code or the Family Code.
  - iii. Determination of appropriate response to situation.
  - iv. Identification of abuser.
  - v. Protection of legal rights of suspects if arrest is being considered.
- B. When it comes to interviewing, there are general strategies and techniques to be used for both adults and children.
- C. The interview with an adult or child should be conducted in three phases:
  - i. Introduction
  - ii. Working Phase
  - iii. Conclusion
- D. Interview Techniques
  - i. Non-Verbal Techniques
    - 1. Eye Contact



- a. The officer who keeps looking directly at an individual's eyes will eventually establish contact.
  - b. Direct eye contact is important for communicating to the adult that one is listening and concerned.
  - c. Consider cultural implications of eye contact.
    - In some cultures, direct eye contact is seen as disrespectful and a challenge to authority.
    - Knowledge about the culture of the person one is interviewing can aid the officer tremendously.
2. Body Posture
    - a. When interviewing adults, it is a good idea to monitor one's body posture to determine what is being communicated.
      - Ex: Leaning toward the adult during the interview will indicate attentiveness.
    - b. Know something about the interviewee's culture - different body posture and positioning can be important in establishing good communications.
      - Ex: Crossing legs or showing the bottom of feet/shoes can be seen as disrespect in some cultures.
  3. Personal Distance
    - a. Generally, the closer one stands the more one expresses intimacy.
    - b. The greater the distance, the greater the feeling of formality.
    - c. A middle area with a comfortable stance is recommended in child abuse and neglect cases.
- ii. Verbal Techniques
    1. Vocalization
      - a. Refers to the volume, speed, and pacing of speech.
      - b. It is a good idea to speak to an adult in a soft and slow voice, while allowing a few seconds to lapse between questions.
      - c. Pacing questions slowly gives an impression of patience and concern.
    2. Clarification
      - a. To clarify the interpretation, the interviewer should ask a question about what was just said.
      - b. Indicates the interviewer has been listening and that the details are important.
      - c. It is best to clarify when the person has finished a segment of the story and not to interrupt repeatedly to ask about details.
    3. Summarization

- a. When the interviewee completes a statement, the officer can show interest by summarizing what was said so far.
  - b. The purpose is to demonstrate that the interviewer has been following what was said.
4. Allowing Silence
- a. Allowing silence to last is a way of showing that one is actively listening.
  - b. Parents or care providers often are confused and overwhelmed and need time to collect their thoughts.
  - c. The officer who allows a silence last after a question is asked demonstrates awareness.
  - d. The tendency is to rephrase a question if not immediately answered and this can often be confusing, especially if the interviewee is anxious that the interviewer is going to be impatient.
- E. Family Code, Sec. 264.4061
- F. General interviewing techniques to consider:
- i. Some children may fear police officers because of family biases or their culture. An officer being in uniform sometimes heightens this fear.
  - ii. Some children fear all adults because of their experience with adults.
  - iii. The child's age is an important factor.
  - iv. The child's ability to explain what has happened will vary.
  - v. The possible impact of the interview on the child's emotional state must be remembered.
  - vi. The possibility of retaliation against a child if the parents find out about their disclosure.
- G. Each agency should designate a few people to conduct interviews of child abuse victims.

**6.7 Outline how the age of the child impacts the approach of the interview and strategies for interviewing a child victim and adult during a child abuse case.**

- A. When performing an interview, it is important to know the first five stages of development (or maturational crisis theory of Erik Erikson) and the impact they have on the interview.
  - i. Stage 1 - Trust
    - 1. Infancy: Birth to 2 years.
    - 2. In this stage the internal conflict is between trust versus mistrust.
  - ii. Stage 2 - Autonomy
    - 1. Childhood: 2 to 3 years.

2. In this stage the internal conflict is between autonomy versus shame and doubt.
  3. If a child is victimized, he might appear shy to an officer, but may actually be embarrassed.
- iii. Stage 3 - Initiative
1. Play Age: 4 to 7 years.
  2. In this stage the internal conflict is between initiative versus guilt.
  3. Distinction between right and wrong develop at this age.
  4. The child seeks a role model (usually the mother) for imitation.
  5. The child displays an interest in parts of the body.
  6. The child might describe an assault as "X did bad stuff to me."
- iv. Stage 4 - Industry
1. School Age: 8 to 12 years.
  2. In this stage the internal conflict is between industry versus inferiority.
  3. The child feels a sense of uncertainty, inadequacy, and inferiority.
  4. The child concentrates on school life and becomes involved in projects devoting all their energies to them.
  5. If the child is victimized at this stage, they will abandon their friends, become introverted, and schoolwork will suffer.
- v. Stage 5 - Identity
1. Adolescence: 13 to 20 years.
  2. In this stage the conflict is between identity versus role confusion.
  3. The child-parent relationship becomes conflict-ridden, and the adolescent begins to rebel and wants to handle issues on their own.
  4. This is the most frequently unreported period of crime because victims feel their parents will not understand the situation or circumstances.
  5. When interviewing adolescents, they may show either extreme distress or no emotion during their explanation of what happened to them.
- B. The age of the child will impact how to approach the interview.
- i. Preschool (3-5 years)
    1. The preschooler will usually be able to:
      - a. Show what happened, using dolls or play materials.
      - b. Say who did it.
      - c. Tell if it hurt.
      - d. Say what the person said to them.
    2. The preschooler will usually be unable to:

- a. Give a time or date when the event happened.
  - b. Give a complete narrative account of the incident.
  - c. Understand implications of revealing sensitive information.
3. Behaviors that may result from sexual abuse at this age:
    - a. Regression, which may take the form of loss of toilet training, baby talk.
    - b. Night terrors, fears.
    - c. Clinging behavior.
    - d. Curiosity and outgoing behavior may be squelched.
    - e. Child may act out at an older age, due to the ability to suppress now.
  4. It is easier to repress traumatic events at this age than at any other.
- ii. The Elementary School Age Child (6-11 years)
    1. The elementary school age child will usually be able to:
      - a. Give a detailed account of what happened.
      - b. May or may not use dolls or play materials to assist.
      - c. Say who did it.
      - d. Tell in general terms when incident happened (e.g.: when I was in the 3rd grade, during daytime, near Christmas).
      - e. Tell where incident happened.
      - f. Tell duration of abuse (e.g.: since I was four years old).
      - g. Tell first and last times incident happened.
      - h. Understand some implications of revealing "the secret."
    2. A child at this age is more likely to tell a friend or a friend's parent
    3. The elementary school age child will usually be unable to:
      - a. Give exact date of incident.
      - b. Understand why they are not to blame.
      - c. Suppress the incident as readily as a younger child does.
    4. Behaviors that may result from sexual abuse at this age:
      - a. Bedwetting, thumb sucking or other forms of regression.
      - b. Early or late to school.
      - c. Tantrums.
      - d. Pseudo-adult behavior.
      - e. Marked interest in sex.
      - f. Changes in grades, other behaviors.
  - iii. The Adolescent (12+ years)
    1. The adolescent will be able to:

- a. Tell exactly what happened.
  - b. Say when, how, where, duration, etc.
  - c. Understand all implications of revealing "the secret".
  - d. May or may not be a "good" witness.
2. The adolescent will be unable to:
    - a. Understand why this happened.
    - b. Forgive the mother who is most often seen as contributing to what has happened.
  3. The adolescent is more likely to feel extreme guilt and responsibility and be less concerned with getting in trouble.
  4. Behaviors that may result from sexual abuse at this age:
    - a. Extreme loss of self-esteem.
    - b. Promiscuity.
    - c. Runaway.
    - d. Moody, depressed, crying.
    - e. Poor school performance.
    - f. Drop out of school.
    - g. Drop friends of long standing.
    - h. Sudden changes of values, etc.
    - i. Overly compliant.
    - j. Too many responsibilities for age.
    - k. Will have very little free time for extracurricular activities.
    - l. Behavioral regression.
    - m. Drug and alcohol abuse.
- C. Strategies for Interviewing a Child Victim
- i. The setting for the interview should be in private.
    1. Private areas
      - a. In the child's room
      - b. Outside the house dwelling in the yard
      - c. In a medical facility
      - d. School or childcare facility
      - e. In an office
    2. Children over 3 are frequently afraid to speak in front of their parents.
    3. Children over 7 are known to bias their statements quite differently when their parents are in the room.

4. If possible and permitted, have another person of the opposite sex of the abuser present.
5. A one-to-one interview is preferred.
- ii. Establish rapport and trust with the child.
  1. It is important to communicate at the child's cognitive level, using language they understand.
  2. Be very gentle in speech and movement. Be calm and soothing to the child.
  3. Be sensitive to the child's emotional and physical reaction to what is happening.
  4. Be supportive of the child's reluctance to speak and take time with the child.
  5. Convey understanding of how they feel that and belief in their story.
  6. It is important to keep eye contact with the child and to have a non-threatening body posture.
  7. Remove physical barriers between interviewer and the child.
- iii. Try to relate on the same level as the child.
  1. Small children have a short attention span, approximately 15 minutes, which may require a series of interviews.
  2. Consider the psychological condition of the child at the time of the interview. Questioning should not cause additional problems.
  3. Make sure that the child does not feel "in trouble" or "at fault."
  4. Explain the necessity for seeing the child's injury in a non-threatening comforting manner. Do not force the issue.
  5. Keep questions short and within the comprehension of the child.
  6. Avoid having the child repeat the story. Allow the child to tell their own story.
  7. Do not criticize the child's choice of words. Obtain definition of words the child is using through clarification.
  8. Refrain from making suggestions. Maintain an impartial manner and do not display horror, shock, or disapproval.
  9. Never probe or press for an answer the child is unwilling to give.
  10. Ensure that the child knows the difference between telling the truth and telling a lie.
  11. Explain how the information will be used and if any future interviews will be required.
  12. Praise the child for correct information given and answer any questions.
- D. General interviewing techniques for interviewing an adult during a child abuse case:
  - i. Interview parents or care providers in the following manner:

1. Always refer to local policy.
  2. When possible, conduct private, separate interviews for each parent.
  3. Explain that all reported cases of child abuse must be investigated.
  4. The parent's first reaction may be fear or anger.
  5. The officer should be sympathetic, understanding, courteous, honest, direct, and professional.
  6. Maintain an impartial manner and do not display horror, shock, or disapproval.
  7. Allow parents to explain occurrence of any injuries to the child and note any discrepancies.
  8. Obtain an explanation and attempt to obtain sworn statements. (Code of Criminal Procedure, Art. 38.21 and Art. 38.22)
  9. Warn of rights when necessary. (Code of Criminal Procedure, Art. 38.22)
  10. Confront contradictions after obtaining statements.
- ii. Parents or care providers resistance
1. Conducting a criminal investigation and initiating non-punitive responses can be difficult.
  2. Parental consent to interview or view a child is not necessary if the law enforcement officer is officially investigating a criminal action.
  3. If a parent repeatedly refuses to allow the officer to interview the child, the officer should proceed to the court having jurisdiction to obtain a court order.
  4. Examples of hostility and defensiveness by parents or care providers include:
    - a. Reacting to law enforcement intervention in their home situation with anger and fear.
    - b. Acting in a violent or sexual way toward their children.
    - c. Emotions impair their ability to respond cooperatively when openly confronted by their alleged current abusive behavior.
    - d. A firm stand must be taken if there is no recognition of the seriousness of their actions.
    - e. Remember that the family's cooperation can be of great assistance in planning for the child.
    - f. The best course for the officer may be to wait for the care provider to become and remain calm.
    - g. One care provider is often afraid to discuss the matter in the presence of the other care provider.
      - Fear of retaliation

- Guilt
- Fear for child's safety

iii. False Reports

1. Reports from estranged spouses, neighbors, and anonymous sources will sometimes be found to be untrue.
2. Understand the responsibilities of the state with regard to child abuse allegations and the need to determine the truth of each report it receives.

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## APPENDIX A: MOCK PRELIMINARY INVESTIGATION CHECKLIST

Mock Preliminary Investigation Checklist				
Student Name:				
			Yes	No
Gathered the appropriate evidence:				
1	Photographs of the area			
2	Photographs of the injured child			
3	Photographs of the injuries			
4	Photographs of the evidence where discovered			
5	Evidence collected and properly marked			
6	Evidence properly transferred to another individual			
Determined: <i>(through questioning and investigation)</i>				
1	How the incident occurred?			
2	When it occurred?			
3	If the abuse or neglect occurred before?			
4	What the parents' mental and physical condition is?			
5	The relationship of the parent(s) and child?			
6	Who had access to the child?			
7	If the child subject to further harm?			
8	The condition of other children that may be present?			
Gathered hospital and medical information				
1	Obtained the name of admitting, attending personnel, and physician(s)			
2	Requested victim's parents sign release of medical information form.			

3	Asked attending physician for opinions as to cause of injuries		
4	Asked attending physician if there was evidence or symptoms indicating previous injuries or neglect		
5	Interviewed medical personnel about parent's attitude toward child and injury		
6	Description and age of injury including location and the manner in which it occurred.		
Complete report ( <i>with field notes showing</i> )			
1	How the officer was notified or became aware of the case		
2	Time notified		
3	Time of arrival at scene		
4	Type of abuse involved		
5	Name of suspect(s)		
6	Name of witness(es)		
7	Who discovered the victim		
8	Time the victim was discovered		
9	Who reported the abuse or neglect		
10	Time the abuse or neglect was reported		
11	Location of parent(s)/caregiver(s)		
12	Attitude of parents/care providers regarding alleged offense		
13	Location of other children		
14	Name of other children living there		
15	How victim was transported to the hospital and whom (if appropriate)		

## **APPENDIX B: SCENARIOS**

### **CHILD ABUSE SCENARIO #1**

A mom arrives at the day care center where you work to pick up 2-year-old Colton who is having a melt-down. The more the mom tries to put his winter clothing on, the more he fights and screams, and the angrier she gets. She jerks him around, forcing his arms through the sleeves and jamming his feet into his boots. Colton starts to cry hysterically and mom yells at him that she'll give him something to cry about. He is unable to calm down. She drags him across parking lot and throws him against the car. You can hear his head thud and hear her scream, "See what you made me do?" She throws him into his car seat and drives off, tires squealing.

Even though you are not in a position to actually see injuries, there is reason to suspect that Colton might have sustained injuries to his head. The injuries cannot be considered accidental, as a reasonable person would conclude upon witnessing the mother's behavior toward Colton that it could result in injuries. Because the mom's behavior appears to be out of control and violent, there is also reason to suspect Colton could be subjected to additional injuries.

### **CHILD ABUSE SCENARIO #2**

When eight-year-old Jesse sits down at his desk in your classroom, you notice that he's trying not to cry. When you ask him what's wrong, he tells you that his dad gave him "a whoopin'" last night. You ask him what "a whoopin'" is, and he says that's when his dad hits him for being bad. When you ask, he says he was hit on his butt, that it does not hurt to sit down, and the bad thing he did was push his four-year-old sister down. Jesse says his dad told him to apologize to his sister, and he did. His dad was happy he did, but sometimes he still feels sad when he thinks about it.

There are no indications of injuries, and the reason for the corporal punishment (hurting his little sister) does not indicate a father who is out of control or enjoys inflicting punishment. It is important to avoid making assumptions when hearing words like "whoopin'" and to find out what the child means when they say it, if possible.

## APPENDIX C: REPORTING CHILD ABUSE

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### Information on the Reporting of Child Abuse

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#### Texas Department of Family and Protective Services (DFPS) Report Abuse

**BY PHONE:** (800) 252-5400

**ONLINE:** Texas Abuse Hotline

[www.txabusehotline.org](http://www.txabusehotline.org)

- Call our Abuse Hotline toll-free 24 hours a day, 7 days a week, nationwide, or report with our secure website and get a response within 24 hours.
- If you need to call the Texas Abuse Hotline and are deaf and equipped with a Teletypewriter (TTY), call Relay Texas by dialing 711 or 1-800-735-2989. Tell the relay agent you need to call the Texas Abuse Hotline at 1-800-252-5400 (for the public) or 1-800-877-5300 (for CPS and law enforcement).

#### WHAT IS THE LAW

Texas Family Code, Chapter 34 - Anyone “having cause to believe that a child’s physical or mental health or welfare has or may be adversely affected by abuse or neglect” must report the case to any state or local law enforcement agency and to the Department of Protective and Regulatory Services. Failure to report suspected child abuse or neglect is punishable by imprisonment of up to 180 days and/or a fine of up to \$1,000.

#### THE REPORTING OF CHILD ABUSE

An oral report must be made immediately (within 48 hours) to the nearest Child Protective Service Office, to the 24-hour DFPS Child Abuse Hotline (800) 252-5400, or to the local law enforcement officials. Anyone who files a report is immune from civil or criminal liability if the report is made in “good faith” and “without malice.”

- “Good faith” means the person took reasonable steps to learn the facts that were readily available and at hand.
- “Without Malice” means the person did not intend to injure or violate the rights of another person.

#### WHAT HAPPENS AFTER I REPORT SUSPECTED CHILD ABUSE

Several events take place after the initial complaint is filed. The agency/person responding to the call may ask you several questions about what you are reporting. This is done to ensure that enough information is available for the investigative team to be able to make decisions whether or not abuse/neglect has occurred. You may be asked to give names of the family and child; your reasons for suspecting abuse; names, addresses and telephone numbers of other witnesses; your name, address and telephone number; your relationship to the alleged victim and knowledge of any previous suspicious injury to the child.

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