

THE STATE OF NEW HAMPSHIRE



ATTORNEY GENERAL'S OFFICE
DIVISION FOR CHILDREN YOUTH AND FAMILIES
GRANITE STATE CHILDREN'S ALLIANCE
MODEL PROTOCOL FOR THE MULTIDISCIPLINARY
RESPONSE TO CHILD ABUSE AND NEGLECT

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PREFACE

Child abuse and neglect is a significant problem that can have long lasting consequences for children, their families and communities. Extensive research has demonstrated the lifelong negative impacts on health and function that result from adverse childhood experiences, particularly abuse and neglect. Recognizing and responding to child abuse and neglect should be a top priority for institutions, agencies and professionals throughout the country.

During Federal Fiscal Year 2018, child welfare agencies across the United States received an estimated 4.3 million referrals regarding child abuse or neglect involving approximately 7.8 million children. Additionally in the same timeframe, an estimated 1,770 died from abuse and neglect.¹

In New Hampshire, 19,478 referrals were made to DCYF with 12,361 being screened in during State Fiscal Year 2019. During this same timeframe, 30,091 children received services from DCYF in all open assessment cases.² New Hampshire's Child Advocacy Centers (CAC) conducted 1,900 interviews with child victims during 2019, and of those children, 26 percent were between the ages of 0-6; 38 percent were between 7-12, and 36 percent were between 13-18.

The primary objectives of this protocol are:

- To establish best practice guidelines for the multidisciplinary response to child abuse and neglect cases;
- To minimize the physical and psychological trauma to the victim of child abuse or neglect by responding in a compassionate, sensitive and non-judgmental manner;
- To ensure the opportunity for comprehensive medical care to the child abuse or neglect victim; and
- To hold perpetrators accountable by keeping the investigation focused on the perpetrator's behavior and actions.

HISTORY OF THE NEW HAMPSHIRE CHILD ABUSE AND NEGLECT PROTOCOL

The Attorney General's Task Force on Child Abuse and Neglect was established in 1989 with statewide representation from the medical, mental health, legal, law enforcement, victim advocacy, forensic science and child protection communities. The Task Force's mission is to improve the identification, investigation, assessment, prosecution and treatment of child abuse and neglect cases in New Hampshire. In 1993, the Task Force introduced the first

¹ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2020). Child Maltreatment 2018. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

² Annual Data Book, 2019. NH Department of HHS, DCYF

multidisciplinary protocols entitled: *Child Abuse and Neglect: Protocols for the Identification, Reporting, Investigation, Prosecution and Treatment*. A second revised edition of the protocols was released in 1998.

During the 2001-2002 New Hampshire Legislative Session, two bills with similar intent were considered. The end result was a joint recommendation to move towards the development of a Child Advocacy Center (CAC) in each of New Hampshire's ten counties. This recommendation utilized the existing Child Advocacy Center of Rockingham County (CACRC) as a model.

In 2003, using the CACRC as a model, an orientation on the collaborative joint investigative approach of a CAC was developed and delivered to the other nine counties. The result of this effort was the establishment of the New Hampshire Network of Child Advocacy Centers (NHNCAC). NHNCAC's purpose was to promote an integrated, multidisciplinary team (MDT) response to child abuse throughout the state.

During the 2006 New Hampshire legislative session, the NHNCAC, in collaboration with the Attorney General's Office, the Department of Health and Human Services (DHHS), and law enforcement, worked to pass Senate Bill 370, which created legislation enabling the multidisciplinary child abuse team model in New Hampshire.

As a result of Senate Bill 370 and the collaboration of everyone involved, the Child Abuse and Neglect Protocol was updated in 2008 to reflect the development of CACs in New Hampshire as a best practice model for handling child abuse and neglect cases.

Since 2008 there have been significant changes, both in legislation and in practice, that impact the assessment, investigation and collaborative approach to handling child abuse and neglect cases. This protocol is an update to the 2008 edition and reflects such changes in practice.

PURPOSE STATEMENT

It is the expectation of the New Hampshire Attorney General's Office, the Department of Health and Human Services and the Granite State Children's Alliance that all disciplines involved in the response to child abuse and neglect cases will work collaboratively. The complexity of these cases requires cooperative efforts by all professionals involved, not only to assess and investigate reports of child abuse or neglect, but also to assist those affected and in need of supportive intervention. No one person or agency can effectively deal with these issues alone.

This protocol is designed to promote the goals and procedures necessary to successfully respond to cases of child abuse and neglect, utilizing a cooperative, multidisciplinary approach. Understanding the diversity of the various roles, responsibilities and philosophies within each professional discipline, coupled with cooperation and mutual respect, will result in a professional, coordinated response, with the least amount of trauma to the children and families involved.

This is particularly important when there is joint investigation involving law enforcement and DCYF. The benefits of DCYF and law enforcement using a collaborative, multidisciplinary team approach include the following:

- The trauma experienced by children is reduced;
- Allegations of abuse and neglect are more thoroughly investigated;
- Relevant questions are asked, and interactions, body language, and presenting conditions are observed;
- The professionals involved are able to share and test impressions, observations, and theories during this process; and
- Interviews are conducted with representatives of both agencies present. Thus, the child and family are spared the hardship of unnecessary and multiple interviews.

TRAINING

Child abuse and neglect cases are complex. They require sophisticated interdisciplinary intervention. It is critical that all professionals who handle child abuse and neglect cases are properly trained, feel comfortable working with children, and are willing to work in collaboration with other professional disciplines. Depending on the profession, recommended training should include: applicable laws and court procedures; offender motivation; victim responses; proper investigative interviewing techniques; investigation/assessment strategies; evidence recognition and collection; interrogation techniques; and resources and services available for both victims and families. All professionals can benefit from training on the neurobiology of trauma and how it impacts children. Continuing education and skill enhancement is critical for the development of expertise.

A best practice recommendation is that professionals involved in the multidisciplinary team interview process will have attended a nationally recognized investigative interviewer training.

SELF CARE

Although all of the disciplines included in this protocol are accustomed to addressing needs that can arise from the propensity for people to mistreat one another, instances of child abuse and neglect can be emotionally distressing and exceptionally challenging to process. Each person who serves these victims, regardless of their discipline, is subject to the effects of direct and vicarious trauma that these cases can bring. In order to best serve these children and their families, it is of the utmost importance that all professionals working in this area take care of their own mental and physical health. Adequate rest, debriefing with peers, social connections, time away from work and other self-care practices, along with seeking professional help when needed, are essential steps in maintaining effectiveness and sustaining a sense of satisfaction about this work.

POLICY

This protocol represents a model - an ideal - for New Hampshire's handling of child abuse and neglect cases. It was developed with the recognition that an individual agency's ability to follow the recommended guidelines, will depend, to some degree on available resources and the facts surrounding each case. **The purpose of this protocol is to define a standard to which all agencies involved in the handling of these cases should strive.** It is not intended to create substantive rights for individuals. The goal is to provide a safe environment for the evaluation of child abuse and neglect, coordinated services to victims and families, and community education. **Consistent compliance with the procedures set forth in this protocol provide a trauma-informed approach to the state's response to child abuse and neglect.**

The authors of this protocol acknowledge that the professionals involved in the multidisciplinary response to child abuse or neglect may utilize different language when referencing the person who may have abused or neglected a child, and that those terms may change during the course of a discipline's interaction with that person. These terms include alleged offender, alleged perpetrator, accused, offender, perpetrator, respondent, defendant, suspect, parent, or abuser. For consistency within the protocol, and ease of the reader, perpetrator is utilized throughout to reference that person.

CULTURAL CONSIDERATIONS

Issues surrounding child abuse and neglect are surprisingly similar across demographic lines, age, race, ethnicity, economic status, education, employment status or occupation, religious affiliation, urban, suburban or rural residency, immigration status, sexual orientation, gender identity, physical and mental disabilities, and marital status.

Multidisciplinary team members or anyone else working with children and families who experience abuse or neglect, should approach attaining cultural competency with an open mindedness toward learning about cultures other than one's own, a readiness to explore one's own biases, and a willingness to see each person, regardless of what community they come from, as an individual.

There are specific ways the criminal justice and child protection systems can address the challenges faced by particular cultural and demographic groups. Professionals within multidisciplinary teams investigating child abuse and neglect must have some understanding of the barriers faced by groups that are marginalized within today's society in order to better understand how to create policies and procedures that help to eliminate many of the obstacles.

The most successful way to address the needs of all victims is to listen to each victim's story and individual needs, and ensure that resources are available.

RECOGNIZING CHILD ABUSE

The first step in helping abused and neglected children is learning to recognize the signs and symptoms of child abuse and neglect. Although these can be divided into different categories, they are often found in combination.

The symptoms listed below are neither exhaustive nor prove abuse, however, they can be red flags which may alert individuals to the possibility of abuse or neglect.

SIGNS AND SYMPTOMS THAT MAY INDICATE SEXUAL ABUSE

- Genital pain/itching/odors, diagnosis of a sexually transmitted disease or frequent urinary infections;
- Torn/stained/bloody under clothing;
- Sexualized behavior;
- Extreme changes in behavior and attitudes;
- Abrupt and extreme changes in sleep patterns;
- Depression or excessive crying;
- Regressive behaviors (i.e., thumb sucking or bed wetting in an older child);
- Anxious or aggressive behavior toward adults;
- Fear of a specific location or person;
- Extreme fears or phobias that are sudden and out of character for a child;
- Sexual knowledge beyond what is expected of a child's age;
- Noticeable change in academic performance;
- Self-destructive behavior in the form of risk taking, running away, cutting or substance abuse;
- Repeated sexual "play" or coercive sexual behavior, especially with younger children;
- Showing an unusual interest in their own genitals or the genitals of peers, adults or animals;
- Withdrawal or isolation;
- Difficulty walking or sitting; and
- Selective mutism.

SIGNS AND SYMPTOMS THAT MAY INDICATE PHYSICAL ABUSE

- Extensive bruising;
- Bruising on multiple body parts or in the shape of an object;
- Glove or stocking-like immersion bruises;
- Burns of all types, but especially cigarette burns;
- Frequent complaints of soreness;
- Awkward movement as if caused by pain;
- Sleep disturbances or nightmares;
- Dramatic change in appetite;
- Bed wetting, soiling themselves (either urine or feces);
- Compulsive and repetitive acts for self-soothing and control;

- Fixation on security item;
- Social withdrawal - avoiding physical contact with others;
- Aggressive acting out toward self, objects, people or pets;
- Bizarre or self-destructive acts, destructive behavior or cruelty to animals;
- Extreme anxiety or hypervigilance; and
- Depression.

SIGNS AND SYMPTOMS THAT MAY INDICATE PSYCHOLOGICAL ABUSE

- Constant self-berating or belittling;
- Inability to play as most children do;
- Sleep problems;
- Antisocial behaviors such as extreme aggression toward other children or animals;
- Lagging in emotional and intellectual growth, not related to a documented learning disability;
- Self-destructive feelings or behaviors;
- Excessive crying; and
- Lack of eating or excessive eating.

SIGNS AND SYMPTOMS THAT MAY INDICATE NEGLECT

- Untreated rashes;
- Failure to thrive (underweight, significant developmental delays);
- Constant fatigue;
- Unattended physical problems or medical needs;
- Listless, poor responsiveness (does not often smile, cry, laugh, play, relate to others), lacks interest and curiosity;
- Consistently dirty;
- Chronic hunger;
- Inadequate or inappropriate clothing for weather;
- Lack of supervision or child is left with an inadequate caretaker;
- Unsafe housing/living arrangements; and
- Abandonment.

REPORTING CHILD ABUSE AND NEGLECT

THE LAW

In accordance with New Hampshire [RSA 169-C:29](#), information by **ANY** citizen regarding the suspected abuse or neglect of a child is not confidential and must be reported to the child protection agency, Division for Children, Youth and Families (DCYF).

The law specifically states: “Any physician, surgeon, county medical examiner, psychiatrist, resident, intern, dentist, osteopath, optometrist, chiropractor, psychologist, therapist, registered nurse, hospital personnel (engaged in admission, examination, care and treatment of persons), Christian Science practitioner, teacher, school official, school nurse, school counselor, social worker, day care worker, any other child or foster care worker, law enforcement official, priest, minister, or rabbi or **any other person having reason to suspect that a child has been abused or neglected shall report the same in accordance with this chapter.**”

Failure to comply with this law is a misdemeanor offense under [RSA 169-C:39](#).

WHAT IS SUSPICION

To suspect child abuse or neglect does not require that the reporter have proof or evidence that the abuse or neglect occurred. It simply means that the reporter has reason to believe that something *could have happened*. It is the role of DCYF and law enforcement to investigate the report and make a determination.

Practice Tip!

When in doubt make the report.

PROCEDURES FOR REPORTING CHILD ABUSE

Anyone who has reason to suspect child abuse and neglect must report to the DCYF Central Intake Office by telephone at **1-800-894-5533, which is available 24 hours a day.**

In an emergency, life-threatening situation, a violent or near violent situation, **9-1-1** should be called for an immediate law enforcement response. The statewide enhanced **9-1-1** system will automatically connect the caller to the proper law enforcement agency from where the call originates. In this instance, a report will still need to be made to DCYF.

WHAT NEEDS TO BE IN THE REPORT

Pursuant to [RSA 169-C:30](#) each report shall, if known, contain the following information:

- The name and address of the child(ren) suspected of being abused or neglected;
- The name of the parent or caregiver responsible for the child’s welfare;
- The nature and extent of suspected abuse/neglect (including evidence of previous injuries);
- The identity of the perpetrator; and
- Any other information that may be helpful to the assessment (e.g., possible threat to child’s safety, school dismissal time, the perpetrator’s access to the child).

While not statutorily required, reporters are encouraged to provide additional information, such as the age of the child to DCYF.

ANONYMITY

DCYF allows anyone making a report to DCYF to request to remain anonymous. The caller can make that request when making the report to Central Intake.

IMMUNITY

New Hampshire requires the reporting of **ALL** suspected child abuse and neglect. Absolute proof of abuse or neglect is not required before reporting. New Hampshire law provides protection against civil and criminal liability if a citizen makes a “good faith” report.

The law also provides protection against similar liability for providing information or assisting with DCYF’s investigation or any resulting judicial proceeding.

According to [RSA 169-C:31](#), “Anyone participating in good faith in the making of a report pursuant to this chapter or who provides information or assistance, including medical evaluations or consultations, in connection with a report, investigation, or legal intervention pursuant to a good faith report of child abuse or neglect, is immune from any liability, civil or criminal, that might otherwise be incurred or imposed. Any such participant has the same immunity with respect to participation in any investigation by the department or judicial proceeding resulting from such report.”

FAILURE TO REPORT

Violation of any part of the New Hampshire Child Protection Act, including failure to report is punishable by law. “Anyone who knowingly violates any provision of this subdivision shall be guilty of a misdemeanor.” ([RSA 169-C:39](#))

THE ROLE OF THE DIVISION FOR CHILDREN YOUTH AND FAMILIES (DCYF)

DCYF is the agency mandated by [RSA 169-C:34](#), to investigate allegations of child abuse and neglect. DCYF will determine if abuse and/or neglect occurred, who is responsible for the abuse and/or neglect, the immediate and long-term risk to each child, and the protective treatment necessary to help prevent further child abuse or neglect. The primary purpose of DCYF and the child protection act is to provide protection to children whose life, health or welfare is endangered. DCYF will work to prevent future abuse or neglect by attempting to improve the home environment and the parents' ability to adequately care for the children by providing services in the least intrusive manner possible while respecting the dignity of families.

THE COLLABORATIVE JOINT INVESTIGATIVE RESPONSE

Investigating a report of abuse or neglect against a child is a duty shared by both law enforcement and DCYF. When both DCYF and law enforcement are required to investigate the same incident, then a joint, collaborative approach best serves the needs of all agencies and individuals, particularly the child and family.

Once the reported allegations are shared and the determination has been made that a joint DCYF/law enforcement investigation is to be conducted, DCYF and law enforcement need to collaborate on how best to proceed. Ongoing dialogue and collaboration between law enforcement and DCYF is critical to ensure the safety of the child, serve the child and family, and ensure that law enforcement is able to bring any necessary criminal charges.

During joint investigations, law enforcement will learn that DCYF has a number of policy and statutory requirements that are not present in criminal investigations, including:

- Timeframes established as to when a victim must be seen face-to-face;
- Requirements as to who must be interviewed during an investigation;
- Timeframes as to when an investigation must be completed; and
- Timeframes and requirements specific to the court process if DCYF must go to court to ensure the safety of a child.

DCYF and law enforcement must work collaboratively to ensure that each agency is conducting an investigation in accordance with each other's requirements.

DCYF RESPONSE

CENTRAL INTAKE

The DCYF Central Intake Office serves the critical role of determining whether reports meet DCYF's criteria for a child protective investigation, also known as an assessment of child abuse or neglect.

All individuals with a suspicion of abuse or neglect are required by law to report their concern to DCYF immediately by calling **1-800-894-5533** or **(603) 271-6556**. DCYF has trained staff available to accept calls 24 hours a day, 7 days a week.

When DCYF receives a report of child abuse and/or neglect, Intake Staff will:

- Encourage the caller to provide all information about the family and the concerns for abuse and/or neglect;
- Ask questions of the caller to obtain accurate and complete information concerning the specific, descriptive facts of the abuse and/or neglect and document the information;
- Request a written report, if the caller is a professional, to be provided within 48 hours;
- Review all information received, obtain prior history, review if the information available meets the criteria for further assessment of child abuse or neglect, and determine the response priority level;
- Discuss the report with the Intake Supervisor who will assist the Intake Staff in:
 - Making determinations regarding the level of response;
 - Deciding if collateral contacts are necessary to clarify allegations and other information received; and
 - Sending all reports that meet the criteria for an assessment of child abuse or neglect electronically to the appropriate District Office for investigation.

SCREEN-IN CRITERIA FOR A DCYF INVESTIGATION

DCYF will initiate a child protective investigation when the content of the report meets the definition for alleged child abuse and neglect and:

- The perpetrator is a household or family member;
- The perpetrator is a non-household member however, the parents of the victim are not protecting or are unable to protect the child;
- The perpetrator is not yet identified and the information obtained by the reporter meets the criteria to warrant an investigation; or
- There is any accidental or untimely child death.

NOTE: *If none of these apply then a DCYF investigation will not be initiated unless assistance is specifically requested by law enforcement.*

PLANS OF SAFE CARE

When DCYF receives a report of abuse or neglect that includes an infant born exposed to alcohol, misused prescription/over the counter medications, inhalants, or illicit drugs, DCYF will review the medical provider's plan of safe care for the infant, including parental education and community referrals.

DCYF AFTERHOURS RESPONSE

Effective February 14, 2017, DCYF established After Hours Intake to respond to reports of abuse or neglect between 4:30 p.m. and 8:00 a.m., Monday through Friday and on weekends and holidays, when there are concerns that a child is in imminent danger of abuse or neglect. When a report is made after hours, Central Intake will forward the report to an On-Call Child Protective Services Supervisor to determine the appropriate response.

In certain situations, this may include immediately deploying on-call staff to intervene and collaborate with law enforcement. If necessary, DCYF will seek a court order for the removal of children. On the following business day, the report of abuse or neglect will be forwarded from Central Intake to the appropriate District Office for ongoing assessment.

DCYF RESPONSE TIME

Following the receipt of a child abuse or neglect report in the District Office, a determination will be made regarding the face-to-face response time and whether an immediate response is required by [policy](#). DCYF considers many factors, which may include, but are not limited to, the following:

- The age of the child;
- Whether the child has a physical, emotional, or cognitive disability;
- Whether there is a risk of the perpetrator having access to the child;
- What information, if any, is available regarding the non-offending caregiver's response to the allegation; and
- The seriousness of the allegations in the report and the urgency of the safety of the child.

A DCYF investigation **must commence within 72 hours**, including weekends and holidays, per [RSA 169-C:34.I](#). Commencing an investigation occurs when the Child Protective Service Worker (CPSW) takes some action to gain additional information to assess the allegation. This will occur for all investigations regardless of whether it was opened as the result of an after-hours response.

DCYF SPECIAL INVESTIGATIONS (SI)

The child protective investigation is assigned to Special Investigations if the perpetrator is believed to be one of the following persons:

- A staff member or other resident of a state-administered or contracted institution;
- A foster parent or other resident of a foster home when the allegation is regarding a foster child;
- A childcare provider in a residential setting;
- A staff member or resident of a group home or rehabilitation center; and
- A staff member employed by the Division for Children, Youth and Families or an immediate family member of the employee.

Once assigned to the Special Investigations Unit, investigations follow the standard investigatory procedures, with the exception of investigations into state-run facilities that will have oversight of the investigatory outcome through the Attorney General's Office.

DCYF REPORTING TO THE DEPARTMENT OF EDUCATION

When a report of child abuse or neglect is received by DCYF involving public or private teachers or personnel, and the reported incident is alleged to have occurred in the school or during school activities, DCYF Central Intake shall be responsible for notifying law enforcement and the Department of Education. The Division will provide information to the Department of Education as statutorily authorized under [RSA 170-G:8-a](#).

DCYF REPORTING TO THE CHILD CARE LICENSING UNIT

When a report of child abuse or neglect is received involving a licensed childcare provider, DCYF is responsible for notifying the Child Care Licensing Unit. Both of these divisions within the Department of Health and Human Services, in collaboration with law enforcement, will coordinate efforts to conduct a joint investigation of the reported incident.

DCYF REPORTING TO LAW ENFORCEMENT

In accordance with [RSA 169-C:38.I](#), DCYF must immediately report to law enforcement all cases in which, DCYF has reason to believe that any person under the age of 18 years has been:

- Sexually molested;
- Sexually exploited;
- Intentionally physically injured so as to cause serious bodily injury;
- Physically injured by other than accidental means so as to cause serious bodily injury; or
- A victim of a crime.

Some examples of situations DCYF will refer to law enforcement include, but are not limited to, the following:

- Child fatalities;
- Unexplained injuries, or other injuries consistent with abuse;
- Fractures that are unexplained, multiple, or in various stages of healing or when the reason given for the fracture is inconsistent with the injury;
- Cigarette burns, or other burns consistent with abuse;
- Lacerations to the face, genitalia, or extremities that are unexplained or when the reason given is inconsistent with the nature of the injury;
- Suspected cases of child sexual abuse and exploitation, or attempts of sexual abuse and exploitation;
- Suspected cases of human trafficking (sex or labor);
- Small children left alone at home for several hours without supervision;
- Negligent or dangerous behavior by a parent (i.e., dangling a child over an inappropriate location like a balcony or a bridge or driving an ATV with an infant in their lap); and
- A parent threatening to commit a crime of violence against a child (i.e., punch them in the face, shoot them or run them over with the car).

NOTE: If the location where the incident occurred cannot be determined for the purposes of notifying the appropriate law enforcement agency, DCYF must contact the agency where the child resides with their custodial parent or guardian. If residency cannot be determined, DCYF must contact the appropriate law enforcement agency where the child is found.

DCYF shall submit a written notification to the appropriate law enforcement agency within 48 hours (weekends and holidays excluded). This notification shall also be sent to the County Attorney's Office ([RSA 169-C:38, I](#)).

DCYF REPORTING TO THE OFFICE OF THE ATTORNEY GENERAL

Immediate notification should be made to the Civil Bureau of the Office of the Attorney General when it becomes aware of a child's death or pending death. The notification will be made by DCYF, through its Legal Director.

REQUESTING ASSISTANCE FROM LAW ENFORCEMENT

DCYF may encounter situations requiring law enforcement assistance even though a criminal act has not been alleged. DCYF may request and should receive the assistance of law enforcement when:

- Making any face-to-face contact between 4:30 p.m. and 8:00 a.m. Monday through Friday, or on weekends or holidays;
- Meeting with parents alleged or known to be violent or dangerous, or when the environment is known to be dangerous;
- Meeting with parents alleged to be under the influence of drugs or alcohol;
- Meeting with parents who have threatened the safety of the CPSW or any other individuals involved;
- Removing a child; or
- Executing a court order to enter a residence or other location.

CONDUCTING THE DCYF INVESTIGATION

DCYF policy requires that a thorough investigation be completed in order to accurately determine whether abuse or neglect occurred and what steps DCYF should take to ensure the ongoing safety of a child. In order to do this, DCYF must meet with, and interview, the victim, caregivers of the victim, any siblings or other children in the home, the perpetrator, as well as any other household members.

Information gained from interviews is critical to both DCYF and law enforcement in determining whether or not a child has been abused or neglected or if a crime has occurred. As such, it is critical for both agencies to be present during interviews and to ensure this information is shared. However, DCYF and law enforcement may make different arrangements regarding who will be involved in the interviews based on the needs of the case. If any interview takes place without DCYF or law enforcement present, then a detailed account of that interview needs to be promptly shared with the agency not present.

REMOVAL OF A CHILD FOR SAFETY CONCERNS

If at any time during its investigation, DCYF determines that a child is immediately unsafe, a CPSW will obtain the required court order and arrange for the removal of the children as necessary under [RSA 169-C:6-a](#). Law enforcement may be asked to wait with the family for the arrival of DCYF or provide other support to DCYF.

INTERVIEWING THE VICTIM

DCYF Collaboration with a Child Advocacy Center (CAC)/Multidisciplinary Team (MDT)

The primary goal of the multidisciplinary approach to the investigation of child abuse and neglect is the avoidance of multiple interviews with the child. When a joint investigation is necessary, DCYF will notify law enforcement of a crime and refer the matter to a CAC for a forensic interview. The CAC will schedule the soonest available forensic interview time for all Multidisciplinary Team members and family. *See [The Role of CACs](#), page 45 for more information.*

The fact that a forensic interview at the CAC is scheduled should not preclude the ongoing gathering of information or taking photographs, nor preclude DCYF from making additional face-to-face contact with the child or family.

Minimal Facts Interview

During a joint investigation, based on the available information, it may not be possible to wait for a CAC interview. DCYF and law enforcement will need to determine if a minimal facts interview is necessary prior to a forensic interview in order for DCYF and law enforcement to assess the immediate safety of the child and whether any immediate actions need to be taken to ensure the child(ren)'s ongoing safety.

The purpose of the minimal facts interview is to allow DCYF and law enforcement to obtain the very basic facts concerning what happened to the child in order to make an assessment of immediate safety. Attempts to obtain the following information should be made during a minimal facts interview:

- What happened?
- Where did it happen (to determine jurisdiction(s))?
- When was the last time it happened (to determine if immediate medical evaluation is required)?
- Who is/are the perpetrator(s)?
- What is the perpetrator's relationship to the child?
- Are there other victims?

A determination should be made regarding the following:

- Is the child physically and emotionally safe?
- Are other steps necessary to assure the safety of the child and other potential victims?
- Is there a need for immediate medical attention for the child's health or to gather physical evidence?

DCYF and law enforcement will then determine if a forensic interview will take place at a CAC.

Exceptions to Scheduling a CAC Interview

Circumstances may arise for DCYF and law enforcement to act in emergency situations in which a CAC interview may not be practicable. Examples include if the child is

hospitalized, if the perpetrator needs to be quickly identified, or if a parent is not cooperative and refuses to take the child to a CAC.

In some circumstances, the child may be interviewed without parental notification or consent under the following statute:

New Hampshire [RSA 169-C:38, IV](#) states “Law enforcement personnel or department [DCYF] employees who are trained caseworkers **shall have the right to enter any public place**, including but not limited to schools and child care agencies, for the purpose of conducting an interview with a child, with or without the consent or notification of the parent or parents of such child, if there is reason to believe that the child has been:

- (a) Sexually molested.
- (b) Sexually exploited.
- (c) Intentionally physically injured so as to cause serious bodily injury.
- (d) Physically injured by other than accidental means so as to cause serious bodily injury.
- (e) A victim of a crime.
- (f) Abandoned.
- (g) Neglected.”

For any interview conducted pursuant to paragraph IV, the interview with the child SHALL be videotaped if possible. If the interview is videotaped, it shall be videotaped in its entirety. If the interview cannot be videotaped in its entirety, an audio recording of the entire interview shall be made ([RSA 169-C:38, IV](#)).

IDENTIFYING AND INTERVIEWING THE NON-OFFENDING PARENT OR CAREGIVER

DCYF engages with the non-offending parent or caregiver to determine if they have additional information. When a non-offending parent is not identified in an initial report, the CPSW will seek the identity of the non-offending parent to further investigate if the children are abused or neglected and if the non-offending parent is fit to care for the children. At times, DCYF will request information from law enforcement, medical providers, and school districts on the non-offending parent’s name and last known contact information. Law enforcement and school districts must cooperate with DCYF pursuant to [RSA 169-C:30](#) and [RSA 169-C:34, III](#).

It is critical, as part of the joint investigative response, that team members continue to communicate with one another.

When and if the non-offending parent is identified, DCYF must then interview them in order to fully assess the situation. DCYF and law enforcement should conduct this interview together as part of the joint investigation unless it is otherwise agreed upon by the team. It is important for DCYF to obtain any information this parent may have regarding family dynamics and the child’s behavior patterns. The interviewer should seek to establish whether this individual may have participated in the abuse or neglect, either actively or by failing to protect the child from harm or whether this individual was even aware of the reported abuse or neglect. At the conclusion of this initial interview, the parent or caregiver should be advised that they may be contacted again for follow-up as the child protective investigation continues.

Potential background information topics to cover include, in no particular order:

- When and how did the non-offending parent or caregiver first learn of the allegation or disclosure? Did they confront the perpetrator? Describe the reaction or response. What, if anything, did the non-offending parent or caregiver do to ensure the child(ren)'s safety and well-being?
- What is the non-offending parent or caregiver's relationship with the perpetrator? How long have they known each other? Did the relationship change once the non-offending parent or caregiver learned of the described abuse or neglect?
- What is the perpetrator's relationship with the child? What activities are shared? Are the shared activities appropriate? Is any child favored or given special attention over the other siblings?
- Who is responsible for what tasks in the family? Who bathes the children? Describe bedtime routines. Who is the primary disciplinarian? What types of discipline are used?
- What is the non-offending parent or caregiver's schedule? Are they employed? Where? What hours? For how long? This information may provide times when the child and perpetrator could be alone or when abuse may have occurred.
- Is there a history of domestic violence or abuse within this family? Or with the perpetrator?
- Have protective orders previously been sought or obtained? From which court were the protective orders sought or obtained? What protective orders are currently in effect or awaiting service?
- Does the perpetrator have a history of arrest or substance (alcohol or drug) misuse?
- Does the perpetrator have any weapons in the home or access to weapons elsewhere?
- Will the non-offending parent or caregiver support the child throughout the disclosure process? Or are they advocating for the perpetrator against the child?
- Did the non-offending parent or caregiver tell anyone else about the abuse or neglect who may now be contacted to assist with the investigation?
- Who are the household members? Do they pose a safety threat to the child(ren)?

In speaking with the non-offending parent or caregiver, it is important to note any behavior changes that they may have observed in the child since the onset of the abuse or neglect and/or the child's disclosure. These behavior changes could appear to be sudden and unexplained. For example, behavioral changes might include, but are not limited to:

- Different sleep patterns, nightmares, or bedwetting;
- Thumb-sucking;
- Soiling pants;
- Self-harm;
- Sudden rages; and
- Acting out aggressively or sexually.

See [*Recognizing Child Abuse*](#), page 6 for additional information.

DCYF also looks to reports from law enforcement for information related to the non-offending parent or caregiver's response to protective measures related to the child.

INTERVIEWING SIBLINGS AND OTHER CHILDREN

After the victim is interviewed, any other children in the household or otherwise having contact with the perpetrator, should be interviewed to determine:

- If they are a possible victim;
- If they are aware of what the victim is experiencing; and
- If they can provide additional information regarding the abuse or neglect.

MOTIONS TO ENTER

[RSA 169-C:34, VI](#) states parents may refuse to make their children available for a DCYF interview to assess child abuse and neglect.

If a child's parents refuse to allow a social worker or state employee on their premises as part of a DCYF investigation, and the worker or employee has probable cause to believe that the child has been abused or neglected, **DCYF is required** by [RSA 169-C:34, VII](#) to seek a court order to enter the premises.

If the court finds probable cause to believe that the child has been abused or neglected, the court will issue an order permitting a police officer, Juvenile Probation and Parole Officer (JPPO) or CPSW to enter the premises to further DCYF's investigation and to assess the child's immediate safety and well-being. The statute **requires the CPSW or JPPO to be accompanied by a police officer** when an order pertaining to a motion to enter is served or executed.

INTERVIEWING THE PERPETRATOR

The interview with the perpetrator is an important interview in helping to determine the actual manner of abuse or neglect that a child may have suffered. DCYF and law enforcement should communicate as to how to proceed in the most effective manner possible to obtain critical information during the interview with the perpetrator.

If it is determined that DCYF will not participate in this interview, then DCYF needs to provide the questions it would like law enforcement to ask during the interview. If law enforcement conducts an interview without DCYF present, it should ensure DCYF is provided with a summary of the interview. Regardless of the criminal investigation, DCYF's policy requires an interview with the perpetrator during the DCYF investigation, barring exigent circumstances.

Throughout the joint investigation, it is critical that DCYF and law enforcement work together in coordinating interviews in a timely manner to support the safety of children.

When law enforcement determines criminal charges will not be pursued, DCYF will still need to conduct an interview with the perpetrator without law enforcement being present.

An interview with the perpetrator should include:

- The perpetrator's account of the events that precipitated DCYF involvement;

- Their relationship with the child and their daily routine;
- Their perception of the child, the child's behavior and the child's role in the family;
- Their role in disciplining the child and if so, what methods do they use;
- Their understanding as to why DCYF and law enforcement are involved;
- Family strengths;
- Family access to resources and supports;
- Stress affecting the family; and
- The parent's attitude and willingness to be involved, as well as their ability to protect the child.

DIRECT OBSERVATIONS

Observations are an integral part of interviews conducted during investigations. DCYF and law enforcement will make direct observations during all interactions with families. All agencies should share their observations among each other. This will enable the team to complete a comprehensive investigation.

Notes should be taken of:

- All the household members, including all of the children;
- The sleeping and living arrangements of all the children usually living in the home;
- The physical condition of all individuals in the home, including their general appearance and any observable injuries or conditions;
- The safety of the residence:
 - Are there unprotected open windows, exposed wiring, vermin, or human or animal waste?
 - What is the general condition of the home, including the degree of cleanliness and adequacy of sleeping, eating and washing areas?
 - Is there availability of food, water and sanitary facilities?
 - Is there adequate heat, light, and space?
 - Are weapons present and if so, how are they stored?
- Visual signs of substance misuse or dependency, including the presence of any drugs or drug paraphernalia;
- The behavior of the parent(s), child(ren) and other household members, including all nonverbal messages such as eye contact between family members, facial expressions, tones of voice, and willingness to listen, express feelings or to engage in physical closeness; and
- Who is responsible for the care of the child(ren).

COLLATERAL CONTACTS BY DCYF DISTRICT OFFICE

After the initial report of the abuse or neglect, it will be necessary to corroborate as much of the information obtained as possible regarding the perpetrator(s) and family pursuant to [RSA 169-C:34,III](#). The confidentiality of the family will be respected when seeking collateral information, however, DCYF will speak with any collateral contacts necessary to get the facts needed to complete their investigation.

DCYF staff may only share information necessary to carry out their official function of investigating if a child was abused or neglected, unless otherwise authorized by the parent or

guardian of the child. Collateral sources can be told that “a referral” was received and that clarifying information is being sought. When seeking information from any collateral source the CPSW should attempt to contact the individual who has the most accurate and relevant information about the child and or family, as well as the specific allegation.

The CPSW should obtain as much information as possible about the child and family. Collateral contacts may include, but are not limited to:

- The treating provider and primary health care provider;
- The mental health counselor or therapist, if the family is in treatment;
- School personnel (e.g., school nurse, teachers, counselors, administrators);
- Human services agencies; and
- Any other person who may have relevant information for example, a neighbor, friend, or relative.

Through making collateral contacts, the CPSW seeks to gain an understanding of:

- Immediate safety of the child(ren);
- Composition of the family and relationships between family members;
- Persons responsible for care of the child(ren);
- Patterns of behavior that impact safety of the child(ren), including the likelihood of serious impairment; and
- Any safety factors (mental health, substance misuse, domestic violence) that may be present and can impact the child’s safety.

DCYF must notify the primary health care provider regarding the nature of the investigation when the primary health care provider is known (RSA 169-C:34,VIII).

HANDLING OF EVIDENCE DURING A DCYF INVESTIGATION

Evidence gathering is part of the criminal case preparation and process. DCYF staff must not touch, handle, or process physical evidence in any way. If, during the course of the child protective investigation, DCYF comes upon an item believed to be of evidentiary value, law enforcement should be contacted immediately to collect, package, and document the evidence. It is not DCYF’s responsibility to conduct a criminal investigation.

PHOTOGRAPHIC DOCUMENTATION

The necessity of taking photographs should be determined on a case-by-case basis. The following should be considered when there is suspected abuse or neglect:

- Attempt to minimize the potential damaging effect that photography could have on the child by not surprising the child with the use of a camera. The child should be made aware, in advance, that photographs are going to be taken and what purpose they will serve;
- Only visible injuries, bruises, cuts, lacerations, bite marks, etc. should be photographed. Care should be taken to protect the child’s modesty with appropriate draping of non-affected areas;
- Regardless of whether there is an injury to the child’s face or not, an initial photo needs to be taken showing the child’s face for identification purposes;

Practice Tip!

If there is a joint investigation, law enforcement and DCYF should coordinate the taking of photographs.

- Overall distance photos should be taken to identify the injury in relation to the rest of the body, with close up shots to further document the appearance of injuries;
- The injured areas should be photographed as they appear. In order to show the size of the injury and relative location, use a measuring device. Do not cover the injury with the measuring device. It is also important to keep the measuring device on the same plane as the injury, or in close proximity in order to depict an accurate representation of the injury;
- The nature of most injuries requires that photographs be taken in a timely manner due to the speed of the normal

healing process. Injuries such as bruising will be better demonstrated by taking the initial photographs and then follow-up photographs should be taken as necessary to document the evolution of the injuries;

- When there is suspected sexual abuse, photographs of the genitalia, with or without injury, should **ONLY** be taken by the medical provider during the medical evaluation; and
- Photographs of the place in which the abuse or neglect occurred should be taken as soon as possible to accurately document the conditions of the area. Examples include:
 - The area where the injury is alleged to have occurred if it is claimed that the child has been injured in a fall; and
 - Hazardous living conditions that pose a threat to the health or safety of the child.

DCYF COLLABORATION WITH MEDICAL SERVICES

DCYF nurses and CPSWs performing screenings and assessing reported cases of child abuse and neglect will have access to and receive guidance from experienced on-call health care specialists 24 hours a day and 7 days a week.

MEDICAL CARE OF CHILDREN WHO HAVE OR MAY HAVE BEEN ABUSED OR NEGLECTED

Any child who appears severely ill, injured or acutely emotionally traumatized should be immediately referred to a medical facility for evaluation and care. Transportation may be delegated to a responsible non-offending parent/caregiver if EMS care is not indicated.

The following urgent situations may require immediate evaluation, ideally by a medical provider with training and experience in abuse and neglect. Consultation with a child abuse medical expert is advised to determine the optimal location, timing, and clinician for the evaluation:

- Visible injuries or an unwell appearance:

Practice Tip!

All children who have been sexually abused, physically abused, or severely neglected should receive a medical evaluation. See [The Role of the Medical Community](#), page 51, for more information.

- Particularly infants age 6 months or less with any injury (even if an “accidental” reason is given); and
- Children age 4 years or less with bruising of the torso, ears or neck;;
- Physical complaints (including those related to passage of urine or stool);
- Suspected head trauma;
- Described sexual contact in the past 3 days;
- Described penetration of an adolescent female in the past 5 days;
- Possible victim of human trafficking;
- Potential that child/adolescent will injure themselves or someone else;
- Possible administration of drugs in the past 5 days; and
- Exposure to methamphetamine.

In non-urgent situations, the child may be evaluated at a later time. Consultation with a child abuse medical professional is strongly recommended.

If a CPSW is uncertain about a child’s medical condition, immediate consultation should be obtained with the District Office nurse as available, the local emergency department or an available child abuse specialist.

SHARING OF INFORMATION

Throughout the entire joint investigation, information and findings by both DCYF and law enforcement should be fully shared between the two entities. According to [RSA 169-C:34, III](#), DCYF "may request and shall receive from any agency of the state or any of its political subdivisions or any schools, such assistance and information as will enable it to fulfill its responsibilities...."

NOTE: *As a reminder, the rules governing the confidentiality of information differ between the civil child abuse and neglect proceedings and criminal proceedings. Information gathered in a criminal investigation is often subject to 91-A, whereas information in a DCYF investigation is not.*

Pursuant to [RSA 170-G:8-a,II-a\(9\)](#), DCYF may share case records with law enforcement when law enforcement requires the information to carry out its responsibility under law to protect children from abuse or neglect.

Additionally, if medical records exist, [RSA 169-C:25-a](#) allows law enforcement to obtain a court order requiring medical providers and DCYF to share medical records with law enforcement. Law enforcement in possession of medical records is also authorized to re-disclose the medical records it obtains to DCYF or other law enforcement for the purpose of conducting investigations of child abuse or neglect, child fatalities, other crimes against a child, and any subsequent child protection actions or criminal proceedings.

To provide additional guidance to law enforcement and DCYF, the Attorney General’s Office, with the Department of Health and Human Services issued “[Joint Guidelines for DCYF/Law Enforcement on Mandatory Notification, Record Sharing and Investigations](#)” in April 2016. That document is attached as [Appendix D: Joint Investigative Guidelines](#).

CONCLUDING THE DCYF INVESTIGATION

DCYF has **60 days** from the date of the initial report to complete its investigation and make a determination of abuse or neglect, regardless of the status of any law enforcement investigation.

If DCYF does not make a finding of abuse or neglect, the assessment will be closed and DCYF will no longer be involved with the family unless the family accepts voluntary services from DCYF. Investigations without findings will be closed as either **unfounded** or **unfounded with reasonable concerns**. A report that is "unfounded but with reasonable concern" means a report made pursuant to RSA 169-C for which DCYF determines that there is probable cause to believe the child was abused or neglected, but for which there is insufficient evidence to establish by a preponderance of the evidence that the child was abused or neglected.

If abuse or neglect can be substantiated, then DCYF must determine if safety concerns are resolved. Founded investigations can be closed as either: **founded problem resolved**, **founded before court case opened**, or **founded court case**.

If DCYF does not file petitions in Circuit Court – Family Division, law enforcement may request DCYF delay their final determination in order to allow law enforcement to conclude its criminal investigation. Once concluded, law enforcement should notify DCYF as to the outcome of their criminal investigation.

This is necessary in order to:

- Allow DCYF to determine if the abuse or neglect occurred and determine who is responsible as mandated by [RSA 169-C:34](#); and
- Allow DCYF, in the interests of child safety, if a determination of abuse or neglect is founded, to enter the information regarding the person responsible for the abuse or neglect into the DCYF Central Registry,³ as mandated by [RSA 169-C:35](#).

If the criminal investigation results in a delay beyond 60 days, law enforcement should provide DCYF regular updates and a final determination of the investigation per the above stated mandates.

Should DCYF believe that provision of services would benefit the family and help them reduce further risk of abuse and neglect, then DCYF can provide voluntary services to the family during and after the investigation ([RSA 169-C:34,V-a](#)).

If it is determined that abuse or neglect took place, then DCYF must determine the ongoing safety of the children and whether any interventions can be made to prevent removal and maintain the child safely in their home.

³ An individual's name is entered on the DCYF Central Registry only after the DCYF assessment is completed, the individual has been determined to be responsible for the abuse or neglect, and they have been afforded their right to appeal DCYF's finding.

THE ROLE OF LAW ENFORCEMENT

The Child Protection Act ([RSA 169-C:29](#)) requires that any **individual suspecting** a child has been abused or neglected, is required to **immediately report** ([RSA 169-C:30](#)) their concerns to DCYF. This includes, any officer, detective, chief or civilian employed by a department. Regardless of the ways in which the individual becomes suspicious of abuse or neglect, including hearing a disclosure, the individual **is required** by law to make the report.

It is important to note that it is the **individual** who suspects abuse and neglect who must **immediately** make the report directly to the Division for Children, Youth and Families (DCYF) Central Intake Office by telephone at **1-800-894-5533, which is available 24 hours a day**. This requirement is mandated by New Hampshire state law, [RSA 169-C:29](#), regardless of any agency's policy which might be contrary.

Any notification required by an agency or institution's policy to superiors **should not delay** the report or defer the obligation to report. The purpose of the law is to ensure that the report is made with firsthand knowledge and minimizes the trauma to the child by eliminating the need for the child to repeatedly tell their story.

Failure to comply with this statute may result in a misdemeanor charge to the individual who did not report ([RSA 169-C:39](#)).

Anyone acting in good faith in making a report or providing information or assistance to DCYF, is immune from liability. See [RSA 169-C:31](#) or *Immunity*, page 9 for more information.

The duty of law enforcement is to uphold the Constitution and enforce the laws of the United States and the State of New Hampshire. Law enforcement will determine what crime, if any, has occurred. Child abuse can involve criminal acts under the homicide, kidnapping, sexual assault, assault, offenses against families', or domestic violence statutes of the New Hampshire Criminal Code.

If law enforcement determines that there is not enough evidence that a crime occurred, the investigation may still result in the filing of a civil abuse or neglect petition by the Division for Children, Youth and Families (DCYF), which law enforcement will support. Law enforcement investigations should be complete, objective, and professional.

It is acknowledged that not all law enforcement agencies have the resources to take on these complex and lengthy investigations. Agencies should consider asking for support from the State Police or the local Sheriff's Department if needed to conduct a thorough and complete investigation.

If there is a law enforcement agency that has been, or feels it should be, investigating these cases and there is a conflict with the protocol, that agency should contact their local County Attorney for guidance.

THE COLLABORATIVE JOINT INVESTIGATIVE RESPONSE

Investigating a report of abuse or neglect against a child is a duty shared by both law enforcement and DCYF. When both DCYF and law enforcement are required to investigate the same incident, then a joint, collaborative approach best serves the needs of all agencies and individuals, particularly the child and family.

Once the reported allegations are shared and the determination has been made that a joint DCYF/law enforcement investigation is to be conducted, DCYF and law enforcement need to discuss how best to proceed. Ongoing dialogue and collaboration between law enforcement and DCYF is critical to ensure the safety of the child, serve the child and family, and ensure that law enforcement is able to bring any necessary criminal charges.

During joint investigations, law enforcement will learn that DCYF has a number of policy and statutory requirements that are not present in criminal investigations, including:

- Timeframes established as to when a victim must be seen face-to-face;
- Requirements as to who must be interviewed during an investigation;
- Timeframes as to when an investigation must be completed; and
- Timeframes and requirements specific to the court process if DCYF must go to court to ensure the safety of a child.

Throughout the joint investigation, it is critical that law enforcement and DCYF work together in coordinating interviews in a timely manner to support the safety of children.

RESPONDING TO THE SCENE OF A CHILD ABUSE CALL

Any child who appears acutely ill, injured or emotionally traumatized should be immediately transported to a medical facility for evaluation and care. This should take precedence over all other responsibilities of the investigating officer. Transportation may be delegated to a responsible non-offending caregiver/parent if EMS care is not indicated.

The following urgent situations require immediate assessment, ideally by a medical provider with training and experience in abuse and neglect:

- Visible injuries or an unwell appearance:
 - Particularly infants age 6 months or less with any injury (even if an “accidental” reason is given); and
 - Children age 4 years or less with bruising of the torso, ears or neck.
- Physical complaints (including those related to passage of urine or stool);
- Suspected head trauma;
- Described sexual contact in the past 3 days;
- Described penetration of an adolescent female in the past 5 days;
- Possible victim of human trafficking;

Practice Tip!

Law enforcement should treat every one of these calls as a potential crime scene.

- Potential that child/adolescent will injure themselves or someone else;
- Possible administration of drugs in the past 5 days; and
- Exposure to methamphetamine production.

If an officer is uncertain about a child’s medical status, they should consult the local emergency department or the on-call provider for the Child Advocacy and Protection Program of Children’s Hospital at Dartmouth (reachable through the Dartmouth-Hitchcock page operator at (603) 650-5000).

NOTE: The (free) app called “ChildProtector” is recommended to help non-medical first responders understand the medical evaluation for possible physical abuse.

PRELIMINARY INVESTIGATION

If the initial reporting of the activity is to law enforcement and there is a suspicion of child abuse or neglect, law enforcement **shall report to DCYF immediately** as outlined below. The prompt reporting to DCYF is vital to initiating an effective collaborative response. See [Law Enforcement Reporting to DCYF, page 29](#) for more information.

It will be necessary for law enforcement to corroborate as much of the information obtained as soon as possible regarding the individuals involved. Collateral sources can be told that a report was received and that clarifying information is being sought.

When the initial report is made directly to law enforcement, and the reporter is **not the victim**, the officer should conduct an in-depth interview with the person to whom the child first disclosed. The officer should obtain as much information as possible about the perpetrator and the crime itself. This may include, but is not limited to:

- Presence of any witnesses (including other children);
- Location of crime (to determine jurisdiction);
- Perpetrator’s access to and relationship with victim and other children;
- Contact information of parents, guardians, custodians, caregivers or other family members of the victim or other children who have had contact with the perpetrator;
- Perpetrator’s criminal history and any prior contact with law enforcement; and
- Any other relevant information (perpetrator’s personality traits, place of work, motor vehicle information, etc.).

INTERVIEWING THE VICTIM

Law Enforcement Collaboration with a Child Advocacy Center (CAC) Multidisciplinary Team (MDT)

The primary goal of the multidisciplinary approach to the investigation of child abuse and neglect is the avoidance of multiple interviews with the child. When a joint investigation is necessary, law enforcement will notify DCYF and refer the matter to a CAC for a forensic interview. The CAC will schedule the soonest available forensic interview time for all Multidisciplinary Team members and family. See [The Role of CACs, page 45](#), for more information.

The fact that a forensic interview at the CAC is scheduled should not preclude the ongoing gathering of information or other evidence by law enforcement.

Minimal Facts Interview

When the initial reporter is the victim, it may not be possible to wait for a CAC interview based on the available information. Law enforcement is required to obtain basic information to assess the child's safety, emotional state, physical condition and public safety. In this instance a minimal facts interview should be conducted, the information reported to DCYF and the case referred to the Child Advocacy Center (CAC).

Law enforcement should be reassuring, observant and objective. Law enforcement should not silence a verbal, forthcoming child; but should not ask for details that go beyond the immediate health and safety assessment of the child. Prior to any conversation with a child, law enforcement should consider the age and/or ability of the victim to determine how a minimal facts interview should be conducted.

Attempts to obtain the following information should be made during a minimal facts interview:

- What happened?
- Where did it happen (to determine multiple jurisdictions)?
- When did it happen (first time/last time/frequency)?
- Who is/are the perpetrator(s) and the relationship to child?
- Are there other victims?

A determination should be made regarding the following:

- Is the child physically and emotionally safe?
- Are other steps necessary to ensure the safety of the child and other potential victims?
- Is there a need for immediate medical attention for the child's health or to gather physical evidence?

Law enforcement should refer to agency SOPs and/or the County Attorney for guidance regarding whether or not a minimal facts interview should be recorded.

Exceptions To Scheduling A CAC Interview

Circumstances may arise for DCYF and law enforcement to act in emergency situations in which a CAC interview may not be practicable; for example, if the child is hospitalized, or if the perpetrator needs to be quickly identified or if a parent is not cooperative and refuses to take the child to a CAC.

In some circumstances, the child may be interviewed without parental notification or consent under the following statute:

New Hampshire [RSA 169-C:38, IV](#) "Law enforcement personnel or department [DCYF] employees who are trained caseworkers shall have the right to **enter any public place, including but not limited to schools and child care agencies**, for the purpose of conducting an interview with a child, with or without the consent or notification of the parent or parents of such child, if there is reason to believe that the child has been:

- (a) Sexually molested.
- (b) Sexually exploited.

Practice Tip!

Based on the minimal facts interview, law enforcement should gather evidence as appropriate; they do not need to wait until after the forensic interview at a CAC. In fact, additional evidence gathered may be helpful to the forensic interviewer.

- (c) Intentionally physically injured so as to cause serious bodily injury.
- (d) Physically injured by other than accidental means so as to cause serious bodily injury.
- (e) A victim of a crime.
- (f) Abandoned.
- (g) Neglected.”

For any interview conducted pursuant to paragraph IV, **the interview with the child SHALL be videotaped if possible. If the interview is videotaped, it shall be videotaped in its entirety.** If the interview cannot be videotaped in its entirety, an audio recording of the entire interview shall be made.” Violation of this statute is a misdemeanor ([RSA 169-C:39](#)).

NOTE: The forensic interview is only one piece of the investigation. For a variety of reasons, it is common for a child to not initially disclose abuse. Disclosure is a process not an event. **If a full disclosure does not happen during a forensic interview, law enforcement should still conduct a thorough investigation.** One reason for continuing the investigation is that by doing so, potentially relevant evidence or information can be obtained, which may help to determine if a crime has been committed. Additionally, in the event a subsequent disclosure takes place, potentially relevant evidence or information will not be lost.

CHILD SEXUAL ABUSE MATERIAL

Both the manufacturing and distribution of child sexual abuse images and/or videos are felony level offenses. While some perpetrators commit sexual offenses directly against children and others commit offenses with images and/or videos, many perpetrators do both.

Since each image and/or video is a child who was sexually victimized, law enforcement should always explore whether child sexual abuse victims are also victims of child sexual abuse material. In some instances, the abuse a child was subjected to may have been recorded. In other instances, a child may have been forced to view such images and/or videos to groom them. Exploring the potential of crossover between these offenses could lead to additional charges or to the identification of other victims.

Child sexual abuse material (CSAM) investigations can be highly complicated, and require trained forensic examiners and forensic resources. Law enforcement should contact the New Hampshire Internet Crimes Against Children Task Force (NH ICAC) unit at (603) 629-2758 for assistance with these cases.

LAW ENFORCEMENT REPORTING TO DCYF

In accordance with [RSA 169-C:29](#) , any law enforcement officer or staff member of a law enforcement agency having reason to suspect that a child has been abused or neglected must report it immediately to the DCYF Central Intake Office.

Reports should be made immediately by telephone to **1-800-894-5533** or **(603) 271-6556** and then followed within 48 hours by a report in writing. The follow-up, written report can

be submitted by facsimile to (603) 271-6565 or via e-mail to Central Intake at DCYF: DCYF.CentralIntake@dhhs.nh.gov.

When making the initial report to DCYF, the investigator or other law enforcement staff must provide the following information:

- The name and address of the child suspected of being neglected or abused;
- The person responsible for the child's welfare;
- The specific information indicating neglect or the nature and extent of the child's injuries (including any evidence of previous injuries);
- The identity of the perpetrator; and
- Any other information which may be helpful or relevant.

NOTE: Law enforcement should be aware that when DCYF is assigned a case, they are required to commence their assessment no later than 72 hours after the case has been assigned to the District Office, per statute ([RSA 169-C:34,1](#)).

Law enforcement should also provide:

- The name of the investigator or staff member to whom DCYF should address further questions and/or provide information;
- Whether the law enforcement agency is conducting an investigation; and
- Whether any immediate danger to the child is perceived, which would require removal of the child from parental custody. (See [Removal of a Child](#) below)

If after reporting to DCYF, it is determined the case does not involve a family/household member and therefore DCYF will not be involved, law enforcement should immediately arrange an in-depth interview of the child at the CAC. The CAC will coordinate with the multidisciplinary team members to set up the interview.

REMOVAL OF A CHILD

There are times when law enforcement encounters a child they believe is in imminent danger and removal of the child may be necessary to ensure the child's safety. Law enforcement needs to be aware that this can be a traumatic event for a child, and any siblings present at the scene.

Situations or incidents which may require the need for removal include but are not limited to:

- The parent(s) has been arrested for any reason, and there is no one available to care for the child;
- The child was assaulted, that is, hit, poisoned, or burned so severely that serious injury resulted or **could have** resulted;
- The child has been sexually abused or sexually exploited and the non-offending parent cannot or will not protect the child;
- The parent(s) refuses to obtain or to consent to medical or psychiatric care for the child that is needed immediately to ensure safety, prevent serious harm or death;

- The parent(s) appears to be suffering from mental illness, developmental disabilities, or substance misuse so severe they cannot provide for the child’s basic needs;
- The parent(s) has abandoned the child. This could include a situation where the parent has left the child in the custody of persons who have not agreed to care for the child and who do not know how to reach the parent(s);
- There is reason to believe that the parent(s) may flee with the child;
- There is specific evidence that the parent(s)’ reaction to the abuse or neglect report and subsequent investigation will result in retaliation against the child; and
- The parent(s) has threatened to harm the child in any way or states that they cannot control their actions toward the child anymore.

Practice Tip!
A child should be removed from the home only as a last resort to ensure a child’s safety.

Before initiating the removal of a child, law enforcement should consider requesting from the court ex parte orders, pursuant to [RSA 169-C:6-a, II](#), **for the alleged perpetrator to be removed from the home**. The court may issue such orders over a child who appears to be abused or neglected and in imminent danger, pursuant to [RSA 169-C:6, VI](#).

If the primary custodial parent or caregiver is arrested, every effort must be made to see if the child can be cared for by the non-custodial parent or caregiver. If that person is unavailable or is believed to be inappropriate, law enforcement should make every effort to identify a relative or others with whom the child is familiar for placement.

WHEN AN APPROPRIATE CAREGIVER CANNOT BE IDENTIFIED

When all options have been explored and an appropriate caregiver cannot be identified, DCYF Central Intake must be contacted at **1-800-894-5533**. DCYF will discuss the specifics of the case with law enforcement and together develop a coordinated response to the situation.

WHEN A CHILD MAY BE REMOVED BY LAW ENFORCEMENT

Law enforcement may remove a child, either with or without a court order, as described below and pursuant to [RSA 169-C:6-a](#) and [RSA 169-C:6](#).

REMOVAL OF A CHILD WITH A COURT ORDER (RSA 169-C:6-a)

Both DCYF and law enforcement have the authority, pursuant to [RSA 169-C:6-a](#), to request from the court an ex parte order to remove a child. This request may be made when the child is found “to be in imminent danger in such circumstances or surroundings and where immediate removal appears necessary to protect the child from imminent danger”. Best practice in such circumstances is for DCYF, whenever possible, to make this request, and therefore it is imperative that law enforcement contact DCYF, **as soon as possible**, if they believe the child is in imminent danger. After contacting DCYF, law enforcement may be asked to wait with the child or family for the arrival of DCYF or provide other support to DCYF.

If, for any reason, DCYF is unavailable or unable to contact the court, law enforcement may request from the court an ex parte order to remove the child. Pursuant to [RSA 169-C:6-](#)

a,II, law enforcement shall provide to the court “*in person or by telephone, either orally under oath or by sworn written affidavit, the following information:*”

- (a) A statement of the specific danger requiring either immediate placement of the child or removal of the alleged perpetrator.
- (b) The time, place, and manner in which the child was removed from danger, if relevant.
- (c) If the child was removed prior to the court order, a brief statement why it was not possible to obtain the order prior to removal.
- (d) Why there is not sufficient time to notify the parent, guardian, or custodian prior to the order.
- (e) The names and addresses of custodial parents, non-custodial parents, legal custodians, other legal guardians of the child, and any other person responsible for the welfare of the child at the time of removal.
- (f) When removal of the child is requested, those alternatives to foster care which were considered, such as removal of the alleged perpetrator, or placement of the child with relatives or others with whom the child is familiar.”

NOTE: *Since DCYF cannot remove a child without a court order, there may be times that DCYF has arrived at the scene, but they have not yet received the ex parte order. In these instances, law enforcement may be asked to wait at the scene, with DCYF, until the court order is received.*

Law enforcement should call **DCYF at 1-800-894-5533** to locate an appropriate placement for the child. Thereafter a decision will be made where to take the child.

If, pursuant to [RSA 169-C:6-a,IV](#), the court finds reasonable cause to believe the child is in such circumstances or surroundings as would present an imminent danger to the child, the court will issue ex parte orders as are necessary to protect the child. Additionally, the court must schedule the matter for a hearing to **be held-no later than 5 days from the ex parte orders**, Saturdays, Sundays and holidays excluded. In order to prepare for this hearing, an incident report stating the facts, which led to the concern of imminent danger must be completed promptly by law enforcement. DCYF Central Intake Office (**1-800-894-5533**) must be notified and provided with a copy of the incident report.

REMOVAL OF A CHILD WITHOUT A COURT ORDER (RSA 169-C:6)

Law enforcement may, pursuant to [RSA 169-C:6](#), take a child into protective custody, without the consent of the parents or other person legally responsible, if the child is in such circumstances or surroundings as would present an imminent danger to the child’s health or life unless immediate action is taken and **there is not enough time to petition the court for an ex parte order**. “Imminent danger” is defined as “**circumstances or surroundings causing immediate peril or risk to a child’s health or life.**” ([RSA 169-C:3,XV](#)) This is a serious decision and must be handled with utmost care.

After taking a child into protective custody:

- Law enforcement is required, pursuant to [RSA 169-C:6,II\(a\)](#) to contact the court immediately to request continued protective custody, pending a hearing;

The officer must contact the judge for the court where the emergency matter would be heard. If that judge cannot be reached, officers are encouraged to contact the judge in

the next closest court within the same catchment group. The Circuit Court has provided the “*After Hours Roster of Judges*” to law enforcement agencies throughout the state. Officers should contact their supervisor to ensure they have a current copy of the roster.

Note: Law enforcement should be prepared to articulate to the judge the steps taken to identify an appropriate temporary caregiver.

- Law enforcement should call **DCYF at 1-800-894-5533** to locate an appropriate placement for the child. Thereafter a decision will be made where to take the child;
- Law enforcement is required, pursuant to [RSA 169-C:6,II\(d\)](#), to make every reasonable effort to inform both parents or other persons who are legally responsible for the child’s care, when the child is removed from an individual other than a parent or a person legally responsible for the child; and
- Law enforcement should, at the beginning of the next business day, fax their affidavit and/or copy of the police report to the judge.

Law enforcement may take a child into protective custody ... if the child is in such circumstances or surroundings that would present an imminent danger to the child's health or life unless immediate action is taken and there isn't enough time to petition for a court order ([RSA 169-C:6](#)).

A court hearing on the removal of the child must be held **within 48 hours**, Saturdays, Sundays and holidays excluded ([RSA 169-C:6, IV](#)). In order to prepare for this hearing, an incident report stating the facts, which led to the concern of imminent danger, should also be shared with DCYF Central Intake Office (**1-800-894-5533**) as soon as possible.

WHEN TO REPORT TO THE COUNTY ATTORNEY’S OFFICE

Law enforcement should notify the appropriate County Attorney’s Office with jurisdiction when a child has suffered serious bodily injury or felony level offense.

WHEN TO REPORT TO THE ATTORNEY GENERAL’S OFFICE

Law enforcement must **notify the Criminal Justice Bureau Office of the Attorney General when a child's death or impending death, is suspicious and is a potential homicide at (603) 271-3671**. For reporting after hours, call the on-call homicide prosecutor at **(603) 931-9060**.

CHILD CARE LICENSING UNIT

When a report of child abuse and/or neglect is received involving a licensed childcare provider, DCYF is responsible for notifying the Child Care Licensing Unit. Both of these divisions within the Department of Health and Human Services, in collaboration with law enforcement, will coordinate efforts to conduct a joint investigation of the reported incident.

INTERVIEWING THE NON-OFFENDING PARENT/CAREGIVER

Law enforcement should gather information to determine if the non-offending parent or caregiver has additional information regarding the disclosure. **DCYF should be included in these interviews in order to determine what action, if any, DCYF must take to assure the safety of the child(ren) involved.** It is also important to obtain pertinent background information regarding family dynamics and the child's behavior patterns.

The interviewer should seek to establish whether this individual may have participated in the criminal activity, either actively or by failing to protect the child from harm or whether this individual was even aware of the reported activities. At the conclusion of this initial interview, the parent or caregiver should be advised that they may be contacted again for follow up as the investigation continues.

Potential background information topics to cover include, in no particular order:

- When and how did the non-offending parent or caregiver first learn of the allegation or disclosure? Did they confront the perpetrator? Describe the reaction or response. What, if anything, did the non-offending parent or caregiver do to ensure the child(ren)'s safety and well-being?
- What is the non-offending parent or caregiver's relationship with the perpetrator? How long have they known each other? Did the relationship change once the non-offending parent or caregiver learned of the described abuse or neglect?
- What is the perpetrator's relationship with the child? What activities are shared? Are the shared activities appropriate? Is any child favored or given special attention over the other siblings?
- Who is responsible for what tasks in the family? Who bathes the children? Describe bedtime routines. Who is the primary disciplinarian? What types of discipline are used?
- What is the non-offending parent or caregiver's schedule? Are they employed? Where? What hours? For how long? This information may provide times when the child and perpetrator could be alone or when abuse may have occurred.
- Is there a history of domestic violence or abuse within this family? Or with the perpetrator?

NOTE: DCYF is **required** to make every effort to meet with the perpetrator during its investigation. DCYF should work with law enforcement to determine the earliest possible date that DCYF can interview the perpetrator.

- Have protective orders previously been sought or obtained? What protective orders are currently in effect or awaiting service?
- Does the perpetrator have a history of arrest or substance (alcohol and drug) misuse?
- Does the perpetrator have any weapons in the home or access to weapons elsewhere?
- Will the non-offending parent or caregiver support the child throughout the disclosure process or side with the perpetrator against the child?
- Did the non-offending parent or caregiver tell anyone else about the abuse or neglect who may now be contacted to assist with the investigation?

- Who are the household members? Do they pose a safety threat to the child(ren)?

In speaking with the non-offending parent or caregiver, it would be important to note any behavior changes that had been observed since the onset of the alleged abuse or neglect or the child's disclosure. These behavior changes could appear to be sudden and unexplained. For example, behavioral changes might include, but are not limited to:

- Different sleep patterns, nightmares, or bedwetting;
- Thumb-sucking;
- Soiling pants;
- Self-harm;
- Sudden rages; or
- Acting out aggressively or sexually.

See *Recognizing Child Abuse*, page 6 for additional information.

Law enforcement should also document the non-offending parent or caregiver's response to protective measures related to the child victim.

Based on the information gathered from the non-offending parent or caregiver interview, combined with the total DCYF assessment, DCYF may find it necessary to open a case in order to monitor the safety of the child and assist in securing services for the family. It is important for law enforcement to understand DCYF's timeframes.

INTERVIEWING SIBLINGS AND OTHER CHILDREN

After the victim is interviewed, any children (less than 18 years old) in the household or otherwise having contact with the perpetrator should be interviewed at a CAC as soon as possible to determine:

- If they are a possible victim;
- If they are aware of what the victim is experiencing; and
- If they can provide additional information regarding the abusive/neglectful situation.

These interviews should be referred to the CAC and multidisciplinary team. These interviews should be conducted by a forensic interviewer.

Per RSA 169-C:34, VI parents can refuse to make their children available for a DCYF interview to assess child abuse and neglect. DCYF can seek a court order to conduct the interviews if DCYF can show that the children are in imminent risk of harm. In situations where parents deny law enforcement access to the victim's siblings, consultation with the appropriate County Attorney's Office is recommended.

INTERVIEWING THE PERPETRATOR

In cases in which law enforcement is pursuing criminal charges, the investigator will proceed in the most effective manner possible to obtain critical information during the interview with the perpetrator. It should be pre-determined if DCYF will be involved in **this** interview or not. If possible, allow DCYF to observe the interview from a remote location or video monitoring device. If it is determined that DCYF will not participate in the interview, then DCYF needs to provide the questions that it would like law enforcement to ask during the interview. If law enforcement conducts an interview without DCYF present, it should ensure DCYF is provided with a full summary of the interview. Regardless, DCYF will interview the perpetrator during their investigation, barring exigent circumstances.

It is critical, as part of the joint investigative response, that team members communicate with each other.

Law enforcement should be prepared for the perpetrator to feel threatened. They may be hostile, angry, defensive, belligerent or frightened. The interviewer needs to be patient with the perpetrator and avoid assuming a judgmental attitude.

Efforts should be made to build rapport with the perpetrator. Many perpetrators will minimize or justify the event by offering reasons such as an unhappy marriage, the loss of a job, being intoxicated, their own sexual abuse as a child, etc. Allowing this to occur may facilitate a disclosure of what happened.

In addition, the following points should be considered:

- The investigator(s) who will be conducting the interview with the perpetrator should consider whether or not it would be appropriate to consult with an experienced interviewer prior to conducting the interview;
- At the beginning of the interview, if the perpetrator is not in custody and the interviewer has no expectation of arresting the perpetrator immediately following the interview, the interviewer may consider conducting a “non-custodial interview.” In such an interview, Miranda requirements may not apply. Advise the perpetrator either written or verbally that they are not under arrest, are free to leave, are participating voluntarily and that they may end the conversation at any time. Whenever practicable, the interview should be recorded with permission. Law enforcement should follow their departmental policies;
- At the beginning of the interview, if the perpetrator is in custody, they must be advised of their constitutional rights consistent with Miranda v. Arizona, 384 U.S. 436, 86 S.Ct. 1602, 16 L.Ed.2d 694 (1966). If the perpetrator is a juvenile then they must be advised of their rights consistent with State v. Benoit, 126 N.H. 6 (1985);
- The perpetrator may be asked if they know why they are being interviewed. Be very cautious about revealing detailed case information to the perpetrator. Speak of the allegations in general terms **not** specifics. The perpetrator may be trying to learn how much investigators know. **Telling some specifics of what the victim has disclosed may jeopardize the child’s safety.** The investigator may ask the perpetrator for their version of the incident(s). If possible, this interview should be recorded; and

- Law enforcement may use a polygraph exam as part of the investigative process. This investigative tool provides an additional mechanism for seeking to establish the facts. The polygraph exam should only be requested upon the completion of normal investigative procedure and include background history. Polygraph exam results are not generally admissible at trial, but may help to focus the investigation or obtain a confession from a deceptive subject. The results of a polygraph exam should not be used as the sole determinant of whether or not a perpetrator is prosecuted.

It is important for law enforcement to communicate with DCYF regarding any safety concerns they may have. If child safety is a concern, DCYF may create a safety plan or, when there is an open case, determine if visitation must be supervised.

Based on statements given by the perpetrator, evidence gathered and statements obtained from the victim and others, law enforcement should then determine whether probable cause exists to justify an arrest and possible subsequent prosecution. In some cases, discussion with a prosecutor may result in the facts being presented to a grand jury in lieu of seeking a custody arrest.

SEARCH WARRANTS

Serious consideration must be given to using search warrants as an investigative tool. A search warrant should be used to seize physical evidence whenever the suspect would have an expectation of privacy in the area to be searched. For a more complete discussion, see the [*New Hampshire Attorney General's Law Enforcement Manual*](#).

Anything the investigator wishes to seize or photograph/video by warrant that can corroborate the victim's statement should be described in detail in the search warrant. This may include, but is not limited to, instrumentalities, contraband, weapons, latent fingerprints, or the description of a room not usually available to a victim. The execution of a warrant may reveal that a crime has or has not been committed. As part of the investigation, the scene needs to be documented.

A search warrant executed at the home of a perpetrator may result in the identification of other victims.

If there is a concern that a perpetrator's body might contain evidence, an examination by a SANE should be considered in order to collect the evidence. If the investigator believes that this is appropriate then they should consult with the prosecuting authority for the case prior to an examination being conducted. Please refer to the [*Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation*](#) for more information. **Please note that a cost may be incurred to the law enforcement agency for this collection of evidence.**

In homicide cases, search warrant applications must be reviewed by the Assistant Attorney General assigned to the case. In all other cases, law enforcement should consult with the County Attorney's Office.

COLLECTION OF EVIDENCE BY LAW ENFORCEMENT

The identification, collection, and preservation of evidence are law enforcement functions and must be accurately documented. All physical evidence gathered in abuse or neglect cases should be collected exclusively by law enforcement or medical personnel. Law enforcement should collect any physical evidence as soon as possible either with consent of the non-offending parent or caregiver or by obtaining a search warrant, when necessary. This evidence might include the instrument used to inflict injury, guns or poison left within reach of unsupervised children, or evidence obtained from a physical examination. Collection and packaging of physical evidence must be done in accordance with current New Hampshire Forensic Laboratory submission requirements. Refer to the Forensic Laboratory Handbook for guidelines.

Examples of things to document may include:

- *Taking measurements*
- *Documenting the water temperature of a water heater*
- *Describing the placement of furniture where an incident occurred*

Evidence gathering is part of the criminal case preparation and processing. If, during the course of the case, DCYF comes upon an item believed to be of evidentiary value, law enforcement should be contacted immediately to collect, package and document the evidence. It is not DCYF's responsibility to conduct a criminal investigation.

MEDICAL EVIDENCE

Law enforcement should obtain signed releases of information for all medical records. Most medical facilities will require the use of their own release of information form, not one provided by law enforcement. It is important to be specific that **ALL** information is requested including any recordings, images and Sexual Assault Nurse Examiner records (which are often stored separately from routine medical records).

PRESERVATION AND STORAGE CONSIDERATIONS OF SEXUAL ASSAULT EVIDENCE COLLECTION KITS

If during the medical evaluation a *New Hampshire Sexual Assault Evidence Collection Kit* is obtained, law enforcement should:

All kits should be transported to the State Police Forensic Laboratory as soon as possible and should NOT be kept at the Police Department or in a vehicle.

- Properly secure the evidence (e.g., refrigerate the kit if it contains a blood sample and keep urine on ice or frozen) until transport to the New Hampshire State Police Crime Laboratory;
- Transport the kit and all other evidence for analysis to the New Hampshire State Police Crime Laboratory **as soon as possible. Under no circumstances should untested kits be left at the police department. All kits, regardless of whether the case is moving forward or not, must be transported to the lab;** and
- Properly secure the kit and any other evidence in the case, upon return from the state lab.

SPECIAL CONSIDERATIONS

Due to the limited time allowed for the adjudication of matters involving **juvenile offenders** it is imperative that law enforcement agencies submit any related physical evidence to the New Hampshire State Police Forensic Laboratory in a timely manner. This is especially important if DNA analysis is requested. The forensic laboratory will generally **need a minimum of two weeks** to complete both serological and DNA testing. Furthermore, investigators must remember to obtain and submit known DNA samples from all relevant individuals (victim(s) and perpetrator(s) for comparison to the evidence).

PHOTOGRAPHIC EVIDENCE

The necessity of taking photographs should be determined on a case-by-case basis and there are several items to consider.

WHEN THERE IS VISIBLE PHYSICAL TRAUMA

- Attempt to minimize the potential damaging effect that photography could have by not surprising the child with the use of a camera. Let the child know in advance that photographs will be taken, explain why they are being taken and what purpose they will serve;
- Only visible injuries (bruises, cuts, lacerations, bite marks, etc.) should be photographed. Care should be taken to protect the child's modesty with appropriate draping of non-affected areas;
- The first image should have a placard consisting of the following information: Photographer, Date, Time, Location, Type of Crime and Incident Case Number. (*See [Appendix A Photograph Template](#)*);
- Regardless of whether there is an injury to the child's face or not, an initial photo needs to be taken showing the child's face for identification purposes;
- Overall distance photos should be taken to identify the injury in relation to the rest of the body, with close up shots to further document the appearance of injuries;
- The injured areas should be photographed as they appear. In order to show the size of the injury and relative location, use a measuring device. Do not cover the injury with the measuring device. It is also important to keep the measuring device on the same plane as the injury, or in close proximity in order to depict an accurate representation of the injury;
- The nature of most injuries requires that photographs be taken in a timely manner due to the speed of the normal healing process. Injuries such as bruising will be better demonstrated by taking the initial photographs and then follow-up photographs the next day or up to 48 hours after the initial assault, whenever practicable. The first image of the follow-up photographs should have a placard consisting of the following information: Photographer, Date, Time, Location, Type of Crime and Incident Case Number; and
- The law enforcement investigator taking photographs should submit them as evidence consistent with their departmental policies on evidence. Photographs taken by

medical personnel become part of the medical records and cannot be given to law enforcement without proper signed releases.

WHEN THERE IS SUSPECTED SEXUAL ABUSE

Photographs of the genitalia, with or without injury, should **ONLY** be taken by the medical provider during a medical evaluation.

CRIME SCENE

Photographs of the crime scene should also be taken immediately to prevent alteration or contamination of the area. For instance, if it is claimed that the child has been injured in a fall, the area where the injury is alleged to have occurred should be photographed. It may be necessary or advisable to obtain a search warrant in order to photograph a scene if written consent to search is not obtained. If the investigator is unsure if a search warrant is necessary, they should request clarification from the County Attorney.

SHARING OF INFORMATION

Throughout the entire joint investigation, information and findings by both DCYF and law enforcement should be fully shared between the two agencies. According to [RSA 169-C:34, III](#), DCYF "may request and shall receive from any agency of the state or any of its political subdivisions or any schools, such assistance and information as will enable it to fulfill its responsibilities...."

According to [RSA 169-C:38, II](#), DCYF may share information from its case records to the extent permitted by law with the partnering law enforcement agency in order to assist them with an investigation and evaluation of a report of abuse or neglect. "Investigating police officers shall not use or reveal any confidential information shared with them by the department [DCYF] except to the extent necessary for the investigation and prosecution of the case." ([RSA 169-C:38, II](#))

To provide additional guidance to law enforcement and DCYF, the Attorney General's Office, with the Department of Health and Human Services issued "*Joint Guidelines for DCYF/Law Enforcement on Mandatory Notification, Record Sharing and Investigations*" in April 2016. That document is attached as [Appendix D: Joint Investigative Guidelines](#).

Additionally, if medical records exist, [RSA 169-C:25-a](#) allows law enforcement to obtain a court order requiring medical providers and DCYF to share medical records with law enforcement. Law enforcement in possession of medical records is also authorized to re-disclose the medical records it obtains to the department or other law enforcement for the purpose of conducting investigations of child abuse or neglect, child fatalities, other crimes against a child, and any subsequent child protection actions or criminal proceedings.

NOTE: As a reminder, the rules governing the confidentiality of information differ between the civil child abuse and neglect proceedings and criminal proceedings. Information gathered in a criminal investigation is often subject to 91-A, whereas information in a DCYF investigation is not.

LAW ENFORCEMENT FOLLOW-UP WITH DCYF

DCYF has **60 days** from the date of the initial report in which to make a determination of abuse or neglect. If safety considerations are resolved, law enforcement may request DCYF to delay their final determination, in order to allow law enforcement to conclude its criminal investigation. **Once concluded, law enforcement should notify DCYF as to the outcome of their criminal investigation.**

This is necessary in order to:

- Allow DCYF to determine if the abuse or neglect occurred and determine who is responsible as mandated by [RSA 169-C:34](#); and
- Allow DCYF, in the interests of child safety, if a determination of abuse or neglect is founded, to enter the information regarding the person responsible for the abuse or neglect into the DCYF Central Registry⁴, as mandated by [RSA 169-C:35](#).

If the criminal investigation results in a delay beyond 60 days, law enforcement should provide DCYF regular updates and a final determination of the investigation per the above stated mandates.

If a DCYF investigation remains pending as "incomplete" while awaiting the results of a criminal investigation, the individual's name is not entered into the Central Registry. It is therefore very important that law enforcement provide timely notice to DCYF of the outcome of its criminal investigation. In the absence of this information, the individual's name will not be entered in the DCYF Central Registry and the individual may become employed in licensed or departmentally funded childcare without DHHS's knowledge.

Individuals involved with child-care, placement or adoption, in settings that are licensed or funded by the New Hampshire Department of Health and Human Services (DHHS) are screened against the DCYF Central Registry of founded reports of abuse and neglect.

ASSISTING WITH MOTIONS TO ENTER

If a child's parents refuse to allow a social worker or state employee on their premises as part of a DCYF investigation, and they have probable cause to believe that the child has been abused or neglected, DCYF is required by [RSA 169-C:34, VII](#) to seek a court order to enter the premises.

If the court finds probable cause to believe that the child has been abused or neglected, the court will issue an order permitting a police officer, juvenile probation and parole officer, or child protection service worker to enter the premises to further DCYF's investigation and to assess the child's immediate safety and well-being. The statute also states that any juvenile probation and parole officer or child protection service worker who serves or

⁴ An individual's name is entered on the DCYF Central Registry only after the DCYF assessment is completed, the individual has been determined to be responsible for the abuse or neglect, and they have been afforded their right to appeal DCYF's finding

executes a motion to enter issued under this statute **shall be accompanied by a police officer.**

ORDERS OF PROTECTION UNDER THE CHILD PROTECTION ACT (169-C)

There are two different orders of protection that may be issued under the Child Protection Act. While the parties requesting the protection, the relief awarded and the service of the orders may differ, enforcement procedures are the same and are found in [RSA 169-C:21-a](#).

JUVENILE ABUSE/NEGLECT ORDERS OF PROTECTION PURSUANT TO RSA 169-C:16 OR 169-C:19

Orders issued under [RSA 169-C:16](#) or [RSA 169-C:19, II\(a\)](#) may be issued by the Circuit Court – Family Division, at the request of DCYF, CASA or another party to the case, when there is an open abuse and neglect case.

If the person against whom the order is issued is present at the abuse and neglect proceeding, the order will be served at that time. If the person is not present, the order **shall be served by law enforcement.**

JUVENILE ABUSE ORDER OF PROTECTION PURSUANT TO RSA 169-C:7-a (AKA JADE'S LAW)

Orders issued under [RSA 169-C:7-a](#) may be filed by a parent or guardian on behalf of a minor child, alleging abuse by a member of the child's family or household. **A child's parent may not file a petition against the other parent.**

While the process is similar to that of a domestic violence order under RSA 173-B, in that there is a petition for a temporary order, there are no emergency or telephonic protective orders available for [RSA 169-C:7-a](#) orders. If a temporary order is granted, the court will schedule a hearing for 30 days, however the respondent may request a hearing within 5 days. These orders must also be served by law enforcement.

ENFORCEMENT OF RSA 169-C ORDERS OF PROTECTION

For both types of orders, if an officer has probable cause to believe a person has violated an order, an arrest **SHALL** be made. The arrest may be made without a warrant if there is probable cause to believe the violation occurred within **6 hours of the arrest** ([RSA 169-C:21-a](#)).

The provisions of RSA 169-C do not authorize the court to order the seizure of weapons or firearms when the protective order is issued. However, subsequent to an arrest for the violation of a RSA 169-C Order of Protection, officers **SHALL SEIZE** any firearms and ammunition in the control, ownership, or possession of the defendant. Officers shall also seize any other deadly weapons in the control, ownership or possession of the defendant which may have been used, or were threatened to be used, during the violation of the protective order ([RSA 169-C:21-a](#)).

An individual arrested for a violation of a RSA 169-C Order must be detained until arraignment and cannot be released on bail. Any criminal complaint brought for a violation

of a RSA 169-C Order must be filed as a class A misdemeanor; it cannot be reduced to a lesser charge.

REPORTING TO DCYF

When law enforcement makes an arrest for a violation of a Juvenile Abuse/Neglect Order of Protection pursuant to a [RSA 169-C:16](#) or [RSA 169-C:19, II\(a\)](#) order, they must immediately notify DCYF Central Intake by telephone at **1-800-894-5533**, which is available 24 hours a day. This report should contain:

- The parties involved;
- The nature of the violation (e.g., threats via text; showing up at the child’s school);
- When and where the violation occurred;
- Who was present;
- The impact on the child;
- What other charges the defendant may be charged with; and
- Whether firearms, ammunition or deadly weapons were seized.

Central Intake may ask additional questions and request that law enforcement submit a written report as follow-up.

USE OF BODY-WORN CAMERAS (BWCs) IN NEW HAMPSHIRE

[RSA 105-D](#), which regulates the use of body worn cameras by law enforcement, became effective in January 2017. This statute does not mandate the acquisition of body worn cameras. Rather it requires any New Hampshire law enforcement agency that opts to implement BWCs as a tool for policing to adopt policies and procedures relating to their use and the retention and destruction of data ([RSA 105-D:2](#)). There are currently several national resources available to assist law enforcement with the development of policies and protocols and curriculum for officer training. *See Resources in [Appendix B](#) for more information.*

Agencies are strongly encouraged to develop policies that are victim-centered, trauma informed and compliant with both [RSA 105-D](#) and [RSA 91-A](#) (Right to Know) requirements. Around the country, policy decisions are currently being made without sufficient evidence-based research regarding the use of BWCs, and its effects on law enforcement interactions with crime victims, such as building trust and privacy issues, as well as concerns as to how BWC footage will be used.⁵

Policies and protocols should specifically address the use of BWC’s when responding to a child abuse victim and provide clear guidance to officers as to when it is permissible to capture audio and/video recordings.

⁵ Maryland Network Against Domestic Violence (MNADV) *Guidance on the Use of Body-Worn Cameras (BWC) During the Administration of the Lethality Assessment Program (LAP)*, Issued June 2016, pg. 7.

CONSIDERATIONS FOR RECORDING VICTIM INTERVIEWS

- Law enforcement should refer to agency SOPs or the County Attorney for guidance regarding whether or not a minimal facts interview should be recorded utilizing a BWC;
- If law enforcement is conducting an interview of a child in a public place pursuant to [RSA 169-C:38, IV](#) when wearing a BWC, then the interview shall be recorded;
- If there needs to be a comprehensive interview in a private place, when a CAC is not an option, then law enforcement needs to get parental consent to record the interview. If consent is not given then the interview should not be recorded; and
- The head of the law enforcement agency (or their designee) may waive the need for consent to record an interview of minor with a BWC when the parent or guardian is the subject of the investigation to which the child is a victim ([RSA 105-D:2,IV\(d\)](#)).

Body Worn Cameras should not be utilized during MDT meetings and CAC interviews of children.

When an officer is responding to a healthcare facility, the BWC should be turned off due to patient privacy rights,⁶ *unless the officer is responding to a 911 call at that facility.*

DOCUMENTATION PROCEDURES

The investigative agency is responsible for completing a report documenting the results of the interview with the child.

⁶ Pub.L., 104-191

THE ROLE OF CHILD ADVOCACY CENTERS (CAC)

All New Hampshire Child Advocacy Centers (CAC) follow national best practice standards. CACs adhere to a set of county based operational protocols that were developed by and for the multidisciplinary team of professionals utilizing the CACs. This collaborative interagency approach covers both the investigation of cases of child abuse and arranging support services for the child and non-offending parent(s) or caregiver(s). Although each CAC adheres to its own protocols, all CAC protocols throughout the state share many similarities and are nearly identical in their investigative procedures. The protocols contained here closely mirror individual CAC protocols across New Hampshire. Agencies that refer cases to a CAC agree to adhere to that CAC's protocols as agreed to in the jointly established Memoranda of Understanding (MOU).

CAC REFERRAL CRITERIA

Referrals to a CAC are received from the Division for Children, Youth and Families (DCYF) or law enforcement agencies, and should meet the following criteria:

- Those interviewed should be children under the age of 18 years old. The CAC can make exceptions on a case-by-case basis;
- Allegations to be evaluated should fall within the parameters of abuse or neglect as defined by the New Hampshire Child Protection Act ([RSA 169-C](#)) or allegations within the parameters of New Hampshire's criminal code that impact the safety or well-being of the child victim or witness;
- The referring agency is required to provide relevant disclosure and preliminary information including a history to the CAC at the time of the initial referral; and
- Cases where there is a history of investigative interviews related to the same incident will be reviewed for acceptance and may be accepted at the discretion of the CAC.

NOTE: This referral process does not replace an individual's requirement to report suspected abuse/neglect to DCYF in accordance with [RSA 169-C](#).

CAC/MULTIDISCIPLINARY TEAMS (MDT)

The purpose of the CAC/MDT is to review case investigations and develop two action plans: one related to investigation and prosecution; the second related to making recommendations for the protection, safety and future well-being of the person being interviewed. The members of the MDT may include, but are not limited to, individuals from the following agencies or disciplines:

- Prosecution (US Attorney's Office, County Attorney's Office, Attorney General's Office, local prosecutors)*;
- Law Enforcement*;
- Division for Children, Youth and Families*;
- Health Care;
- Mental Health Care;
- Prosecution based Victim/Witness services*;

- Crisis Center Advocacy; and
- Child Advocacy Center*.

*Denotes members of the MDT that have investigative responsibilities (referred to as the “Investigative Team”). The Investigative Team may be expanded to include other professionals to augment the Team’s purpose.

INFORMATION SHARING

All MDT members are bound by each discipline’s applicable statutes, rules of confidentiality, and ethical obligations. They are precluded from sharing privileged information unless written consent to release information has been obtained (where applicable) or a court order has been issued (when required by law). MDT members must make every effort to obtain releases of information, where authorized, if privileged matters need to be presented or discussed.

In 2006, the New Hampshire Legislature passed enabling legislation encouraging the use of the CAC multidisciplinary approach, and the sharing of information among the team members. According to [RSA 169-C:34-a, III](#), DCYF may share information from its case records to the extent permitted by law with members of a MDT in order to assist the team with its investigation and evaluation of a report of abuse or neglect. The statute also dictates that MDT members shall be required to execute a confidentiality agreement and shall be bound by the confidentiality provisions of [RSA 169-C:25](#) and [RSA 170-G:8-a](#).

Throughout the entire joint investigation, information and findings by both DCYF and law enforcement should be fully shared. According to [RSA 169-C:34,III](#), DCYF "may request and shall receive from any agency of the state or any of its political subdivisions or any schools, such assistance and information as will enable it to fulfill its responsibilities...."

To provide additional guidance to law enforcement and DCYF, the Attorney General’s Office and the Department of Health and Human Services issued “*Joint Guidelines for DCYF/Law Enforcement on Mandatory Notification, Record Sharing and Investigations*” in April 2016. That document is attached as [Appendix D: Joint Investigative Guidelines](#).

MEMORANDUM OF UNDERSTANDING (MOU)

The CAC/MDT has a written interagency agreement signed by authorized representatives of all MDT components that clearly commits the signed parties to the CAC/MDT model for its multidisciplinary child abuse intervention response. The interagency agreement includes:

- Law Enforcement;
- Child Protective Services;
- Prosecution;
- Mental Health;
- Medical;

- Victim Advocacy; and
- Children’s Advocacy Center.

Written agreements formalize interagency cooperation and commitment to CAC/MDT policy, ensuring continuity of practice. Written agreements may be in differing forms including memoranda of understanding (MOUs), and/or interagency agreements (I/As), and are signed by the leadership of participating agencies (e.g. police chiefs, prosecuting attorney, agency department heads, supervisors, etc.) or their designees.

INTAKE PROCEDURES

- CAC staff receives a referral requesting services for a child and reviews the referral to ensure it meets CAC criteria;
- CAC staff document all needed information;
- If the criteria are met, the CAC staff will coordinate a forensic interview with relevant members of the MDT; and
- Based on the safety of the child and the underlying circumstances, the forensic interview will be scheduled at the most appropriate time and the CAC staff will notify the appropriate agencies.

NOTE: *When making a referral to the CAC, agencies should assess for any special needs or considerations the child and family may have and communicate this information to the CAC.*

PRE-INTERVIEW TEAM BRIEFING

The CAC pre-interview information-sharing meeting will occur 30-60 minutes prior to the scheduled forensic interview. During this stage, it is critical that team members come prepared with relevant information such as initial disclosure, family history and dynamics, and suspect information. These factors will help develop the forensic interview approach.

PROCEDURES PERTAINING TO THE FAMILY

- Upon their arrival at the CAC, the child and the non-offending parent or caregiver will be welcomed by CAC staff and introduced to the appropriate team members;
- CAC staff will request a signed Authorization for Release of Information Form from the non-offending parent or caregiver permitting the sharing of information among the team members;
- The team will meet with the non-offending parent or caregiver prior to and following the forensic interview to provide information, support, and recommendations for follow-up steps and services; and
- CAC staff will request a local Crisis Center Advocate or other supportive staff to be available to the non-offending parent or caregiver during the CAC process. *For more information please refer to [Crisis Center Advocates](#), page 63.*

FORENSIC INTERVIEW PROCEDURE AT THE CAC

- All members of the Investigative Team should be present during the CAC forensic interview(s);
- The forensic interview will be conducted in a manner that is trauma informed, developmentally appropriate, and culturally competent;

- The forensic interview must be conducted by a specially trained forensic interviewer. CAC forensic interviewers should meet the standard set forth by the National Children’s Alliance (NCA) current best practice standards;
- Only members of the Investigative Team will observe the forensic interview. Family members and/or their representatives will not be permitted to observe the interview; and
- Observers should be able to communicate with the forensic interviewer during the interview process by an agreed upon method.

The non-offending parent or caregiver’s interview will be conducted at a separate place and time.

PROCEDURE FOR RECORDING THE INTERVIEW OF THE CHILD VICTIM

Audio/visual recordings of investigative interviews are evidence and should be secured, according to the department guidelines of each investigative agency. When there is a joint investigative interview of a child at a CAC, both DCYF and law enforcement will be provided a copy of the recorded interview. CACs do not retain a copy of the interview. DCYF, the CAC, the law enforcement agency and the prosecutors should limit disclosure of the recorded interview to the greatest extent possible in order to protect the child’s privacy and the integrity of any law enforcement investigation.

If DCYF finds that the recorded interview is relevant and necessary evidence for the adjudication of a child protection case, DCYF will communicate with law enforcement and the prosecutors and will take the following preliminary steps:

- Identify and consider all relevant evidence and witnesses in the child protection case;
- Consider whether the recorded interview is clearly necessary and relevant in the child protection case; and
- Consider whether there is alternative evidence, such as a transcript or audio recording of the interview or witness testimony, which could be used for the adjudication of the child protection case that would eliminate the need for the recording.

POST-INTERVIEW BRIEFING

Following the conclusion of the interview, MDT members will meet to de-brief the results of the interview and meet with the non-offending parent or caregiver for relevant updates and next steps.

The CAC will document relevant follow-up activities and referrals for services.

When follow-up contact is made by the CAC, CAC staff will remind the family that crisis center services are available to them.

DOCUMENTATION PROCEDURES

The investigative agency is responsible for completing a report documenting the results of the interview with the child.

RELEASE OF INFORMATION

The CAC will not release any information regarding recordings or interviews except to authorized individuals. Any requests to view recordings by parents or others will be referred to the prosecutor (if there is criminal investigation) and DCYF (if there is a child protection case).

CASE REVIEW

Case review represents the true multidisciplinary spirit of the CAC model as it provides a forum for team members to utilize the specialized expertise of all disciplines participating in the ongoing status of the investigation.

CAC staff coordinates case review monthly meetings. Prior to the meeting a notice regarding the date, time and agenda shall be sent out to all MDT members.

MDT members are precluded from sharing privileged information unless written consent to release information has been obtained or a court order has been issued. Non Investigative Team members are responsible for obtaining appropriate releases of information (i.e., HIPAA compliance) if privileged matters need to be presented or discussed during case review.

Participants in case review should include members from the County Attorney's Office, law enforcement, DCYF, and CAC staff, as well as medical and mental health providers. Additional team members may be added as needed for individual case consultation.

THE ROLE OF THE MEDICAL COMMUNITY

The Child Protection Act ([RSA 169-C:29](#)) requires that any **individual suspecting** a child has been abused or neglected is required to **immediately report** ([RSA 169-C:30](#)) their concerns to DCYF. This includes, a doctor, nurse, physician assistant or any other medical practitioner. Regardless of the ways in which a practitioner becomes suspicious of abuse or neglect, including hearing a disclosure, the practitioner **is required** by law to make the report.

It is important to note that it is the **individual practitioner** who suspects abuse and neglect who must **immediately** make the report directly to the Division for Children, Youth and Families (DCYF) Central Intake Office by telephone at **1-800-894-5533, which is available 24 hours a day**. This requirement is mandated by New Hampshire state law, [RSA 169-C:29](#), regardless of any hospital's, office's or other medical facility's policy which might be contrary.

Any notification required by an agency or institution policy to superiors **should not delay** the report or defer the obligation to report. The purpose of the law is to ensure that the report is made with firsthand knowledge and minimizes the trauma to the child by eliminating the need for the child to repeatedly tell their story.

Failure to comply with this statute may result in a misdemeanor charge to the individual who did not report ([RSA 169-C:39](#)).

Anyone acting in good faith in making a report or providing information or assistance to DCYF, is immune from liability. See [RSA 169-C:31](#) or *Immunity*, page 9 for more information.

The medical community plays an essential role in the prevention, recognition, and treatment of child abuse and neglect. The long term resources and trusting relationships available in the child's medical home are key factors in supporting families and keeping children safe, secure and healthy. Because healthcare providers see infants, children and adolescents frequently as part of routine health maintenance and ongoing care, problems can be noted and addressed early, hopefully before harm results. When signs of suspected abuse and/or neglect appear, a prompt referral **shall** be made to DCYF for assessment and any further intervention needed. Additional referrals should be made to agencies that can intervene to minimize the impact of adverse childhood experiences and promote the child's health and well-being.

*The American Academy of Pediatrics defines a **medical home** as a primary care office that provides accessible, family – centered, continuous, comprehensive, coordinated, compassionate, and culturally effective care.*

THE MEDICAL EVALUATION

When abuse and/or neglect are suspected, a comprehensive medical evaluation is an essential part of the multidisciplinary response. **The medical evaluation in suspected child abuse and/or neglect includes:**

- Immediate stabilization of active medical conditions;
- Obtaining consent for treatment and permission for information sharing as needed;
- Conducting a comprehensive assessment of the child’s physical, psychological and developmental health;
- Diagnosing, documenting, and addressing medical conditions resulting from abuse and/or neglect;
- Differentiating medical findings that are indicative of abuse and/or neglect from those which may be explained by other medical conditions;
- Collecting forensic evidence as indicated;
- Making any necessary referrals for specialty care, including to pediatric abuse specialists, if appropriate;
- Assessing for social determinants of health and involving social service personnel if needed;
- Supporting and educating the child and family;
- Recommending medical evaluations for any siblings or other children potentially affected by the abuse and/or neglect;
- Communicating the results of the evaluation to the child’s primary care provider, if that provider has not done the above evaluation;
- Communicating the results of the evaluation with non-medical members of the multidisciplinary team as authorized;
- Report any new or additional findings of suspected abuse and/or neglect to DCYF;
- Providing or delegating follow-up care;
- Educating the non-medical members of the multidisciplinary team about the involved medical issues; and
- Providing testimony as required.

WHEN THE SITUATION IS AN EMERGENCY

Reasons for emergency evaluation include, but are not limited to:

- A child appears acutely ill (bleeding, injured, not responsive etc.);
- A child was exposed to drugs or other toxic substances within the past 120 hours including via possible drug-facilitated sexual assault;
- An infant under age 6 months may have been injured;
- Any patient experienced sexual abuse within the preceding 72 hours; additionally, it is also an emergency if the patient is a pubertal female who experienced penile/vaginal penetration within the preceding 120 hours; and
- Any child or family is experiencing a crisis (i.e., is a suicidal, homicidal, or flight risk) and may require an immediate mental health assessment.

WHO SHOULD PERFORM THE EVALUATION

The evaluation is conducted by a health care provider as described below.

Other medical team members may include an office nurse or nursing assistant, a social worker, an office-based behavioral health specialist, or a Child Life Specialist. Depending on the situation, the medical evaluator might be:

- The child’s **Primary Care Provider** who may specialize in pediatrics or family practice as a:
 - Physician (medical doctor [MD] or doctor of osteopathy [DO]);
 - Nurse practitioner (advanced practice registered nurse [APRN]); or
 - Physician’s assistant [PA].

This provider will likely know the child and family best but may not have the training and experience to address the medical concerns arising from the suspected abuse or neglect, in which case consultation with a specialist would be advised.

- An **Emergency Medicine Practitioner** who is particularly skilled at stabilizing a child with acute medical issues. Some, such as **Sexual Assault Nurse Examiners** (SANEs), have particular competence in caring for patients who have recently been sexually assaulted. A SANE may be further identified as one trained in the care of adults, adolescents or prepubescent (not yet sexually developed) children and may or may not hold national Board certification as a SANE-A ® or SANE-P ®. Following emergency stabilization, specialty referral may be indicated;
- A **Board Certified Child Abuse Pediatrician** who is a pediatrician with specialized education and experience in the care of abused and neglected children, has passed a written examination and maintains their certification by completing medical education credits, quality improvement activities and periodic written examinations in the field; or
- A **Nurse Practitioner, Physician’s Assistant or Physician** with additional child abuse training as specified by the National Children’s Alliance (NCA).

Standards for CAC medical providers are available on the National Children’s Alliance webpage at <http://www.nationalchildrensalliance.org/wp-content/uploads/2015/06/NCA-Standards-for-Accredited-Members-2017.pdf>.

THE ROLE OF THE MEDICAL PROVIDER WITHIN A CAC MULTIDISCIPLINARY TEAM

When a child with suspected abuse or neglect is referred to a Child Advocacy Center (CAC), they will be offered a medical evaluation. The CAC will have an established agreement with a **medical provider with expertise in pediatrics and child abuse and neglect** available to perform comprehensive evaluations. The provider may be a physician, nurse practitioner, Sexual Assault Nurse Examiner or physician’s assistant who will:

- Have specialized training and experience in the field of child maltreatment;
- Collaborate with the CAC in establishing and implementing guidelines for when, where and by whom a child will receive medical care depending on the level of urgency of the case and with the goal of preventing unnecessary repeated medical evaluations;
- Follow established guidelines for evaluation of patients including photo-documentation of findings;
- Participate in the multidisciplinary team process;
- Engage in peer review of cases;

- Keep up with the medical literature and engage in regular medical education in the field;
- Agree to see families regardless of their ability to pay; and
- Provide translation services as necessary (standards for CAC medical providers are available on the national children’s alliance webpage at <http://www.nationalchildrensalliance.org/wp-content/uploads/2015/06/nca-standards-for-accredited-members-2017.pdf>).

PARTICULAR CHALLENGES FOR MEDICAL PROVIDERS

All medical providers should be familiar with the particular challenges of addressing possible child abuse or neglect.

INJURIES

Injuries are a common part of childhood but any injury can potentially result from abuse or neglect. Especially concerning are any injuries, even small bruises, in infants who do not yet crawl or pull up to a standing position (including those explained as due to siblings); repeated injuries; injuries for which the offered explanation is at odds with the child’s developmental abilities or the mechanics required for the injury; and injuries for which no explanation is given.

TAKING A CHILD’S HISTORY

An accurate medical history is essential in making the medical diagnosis and determining treatment but the history offered may be incomplete, exaggerated, misleading or falsified. The history taken from a parent or accompanying caregiver should be done without the child (or other verbal children) present. Talking to a child may reveal important information about the cause of a health concern, but if the child is in the presence of the perpetrator or a non-abusive caretaker who the child believes will be distressed by a disclosure, the reported history may be inaccurate.

It is therefore preferable to talk to the child alone for at least part of the encounter. Even then, a child may be ashamed, afraid, or unwilling to disclose maltreatment especially at the hands of someone close to them.

It is also essential to ask the child questions without hinting at what the “right” answer should be. More accurate information is likely to be shared by the child if the discussion requires a narrative rather than a single-word response, for example, saying “tell me how that happened.” Because children learn the helping role of doctors and nurses at a very young age, they may disclose information to medical personnel that they might not share with others.

It is not the role of a medical provider to conduct a lengthy interview of the child. Rather, if a child with suspected abuse or neglect is evaluated by a medical provider before DCYF or law enforcement is involved, it is important to limit details of the situation to those facts necessary to address the medical and safety needs of the child. These facts include:

- **What** happened? A brief description is adequate provided sufficient detail is obtained to address potential medical issues.
- **Who** is the perpetrator and what is their relationship to the child?

- **Where** did it happen?
- **When** did it happen (especially, when was the most recent time)?
- Are there **other potential victims**?
- Is the child **safe** now?

In order to maintain the integrity of any potential investigation, the role of comprehensive questioning of the child should, if possible, fall to trained forensic interviewers.

PHYSICAL ASSESSMENT

The physical assessment of any child with an injury or where there is a concern for possible abuse or neglect should be a complete examination during which every body part is examined unclothed. A chaperone should be present and that person's identity documented in the medical record. Patients will benefit from trauma-informed care which means (adjusting as appropriate for the child's developmental level):

- Being sensitive to signs of stress and offering to take a break(s) as needed;
- Explaining the steps of the evaluation beforehand so the patient can prepare themselves;
- Allowing the patient as much control over the exam as possible (choice of support person, use of gown/drape, etc.);
- Asking for permission before discussing sensitive topics; and
- Asking for permission before doing anything, particularly steps that involve physical contact.

RSA 169-C:33 states that any medical person or the department [DCYF] preparing or investigating a report under this chapter, may take, or cause to be taken, photographs of the areas of trauma visible on a child who is the subject of a report and, if medically indicated, cause to be performed a radiological examination of the child without the consent of the child's parents or guardians. All photographs and X-rays taken, or copies of them, shall be sent to the appropriate offices of the department as soon as possible.

SCREENING

Screening for effects of trauma and resilience factors in the child and family are part of many providers' plans of care. See [Medical References](#) below for more information. Screening for medical complications via specific laboratory tests (including drug screening) and imaging (x-ray, Computerized Tomography [CT] scanning, Magnetic Resonance Imaging [MRI] etc.) may be indicated depending on the age of the child and circumstances of the case.

In particular, any child **under 2 years of age** with suspected physical abuse should have a skeletal survey and **any young infant** with suspected physical abuse should also have head imaging. See [Medical References](#) below for more information.

REPORTING

Under New Hampshire's child protection statute ([RSA 169-C:29](#)), everyone is a mandated reporter. Any medical provider or healthcare staff member is mandated to report suspected child abuse and neglect to the Division for Children, Youth and Families (DCYF). This report shall be made **immediately** ([RSA 169-C:30](#)) to the **DCYF Central Intake Office by telephone at 1-800-894-5533, which is available 24 hours a day**. Written permission from, or notification of the patient and/or guardian(s) is not required. This is because the need to provide medical information to protect the safety of the child takes precedence over confidentiality concerns, including those covered by the Health Insurance Portability and Accountability Act (HIPAA). See the *American Academy of Pediatrics' policy statement on this topic at <http://pediatrics.aappublications.org/content/125/1/197>*.

Each medical provider is legally responsible for making a report for which they have information. DCYF needs first-hand information from the provider and delegating this task can lead to a missed report.

Each report shall contain, if known:

- The name and address of the child(ren) suspected of being abused or neglected;
- The name of the parent or caregiver responsible for the child's welfare;
- The nature and extent of suspected abuse/neglect (including evidence of previous injuries);
- The identity of the perpetrator; and
- Any other information that may be helpful to the assessment (e.g., possible threat to child's safety; the perpetrator's access to the child).

While not statutorily required, reporters are encouraged to provide additional information to DCYF, such as:

- The age of the child;
- A complete medical description of known injuries (location, size, severity etc.) and plans for further assessment;
- Explanations provided by the child or others about the child's injuries or other concerns;
- Direct observations of parent-child interactions (while at the medical evaluation);
- Concerns and recommendations; and
- The availability of medical reports, hospital charts, or any other pertinent medical information.

If the medical provider does not have all of the above information, the report should not be delayed. It is more important to initiate the multidisciplinary response to the situation. A written report may also be requested by DCYF Central Intake and if so, should be provided promptly.

If the medical provider has reason to believe the child is in **immediate danger**, the provider should call the law enforcement agency in the jurisdiction where the abuse and neglect has occurred (if known) or local law enforcement. This disclosure of immediate

It is recommended that the medical provider inform the parent(s)/caregiver(s) that a report is being made to DCYF and/or the police and why. An exception would be if such a report might result in a safety concern for the child or another person.

safety-related medical information to law enforcement without express consent or notification of the patient or guardian(s) is also protected under HIPAA and other statutes. In this instance, a report will still need to be made to DCYF.

The response from DCYF and/or law enforcement will be the development of a safety plan, which should be implemented before the child is discharged from immediate medical care.

OTHER CHILD CONTACTS

Siblings and other child contacts of a child with suspected abuse or neglect are at increased risk of abuse or neglect. A medical evaluation of these other children may be indicated.

LOCATION OF MEDICAL EVALUATION

Where a medical evaluation is performed can impact its effectiveness. Some children first come to the attention of the child protection system when they are brought to a hospital emergency department (ED). The visit may be prompted by an acute event or following a disclosure that something may have happened in the past.

The concern about possible child abuse or neglect may be the presenting complaint or may be raised by the ED staff once the child's evaluation is underway. While the child's emergent medical needs may be well served in the ED, it is often challenging and sometimes impossible to provide a place to perform the necessary history gathering from the child and the caretakers separately and provide support for a traumatized family.

When the ED is the site where an evaluation for child abuse or neglect begins, a written protocol that addresses the procedural, medical, social service, child protection and law enforcement issues is strongly recommended. That protocol should include procedures to follow when families present in crisis (domestic violence, mental health emergencies, etc.) and should indicate how the child's primary care provider will be notified of the abuse or neglect concerns so that follow-up is guaranteed.

OBTAINING PERMISSION

Medical providers typically obtain permission from the child's parent or legal guardian before evaluation or treatment begins. Permission is not required for any child presenting with a life-threatening condition; such a child should be immediately stabilized. If parental refusal of necessary medical care causes a child to be unsafe then local law enforcement and DCYF shall be contacted immediately. When abuse or neglect is suspected, the child may be evaluated with radiologic studies (such as X-rays, CT scan or MRI) even if the parent or guardian is unreachable or unwilling to give consent. In any situation, whenever possible, age-appropriate assent should also be obtained from the child.

ADOLESCENTS

An **adolescent** presenting for medical care may, under New Hampshire state law, give their own consent for care of a substance use issue if over age 12 ([RSA 318-B:12-a](#)) and for treatment of a possible sexually transmitted infection if over age 14 ([RSA 141-C:18](#) and [RSA 141-F:7](#)).

In addition, no medical evaluation of any adolescent should be performed without their assent. The provider should explain that for patients under the age of 18, if abuse or neglect is suspected, the provider is obligated to notify the Division for Children, Youth and Families.

It is important to consider the possibility that any child, but particularly an adolescent, may be involved in human trafficking if the medical concerns include untreated chronic medical conditions or injuries, sexually transmitted infections, pregnancy, unusual behavior, emotional symptoms, substance misuse, runaway behavior and/or multiple sexual partners. Medical providers should be familiar with local and national resources for addressing the issues of trafficked patients.

Human Trafficking Resources

Local crisis centers: <https://www.nhcadsv.org/member-programs.html>

*Polaris National Hotline for TIPS and Help (888) 373-7888/
www.humantraffickinghotline.org*

DOCUMENTATION

All medical records are potential legal documents. The medical history and physical examination findings in suspected child abuse and neglect must be carefully and thoroughly documented in the medical record. Diagnostic-quality photographic documentation using still and/or video documentation of examination findings is recommended. Photographic documentation allows for peer review, quality improvement and obtaining an expert or second opinion; it may also reduce the need for a repeat examination of the child.

RELEASE OF INFORMATION

Legal and technological advice should be sought regarding the release of written documentation or any images. Whether electronic or printed, medical records should not be released if doing so might endanger the child or others. This includes inadvertent release when a parent or guardian has access to online parts of the record.

FAMILY SUPPORT

Many medical providers find that reporting abuse and neglect to state agencies is distressing. Families are frequently and understandably upset. Fear of the unknown and the threat of the possible loss of their children can cause intense reactions. It is helpful to remind family members that their goal is the same as that of the provider, the child protection system, and law enforcement: to assure that each child is safe.

Explaining how the evaluation of a case will proceed and assuring the family that the provider will maintain close communication over time can help families feel supported and understood. It is sometimes helpful to explain that that medical provider is mandated to report suspicion of abuse or neglect so that a careful investigation can be done by professionals specifically trained for this task and that it is not the role of the medical provider to cast blame on anyone.

Families may also need support in knowing what to say to siblings, other family members, friends, the child’s school, etc., about the situation. Involvement of a crisis counselor and/or social worker can be helpful.

COURT PROCEEDINGS

A medical provider may be more likely called to participate in legal proceedings (depositions and trials) when the concern is abuse or neglect than for other medical situations. There are two principal reasons why a medical provider might be called: either to report on what first-hand knowledge they had of a case (in which case the provider is a “fact witness”), or to provide a medical opinion (as an “expert witness”).

The medical provider should have a discussion ahead of time with the person who asked them to come to the deposition or court so that it is clear what kinds of questions will be asked. This is the time to clear up any uncertainties about the court process. During the deposition or trial, the testimony given by the provider should be the same regardless of who makes the call to appear. Thus, a fact witness should describe their involvement with a case the same way whether asked by a prosecutor or a defense attorney and an expert witness should similarly provide the same opinions about a case.

The provider should be prepared to back up statements about the case with citations from the medical literature. The American Academy of Pediatrics cautions medical providers against offering unique theories about what happened to a child or denying well-established medical consensus. After the proceeding is over, the medical provider might consider asking for feedback from the attorney that requested their testimony to learn what went well and what could be done better in subsequent court appearances. *See [Medical References](#) below for more information.*

LONG-TERM FOLLOW-UP

Medical providers typically follow patients until resolution or stabilization of medical issues and primary care providers typically follow patients indefinitely. Consequently, it is essential that recommendations for long-term medical care be communicated to all members of the healthcare team.

Medical records should document plans for future care to maximize the child’s potential for health, growth, development and safety. Primary care providers should see children who have been identified as abused or neglected more frequently and should monitor the child and family for potential issues that are more common in this population. Examples of the effects of abuse and/or neglect include developmental difficulties, behavioral and mental health concerns and medical complications. Patients exhibiting these effects, as well as their siblings and parents will benefit from referrals to community-based services for ongoing support and preventive services.

Child abuse can result in lifelong trauma. The promotion of resilience is another important role played by the primary care provider. In addition, the primary care provider is in a unique position to identify and intervene if signs of abuse or neglect recur, as unfortunately happens with some children. *See [Medical References](#) below for more information.*

PAYMENT FOR THE MEDICAL EVALUATION

As with payment for any other medical care, the child's health insurance, if available, is billed first (provided that doing so does not endanger the child or family). Other potential financial resources exist, including the [New Hampshire Victims' Compensation Program](#).

MEDICAL REFERENCES

Many national and international organizations have guiding documents that can assist medical providers in standardizing the most appropriate approach to child maltreatment. This non-exhaustive list identifies several of the more critical ones:

State of New Hampshire: Office of the Attorney General

- *Sexual Assault: an Acute Care Protocol for Medical/Forensic Evaluation* can be found at: <https://www.doj.nh.gov/criminal/victim-assistance/documents/acute-care-protocol.pdf>

American Academy of Pediatrics

A list of 30 policies and publications from the American Academy of Pediatrics on a variety of child maltreatment issues can be found at <http://pediatrics.aappublications.org/collection/council-child-abuse-and-neglect>. These are updated regularly. Topics include:

- **Physical abuse**
 - The Evaluation of Suspected Child Physical Abuse (2015): <http://pediatrics.aappublications.org/content/135/5/e1337>
 - Evaluating Children with Fractures for Child Physical Abuse (2014): <http://pediatrics.aappublications.org/content/133/2/e477>
 - Evaluation for Bleeding Disorders in Suspected Child Abuse (2013): <http://pediatrics.aappublications.org/content/131/4/e1314>
 - Evaluating for Suspected Child Abuse: Conditions That Predispose to Bleeding (2013): <http://pediatrics.aappublications.org/content/131/4/e1357>
 - Abusive Head Trauma in Infants and Children (2009) reaffirmed 2013: <http://pediatrics.aappublications.org/content/123/5/1409>
 - Caregiver-Fabricated Illness in a Child: A Manifestation of Child Maltreatment (2013): <http://pediatrics.aappublications.org/content/132/3/590>
- **Sexual abuse**
 - The Evaluation of Children in the Primary Care Setting When Sexual Abuse is Suspected (2013): <http://pediatrics.aappublications.org/content/132/2/e558>
 - Care of the Adolescent After an Acute Sexual Assault (2017): <http://pediatrics.aappublications.org/content/139/3/e20164243>
 - Global Human Trafficking and Child Victimization (2017): <http://pediatrics.aappublications.org/content/early/2017/11/22/peds.2017-3138>
 - The Evaluation of Sexual Behaviors in Children (2009) reaffirmed 2013: <http://pediatrics.aappublications.org/content/124/3/992>
- **Psychological abuse**
 - Psychological Maltreatment (2012): <http://pediatrics.aappublications.org/content/130/2/372>

- **Manifestations of abuse**
 - Clinical Considerations Related to the Behavioral Manifestations of Child Maltreatment 2017: <http://pediatrics.aappublications.org/content/139/4/e20170100>
 - Oral and Dental Aspects of Child Abuse and Neglect (2017): <http://pediatrics.aappublications.org/content/140/2/e20171487>
 - The Eye Examination in the Evaluation of Child Abuse (2018): <http://pediatrics.aappublications.org/content/142/2/e20181411>
- **Neglect**
 - Recognizing and Responding to Medical Neglect (2007) reaffirmed 2016: <http://pediatrics.aappublications.org/content/120/6/1385>
- **Prevention**
 - The Pediatrician's Role in Child Maltreatment Prevention (2010) reaffirmed 2014: <http://pediatrics.aappublications.org/content/126/4/833>
 - Protecting Children From Sexual Abuse by Health Care Providers (2011) reaffirmed 2015: <http://pediatrics.aappublications.org/content/128/2/407>
- **Promoting resilience**
 - Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science into Lifelong Health (2012) reaffirmed 2016: <http://pediatrics.aappublications.org/content/129/1/e224>
 - The Pediatrician's Role in Family Support and Family Support Programs (2011) reaffirmed 2017: <http://pediatrics.aappublications.org/content/128/6/e1680>
 - Child Life Services (2014) reaffirmed 2018: <http://pediatrics.aappublications.org/content/133/5/e1471>
- **Foster care**
 - Health Care Issues for Children and Adolescents in Foster Care and Kinship Care (2015): <http://pediatrics.aappublications.org/content/136/4/e1142>
 - Health Care of Youth Aging Out of Foster Care (2012) reaffirmed 2017: <http://pediatrics.aappublications.org/content/130/6/1170>
 - Responding to the Experiences of Children Adopted or in Foster Care: 2019 www.aap.org/safe&sound.
- **Miscellaneous**
 - Distinguishing Sudden Infant Death Syndrome from Child Abuse Fatalities (2006) reaffirmed 2013: <http://pediatrics.aappublications.org/content/118/1/421>
 - Child Fatality Review (2010) reaffirmed 2014: <http://pediatrics.aappublications.org/content/126/3/592>
 - Intimate Partner Violence: The Role of the Pediatrician (2010) reaffirmed 2014: <http://pediatrics.aappublications.org/content/125/5/1094>
 - Child Abuse, Confidentiality, and the Health Insurance Portability and Accountability Act (2010) reaffirmed 2014: <http://pediatrics.aappublications.org/content/125/1/197>
 - Maltreatment of Children With Disabilities (2007) reaffirmed 2011: <http://pediatrics.aappublications.org/content/119/5/1018>
 - The Child Witness in the Courtroom (2017): <http://pediatrics.aappublications.org/content/139/3/e20164008>.
 - Ongoing Pediatric Health Care for the Child Who Has Been Maltreated (2019) <https://pediatrics.aappublications.org/content/early/2019/03/15/peds.2019-0284>

Centers for Disease Control and Prevention

- Child Abuse and Neglect Prevention (2018):
<https://www.cdc.gov/violenceprevention/childabuseandneglect/>
- Sexually Transmitted Disease Treatment Guidelines (2015):
<https://www.cdc.gov/std/tg2015/>

The International Association of Forensic Nurses

- Sexual Assault Nurse Examiner Education Guidelines, Pediatric and Adult (2018):
https://cdn.ymaws.com/www.forensicnurses.org/resource/resmgr/education/2018_sane_edguidelines.pdf
- National Protocol for Sexual Abuse Medical Forensic Examinations – Pediatric (2016):
https://cdn.ymaws.com/www.safeta.org/resource/resmgr/protocol_documents/national_pediatric_protocol_.pdf
- National Protocol for Sexual Assault Medical Forensic Examinations – Adults/Adolescents (2013):
https://cdn.ymaws.com/www.safeta.org/resource/resmgr/Protocol_documents/SA_FE_PROTOCOL_2012-508.pdf

THE ROLE OF VICTIM ADVOCACY

The Child Protection Act ([RSA 169-C:29](#)) requires that any **individual suspecting** a child has been abused or neglected is required to **immediately report** ([RSA 169-C:30](#)) their concerns to DCYF. This includes any victim advocate, whether they are a volunteer or an employee of a governmental agency or non-profit organization. Regardless of the ways in which the individual becomes suspicious of abuse or neglect, including hearing a disclosure, the individual **is required** by law to make the report.

It is important to note that it is the **individual** who suspects abuse and neglect who must **immediately** make the report directly to the Division for Children, Youth and Families (DCYF) Central Intake Office by telephone at **1-800-894-5533, which is available 24 hours a day**. This requirement is mandated by New Hampshire state law, [RSA 169-C:29](#), regardless of any agency's policy which might be contrary.

Any notification required by an agency or organization to superiors **should not delay** the report or defer the obligation to report. The purpose of the law is to ensure that the report is made with firsthand knowledge and minimizes the trauma to the child by eliminating the need for the child to repeatedly tell their story.

Failure to comply with this statute may result in a misdemeanor charge to the individual who did not report ([RSA 169-C:39](#)).

Anyone acting in good faith in making a report or providing information or assistance to DCYF, is immune from liability. See [RSA 169-C:31](#) or *Immunity*, page 9 for more information.

CRISIS CENTER ADVOCATES

There are thirteen crisis center programs throughout the state that provide services and support to victims of sexual assault, domestic violence, stalking and sexual harassment. These services, when available, include supporting both the victim and non-offending family members. Crisis center services are free and are available to everyone regardless of age, race, religion, sexual orientation, physical ability or financial status.

The services provided include:

- 24-hour crisis hotline;
- Access to emergency shelter;
- Legal advocacy in obtaining restraining orders;
- Hospital and court accompaniment;
- Information about resources and referrals; and
- Safety planning with non-offending family members.

A victim's communication with a crisis center advocate is privileged and confidential under [RSA 173-C](#), except in situations when there is suspicion of child abuse and neglect, in which case a mandated report is required per [RSA 169-C:29](#).

THE ROLE OF CRISIS CENTER ADVOCATES WITHIN THE CHILD ADVOCACY CENTER (CAC) MODEL

The crisis center is a member of the multidisciplinary team (MDT). CACs and crisis centers maintain a Memorandum of Understanding. The MDT includes all agencies that are critical to the functioning of the CAC.

The CAC staff is encouraged to contact the crisis center for every interview to provide advocacy and support to the non-offending parent or caregiver. Parents or caregivers always have the right to choose whether or not to utilize crisis center services.

The CAC should notify the crisis center of any special circumstances with a case in order to allow the crisis center and CAC to work together to determine the most appropriate response. Information sharing may need to be of a general nature prior to the family signing releases.

The crisis center advocate is encouraged to be at the CAC at an agreed-upon time prior to the family's arrival in order to be available to welcome the family when they arrive.

The crisis center advocate will be given time with the family in order to clarify their role. Parents and caregivers may be given the opportunity to have the crisis center advocate with them during the post-interview investigative team meeting, to provide support and information about follow up and next steps.

In cases where the victim is an adolescent, they may be given the option to meet privately with a crisis center advocate. Because the adolescent victim is a primary victim, the crisis centers may provide separate advocates whenever possible for an adolescent victim and the non-offending family member.

Crisis center advocates have the ability to provide long-term services to primary and secondary victims, regardless of the outcome of the interview.

VICTIMS' ASSISTANCE PROVIDERS

Victims' assistance providers are prosecution based victim service providers, whose goal is to reduce the impact that the crime and resulting involvement in the criminal justice system have on the lives of victims and witnesses. Victims' assistance providers are committed to ensuring that all victims of crime in New Hampshire are treated with the dignity and respect that they deserve, recognizing that the criminal justice system can be confusing, frightening and re-traumatizing. The New Hampshire Crime Victim Bill of Rights, [RSA 21-M:8-k](#), outlines the rights victims have under the law. Unlike with the crisis center advocate, a victim's communication with a victims' assistance provider is **not** privileged and confidential under [RSA 173-C](#).

Victims' assistance providers offer the following services to victims of crime as they move through the criminal justice system:

- Information on their rights as a victim;
- Crisis intervention and support;
- Orientation to the criminal justice system;
- Information regarding case status and disposition;
- Support at court hearings in the criminal matter;

- Assistance with Victim Impact Statements; and
- Resource and referral information.

THE ROLE OF VICTIMS' ASSISTANCE PROVIDERS WITHIN THE CAC MODEL

The victims' assistance provider should be a member of the MDT. The Director of the Victim Assistance Program, in consultation with CAC staff, will determine if the victims' assistance provider is brought into the MDT at the time of the CAC interview, or thereafter.

The assistant county attorney will brief the victims' assistance provider on what is known regarding the child and the case. The victims' assistance provider may observe the interview while it is being conducted. It is possible that they may meet with the non-offending family member(s) during the child's interview. Prior to meeting the family member(s), the victims' assistance provider may coordinate with the crisis center advocate regarding support, information and services to be provided at that time (*see [Crisis Center Advocates](#) above*). Services of the crisis center advocate may be provided without the presence of the victims' assistance provider, pursuant to the confidentiality laws of crisis center advocates.

The victims' assistance provider may be available to provide support services and information to child victims and their non-offending family members before, during, and/or after the CAC interview. At the request of law enforcement or DCYF, the victims' assistance provider may be able to provide:

- A brief introduction and description of their role; and
- Discuss the child's immediate needs and concerns, answer questions and provide support.

Upon a case referral to the County Attorney's Office, the victims' assistance provider is the primary contact for the victim and the non-offending parent or caregiver. The victims' assistance provider will focus attention on meeting the needs of child victims and witnesses by ensuring that consideration is given to the child's age, schedule, privacy and any special needs of the child.

Victim assistance services during the course of the case may include information about the court process and what is expected of the victim on each occasion, preparation for testimony, orientation to the courtroom environment, case status notification, and victims' rights. Age-appropriate instructions in legal procedure and terminology are given to child victims and witnesses. In most cases, case status notification is given to the parent or caregiver of the child, along with tips and assistance in providing verbal notice to the child and deciding what notice should be given.

THE ROLE OF MENTAL HEALTH PRACTITIONERS

The Child Protection Act ([RSA 169-C:29](#)) requires that any **individual suspecting** a child has been abused or neglected is required to **immediately report** ([RSA 169-C:30](#)) their concerns to DCYF. This includes, a psychiatrist, psychologist, therapist, social worker or any other any mental health practitioner. Regardless of the ways in which a practitioner becomes suspicious of abuse or neglect, including hearing a disclosure, the practitioner **is required** by law to make the report.

It is important to note that it is the **individual practitioner** who suspects abuse and neglect who must **immediately** make the report directly to the Division for Children, Youth and Families (DCYF) Central Intake Office by telephone at **1-800-894-5533, which is available 24 hours a day**. This requirement is mandated by New Hampshire state law, [RSA 169-C:29](#), regardless of any agency's policy which might be contrary.

Any notification required by an agency or institution policy to superiors **should not delay** the report or defer the obligation to report. The purpose of the law is to ensure that the report is made with firsthand knowledge and minimizes the trauma to the child by eliminating the need for the child to repeatedly tell their story.

Failure to comply with this statute may result in a misdemeanor charge to the individual who did not report ([RSA 169-C:39](#)).

Anyone acting in good faith in making a report or providing information or assistance to DCYF, is immune from liability. See [RSA 169-C:31](#) or *Immunity*, page 9 for more information.

DIFFERENT TYPES OF PRACTITIONERS

Mental health practitioners represent a range of training from clinical social work (LICSW or MSW), marriage and family counseling (MFT), clinical psychology (PhD or PsyD), mental health counseling (LCMHC, M.S. or M.Ed.) and pastoral counseling (M.Div, D.Min). They may be licensed through the New Hampshire Board of Mental Health Practice or the New Hampshire Board of Psychologists.

Whether a practitioner is located within a community mental health center, agency, private practice, inpatient, outpatient, school, medical office, hospital or any other setting, the practitioner should have a clear understanding of how to respond to a disclosure or suspicion of child abuse or neglect.

As part of the intake procedure with clients seen in outpatient settings, written as well as ongoing verbal informed consent as to the reporting laws and limits of confidentiality relative to the safety of children is standard practice. Each mental health discipline has a Code of Ethics which clarifies the duty to follow the best interests of children relative to safety. The New Hampshire Mental Health Bill of Rights is provided to clients receiving mental health services and clarifies key aspects of the clinical relationship. Clients are made aware that abuse or neglect reports will be shared with appropriate agencies for the protection and safety of children.

Prior to treatment, informed consent should be received from both parents, if possible. The practitioner will provide treatment and referral to the child and family as their needs indicate.

The Mental Health Bill of Rights is provided by law to persons receiving mental health services in the State of New Hampshire. Its purpose is to protect the rights and enhance the well-being of clients, by informing them of key aspects of the clinical relationship. This includes requirements by the practitioner regarding duty to report child abuse.

RESPONDING TO A DISCLOSURE

When a child discloses abuse or neglect, the practitioner should remain neutral, respectful and open to the information the child shares.

A mental health practitioner:

- Should remain focused on child safety and clarity of professional boundaries to report and not make judgments;
- Should obtain enough information to make an initial report, leaving detail gathering and determination of abuse and/or neglect to DCYF and law enforcement;
- Should understand the role of the practitioner is to help the child and family with their reactions to the disclosure and move forward;
- Should explore with the child how best the practitioner can support them going forward;
- Should encourage the child to continue to speak with responsible adults, especially if they feel unsafe or have questions;
- Should follow through on their legal and ethical responsibility to report suspicion of abuse and neglect;
- Should partner with the family if possible, in the initial reporting to DCYF;
- Should ask the non-offending parent or caregiver how they can best ensure the child's safety and if they have any concerns for the child's or their own safety;
- For the safety of the child, advise the child and responsible adults not to discuss the disclosure with the perpetrator;
- Should follow the relevant professional Code of Ethics including requirements around scope of practice and the New Hampshire Mental Health Bill of Rights;
- Should provide support in the form of handouts, links to websites or connection to community resources (i.e., [New Hampshire Department of Justice, Office of Victim/Witness Assistance](#), [New Hampshire Judicial Branch, Circuit Court Family Division](#), [DCYF](#), [Granite State Children's Alliance](#)).

Practice Tip!

Practitioners should obtain training, collaboration and /or supervision in understanding the effects of child abuse and trauma in order to provide trauma informed services to their clients. See Appendix B - [Resources](#) for more Information.

- Should provide information and referrals to the [New Hampshire Victims' Compensation Program](#);
- Should collaborate with other resources (i.e., DCYF or law enforcement) as to the steps needed to ensure ongoing safety to child and family;
- Should not make assumptions about what the child's reaction ought to be;
- Should not discount information shared or make a judgment based on what they think may or may not have occurred;
- Should not promise a child that everyone will believe them;
- Should not promise a child what will happen next or how family members or others may respond;
- Should not impose their own value system on the child's disclosure. It is important for practitioners to be aware that abuse and neglect of children are most often perpetrated by someone they know, trust and/or love. For example, do not assume how the child felt about the disclosure or what the incident(s) meant to them; the abuse may not have been physically hurtful or frightening; and
- Should not discuss the disclosure with the perpetrator. This is the role and responsibility of DCYF and law enforcement.

REPORT DETAILS

Reports to DCYF Central Intake can be made by calling **1-800-894-5533, which is available 24 hours a day**. Each report shall, if known, contain the following information:

- The name and address of the child(ren) suspected of being abused or neglected;
- The name of the parent or caregiver responsible for the child's welfare;
- The nature and extent of suspected abuse/neglect (including evidence of previous injuries);
- The identity of the perpetrator; and
- Any other information that may be helpful to the assessment (e.g., possible threat to child's safety, school dismissal time, the perpetrator's access to the child).

NOTE: DCYF may ask for additional information, if available, such as the potential danger or volatility of the family situation, safety of the child, presence of weapons or substance misuse in the home.

While not statutorily required, reporters are encouraged to provide additional information, such as the age of the child, to DCYF.

Reports can be made confidentially to DCYF, yet due to the specifics of disclosures, it is often not possible to protect privacy of the reporter. The reporter should be informed of this. Should the reporter's identity be disclosed, an open dialogue between parent and practitioner should take place in which the reason for reporting and the need to work/continue to work together is discussed.

DURING THE INVESTIGATION

Based on the information obtained from the practitioner, the DCYF Central Intake Office will make a determination as to whether the report is screened in. If screened in, Central Intake determines the level of risk to the child. The DCYF Central Intake Office then

contacts the appropriate District Office to advise of all high-risk reports. If Central Intake determines that the child does not appear to be in imminent danger, the report will be sent to the appropriate District Office for a response within 72 hours.

When the risk level is determined to be high, the local District Office will make every effort to send a Child Protective Service Worker (CPSW) to see the child the same day the report was made. It is for this reason that it is **imperative** that the practitioner report suspected child abuse or neglect **immediately**.

In cases of serious physical injury or sexual abuse, the law requires that DCYF notify law enforcement. After an initial conversation between DCYF and law enforcement, it may be determined that due to immediate danger of the child, an interview may be necessary prior to the CAC interview. In some cases, when the perpetrator does not live in the same household as the child and does not have ready access to the child, law enforcement may be the primary investigators.

During the course of the investigation, the practitioner:

- Should report any new disclosures of abuse and or neglect made during treatment;
- Should provide ongoing care and treatment as is appropriate to the child's needs and the practitioner's skill and training;
- Should be aware that though the treatment record contains privileged information, parents possess the right of access to their children's mental health record (with certain exceptions, *In re: Berg, 152 N.H. 658, 886 A.2d 980 (N.H. 2005)* and a court can order release of a mental health record in the course of legal involvement. This information should be part of standard written informed consent at the onset of treatment. An attorney knowledgeable in mental health confidentiality and state law should be consulted before responding to a subpoena or court order. (<https://www.nhbar.org/>);
- Should support and educate non-offending parents and caregivers about how to provide safety and support to their child; and
- Should provide ongoing assistance and consultation to DCYF as needed or requested. See *Immunity*, page 9 for more information.

CONTINUATION OF TREATMENT

Whether an investigation has commenced or has concluded the mental health practitioner:

- Should report any new disclosures of abuse and/or neglect made during treatment; and
- Should provide ongoing care and treatment as is appropriate to the child's needs and the practitioner's skill and training.

THE ROLE OF SCHOOL EMPLOYEES

The Child Protection Act ([RSA 169-C:29](#)) requires that any **individual suspecting** a child has been abused or neglected is required to **immediately report** ([RSA 169-C:30](#)) their concerns to DCYF. This includes, but is not limited to, a teacher, administrator, guidance counselor, school nurse, volunteer, bus driver, janitor, coach, tutor, independent contractor or any other adult having contact with a child in any public or non-public educational setting.

It is important to note that it is the **individual school employee** who suspects abuse and neglect who must **immediately** make the report directly to the Division for Children, Youth and Families (DCYF) Central Intake Office by telephone at **1-800-894-5533, which is available 24 hours a day**. This requirement is mandated by New Hampshire state law, [RSA 169-C:29](#), regardless of any school policy which might be contrary to the state reporting statute.

Any notification required by school policy to superiors within the educational setting **should not delay** the report or defer the obligation to report. The purpose of the law is to ensure that the report is made with firsthand knowledge and minimizes the trauma to the child by eliminating the need for the child to repeatedly tell their story.

Failure to comply with this statute may result in a misdemeanor charge to the individual who did not report ([RSA 169-C:39](#)).

Anyone acting in good faith in making a report or providing information or assistance to DCYF, is immune from liability. See [RSA 169-C:31](#) or *Immunity*, page 9 for more information.

Any individual who holds a New Hampshire teaching credential is required by the New Hampshire Code of Ethics and Code of Conduct for New Hampshire Educators to report a suspicion of abuse and neglect to DCYF. A “credential” as defined in Ed 501.02(g), and includes a beginning educator license (BEL), experienced educator license (EEL), in process of licensure authorization (IPLA), intern authorization (IA), emergency authorization, statement of eligibility (SOE), para-educator I & II, school nurse, and master teacher license (MTL). Any credential holder who fails to make the required report could face a sanction by the Board of Education against their teaching credential.

School psychologists, social workers or guidance counselors may refer to [The Role of Mental Health Practitioners](#), page 67, for additional information.

REPORT DETAILS

As stated above, the school employee who suspects that a child has been abused or neglected shall make an oral report immediately to DCYF Central Intake Office by telephone and then notify the school principal that a report has been made.

Practice Tip!

If a school employee suspects that abuse or neglect is happening to a child, the school employee is required to report.

If you are wondering if you should report, you should!

Each report shall, if known, contain the following information:

- The name and address of the child(ren) suspected of being abused or neglected;
- The name of the parent or caregiver responsible for the child's welfare;
- The nature and extent of suspected abuse/neglect (including evidence of previous injuries);
- The identity of the perpetrator; and
- Any other information that may be helpful to the assessment (e.g., possible threat to child's safety, school dismissal time, the perpetrator's access to the child).

Practice Tip!

*Typically, children will disclose to an educator in the morning; school employees should call DCYF **immediately** to avoid end of the day emergencies.*

While not statutorily required, reporters are encouraged to provide additional information, such as the age of the child to DCYF.

As a school employee (teacher, guidance counselor, child study team member, etc.), the person making the report to DCYF may be privy to additional information about the child, which could include, but is not limited to the following:

- The child's progress and achievement in school;
- Observable behaviors and changes over time, including day-to-day behaviors, attitudes, social interactions with adults and peers;
- Characteristics of child's friends in school;
- Whether the child has any siblings at the house who could also be in potential danger of abuse or neglect;
- Any history of observable injuries and any explanation provided by the child.
- Any unusual behaviors observed;
- Availability of psychological evaluations, diagnostic materials, and other tests;
- Circumstances precipitating the referral;
- Parental involvement; and
- Any action taken by the school.

The role of the school employee is to listen and support the child, not to ask questions or interview the child.

In most cases, it will be requested that a school employee submit a written report to the DCYF Central Intake Office within **48 hours of making the oral report**. A copy of the report should be kept in accordance with the school's policy. The purpose of this report is primarily to assist school employees in accurately recalling what led them to suspect that abuse or neglect was occurring, should law enforcement, DCYF or the court need that information at a future date.

It is strongly recommended that the written report be kept in a **CONFIDENTIAL** file, apart from the student's academic or counseling files. Keeping the report separate from the student's academic or counseling files will ensure that the report is not inadvertently released, if the student's files are released pursuant to a routine academic request.

REPORTING TO LAW ENFORCEMENT

If a school employee suspects that abuse or neglect has occurred they must report to DCYF immediately.

If the school employee believes the child is in imminent danger of further abuse or neglect, the employee should promptly contact the law enforcement agency in the jurisdiction where the employee suspects the abuse or neglect occurred.

If the school has a School Resource Officer (SRO) on site, the notification may be made through that individual. In such an instance, a report will still need to be made to DCYF.

NOTE: *The Family Educational Rights and Privacy Act (FERPA) allows schools to disclose records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):*

- *School officials with legitimate educational interest;*
- *Other schools to which a student is transferring;*
- *Specified officials for audit or evaluation purposes;*
- *Appropriate parties in connection with financial aid to a student;*
- *Organizations conducting certain studies for or on behalf of the school;*
- *Accrediting organizations;*
- *To comply with a judicial order or lawfully issued subpoena;*
- ***Appropriate officials in cases of health and safety emergencies; and***
- ***State and local authorities, within a juvenile justice system, pursuant to specific State law.***

WHEN THE SUSPECTED ABUSER IS A SCHOOL EMPLOYEE

A school employee who suspects that another school employee has abused a student, or receives such a disclosure from a student, must report directly:

- To the DCYF Central Intake Office ([RSA 169-C:29](#));
- To the local law enforcement agency ([RSA 193-D](#), Safe School Zones);
- Administration within the school (principal and/or superintendent); and
- The New Hampshire Department of Education pursuant to the New Hampshire Code of Conduct for New Hampshire Educators ([Ed. 510.05](#)*)).

**The New Hampshire Code of Conduct for New Hampshire Educators in its entirety can be found at https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code_conduct.pdf*

At a minimum, a “romantic” or sexual relationship between a school employee and student, even if the student has reached the age of consent, is considered unprofessional conduct. It may also be sexual abuse and a crime; therefore the conduct must be reported as above.

CHANGES TO THE CRIMINAL STATUTE (HB1240)

During the 2019-2020 legislative session, in response to a very public sexual assault matter which occurred in a New Hampshire public school, the legislature passed and the governor signed [HB1240](#). This new law amends criminal laws relative to sexual assault, but directly affect the field of education.

Changes made to the sexual assault statutes by HB 1240 clearly state that the consent of the victim, is not a defense.

This new law amends the Aggravated Felonious Sexual Assault ([RSA 632-A:2](#)) and Felonious Sexual Assault ([RSA 632-A:3](#)) statutes to prohibit “*an employee, contractor, or volunteer at a primary or secondary educational institution*” from having a sexual relationship with a student regardless of the student’s age—even if the student is 18. It is important to note that the victim **cannot consent to the sexual relationship**.

The prohibition on a sexual relationship between a student and an educator **continues up to 10 months after the student’s graduation or departure from school**. This provision mirrors the language in the Code of Conduct for New Hampshire Educational Professionals to recognize the inherent power differential which exists between educators—who are in a role of authority—and the students that they teach.

School districts and educators should now be aware that a sexual relationship with a student—regardless of the student’s age—is now criminal. (*For additional information see [Department of Educational Technical Advisory](#)*) Such a relationship was already a violation of the Educator Code of Conduct. If such a relationship is discovered, the police and DCYF should be contacted immediately. A follow-up report should then be made directly to the Department of Education’s Governance Unit, so that, if applicable, appropriate action can be taken upon the educator’s credential.

A failure to report a disclosure or a suspicion of abuse by a school employee to the Department of Education pursuant to Ed. 510.05 might result in the Board of Education imposing a sanction against the non-reporting educator’s teaching license.

WHAT HAPPENS AFTER THE REPORT HAS BEEN MADE

Based on the information obtained from the school employee making the report, the DCYF Central Intake Office will make a determination as to whether the report is screened in. If screened in, DCYF Central Intake determines the level of risk to the child. The DCYF Central Intake Office then contacts the appropriate District Office to advise of all high-risk reports. If the Central Intake determines that the child does not appear to be in imminent danger, the report will be sent to the appropriate District Office for a response within 72 hours.

When the risk level is determined to be high, the local District Office will make every effort to send a Child Protective Service Worker (CPSW) out to see the child the same day the report was made. This initial meeting with the child often occurs while the child is still at

school. It is for this reason that it is **imperative** that school employees report suspected child abuse or neglect **as early in the day as possible**. This will allow sufficient time for the child to be properly interviewed and for the appropriate officials to develop an intervention plan to assure the child's safety.

In cases of serious physical injury or sexual abuse, the law **requires that DCYF notify law enforcement**. After an initial conversation between DCYF and law enforcement, it may be determined that due to immediate danger of the child an interview may be necessary prior to the in-depth CAC interview. In some cases, when the perpetrator does not live in the same household as the child and does not have ready access to the child, law enforcement may be the primary investigators. Therefore, if it is determined that there will be an immediate response, the CPSW may be accompanied by law enforcement, or law enforcement may come to the school alone to interview the child.

WHEN THE CHILD IS INTERVIEWED AT SCHOOL

Pursuant to [RSA 169-C:38, IV](#), DCYF child protection workers and law enforcement investigators have the right to enter **any public place**, including but not limited to schools and child care agencies, for the purpose of conducting an interview with a child, **with or without the consent or notification of the parent or parents** of such child, if there is reason to believe that the child has been abused, neglected or the victim of a crime.

To minimize the number of interviews with the child, DCYF and law enforcement may conduct a joint interview. In accordance with [RSA 169-C:38, IV-V](#), all interviews of children shall be videotaped if possible. If it is videotaped, it shall be videotaped in its entirety when conducted in a public setting, including schools. If the interview cannot be video recorded, an audio recording shall be made.

School personnel must cooperate with DCYF and law enforcement by providing such information and assistance as suggested in the assessment process, including, but not limited to the following:

- Arrange access to the child;
- Arrange for a private location for interviews;
- Take every precaution to protect the child's privacy and confidentiality; and
- Make sure the child is emotionally prepared to return to the classroom before they do so.

*For the integrity of the investigative process, school personnel **should not be present during the interview unless invited by DCYF or law enforcement.***

It is important to note that not all investigations initiate or progress in the same manner and not all children will be interviewed at school. See [The Role of DCYF page 11](#), [The Role of Law Enforcement page 25](#), and [The Role of Child Advocacy Centers page 45](#), for more detailed information.

THE SCHOOL EMPLOYEE'S ROLE DURING THE ASSESSMENT/INVESTIGATION

School employees often are a stable and continuous adult influence in a child's life and are deeply concerned about each child's safety and well-being. Given the unique

relationships that schools have with children and families, school employees can be most helpful during the investigative process by:

- **Providing on-going support to the child.** School employees are encouraged to listen and support the child, but to not to ask further questions or interview the child;
- **Reporting additional disclosures by the child;**
- **Informing investigators of any behavioral changes in the child** (i.e., acting out/disruptive behavior, withdrawing, unexplained absences);
- **Letting investigators know if the child has any disabilities or special needs.** School employees know this child better than the investigators and therefore their insight in terms of communicating or approaching the child can be critical to investigators;
- **Sharing any additional information from the non-offending caregiver or perpetrator.** Either parent may approach the school employee. Changes in family dynamics or living arrangements are helpful for investigators to know. If, at any time, an angry parent confronts a school employee, and the school employee fears for their own safety, law enforcement should be called; and
- **Sharing resources.** There are times that the school is seen as a source of support for the non-offending parent or caregiver. If there are supports identified by the school and the non-offending parent or caregiver, please share those with DCYF and law enforcement so care can best be coordinated to support the family and child.

To preserve the integrity of the assessment and investigative process it is important that school employees do not attempt to question or try to obtain more information from the child. If the child discloses additional information, listen, provide support and report additional information to investigators.

At the end of the investigation, school employees will be notified in general terms about the outcome of the case. Due to the confidentially statutes, DCYF and law enforcement may not be able to share information that is more detailed.

DCYF will provide guidance to schools about how best to support the child after the interview, including how to handle the child's concerns about going home, parents' reaction to the interview or any other concerns regarding the assessment. If school personnel are uncertain about how best to handle such concerns, they should consult the DCYF CPSW for guidance when they are at the school or contact the DCYF Assessment Supervisor at the District Office as needed.

Schools are encouraged to reach out to their local DCYF District Office for additional training opportunities on DCYF's process.

THE ROLE OF GUARDIANS AD LITEM

A guardian ad litem (GAL) is appointed in the Circuit Court following the filing of an Abuse or Neglect Petition by the Division for Children, Youth and Families (DCYF) or local law enforcement agency. GALs are also appointed in Termination of Parental Rights cases under [RSA 170-G](#) when the GAL was involved in the underlying RSA 169-C case. It is a GAL's role to gather information about the child, engage with the child and parties over the life of the child protection proceeding, and report to the court on a quarterly basis. GALs strictly abide by the confidentiality provisions of the child protection statute.

In child protection matters DCYF and law enforcement, **not GALs**, are statutorily assigned the duty to investigate the facts of any case.

In some instances of child abuse and neglect, criminal charges are sought against the parent(s) or individual(s) having care and control of the child. In such a case, the GAL will defer to the victims' assistance providers to assist the child through the criminal proceedings. The GAL will, however, be available for guidance and support as appropriate. The GAL will obtain information regarding the status of the criminal proceedings from the victims' assistance provider. Absent a court order, GALs shall not disclose child protection case information except to parties in the RSA 169-C proceeding.

Whether the disclosure and investigation process is completed prior or subsequent to the GAL's appointment, pursuant to the GAL's information gathering role in the RSA 169-C case, the GAL should have access to the recording(s) or transcript(s) produced from the child's interview(s).

If, during the course of the GAL's involvement with the child, the child discloses abuse or neglect, the GAL will not attempt to obtain detailed information pertaining to the disclosure. As a mandated reporter, the GAL will immediately report the information to DCYF Central Intake for further investigation. In addition, if the GAL suspects a child is in immediate danger, the GAL shall call 911. In this instance, a report will still need to be made to DCYF.

COURT APPOINTED SPECIAL ADVOCATES (CASA) OF NH

CASA of NH is a private not-for-profit agency statutorily authorized and approved by the New Hampshire Guardian ad Litem Board to provide guardian ad litem services to children in abuse and neglect proceedings brought under [RSA 169-C](#). CASA recruits, screens, trains, and supervises citizen volunteers to act as GALs in the Family Division of the New Hampshire Circuit Court. In these child protection proceedings, CASA GALs advocate for the "best interest of the child."

NON CASA GUARDIANS AD LITEM

If a CASA or other approved program GAL is unavailable for appointment, the court may then appoint an attorney or other guardian ad litem as the GAL for the child. Non CASA GALs are board certified by the New Hampshire Guardian ad Litem Board.

YOUTH WITH PROBLEMATIC SEXUAL BEHAVIOR

In all cases involving child sexual abuse, the allegations should be investigated thoroughly. Preteen and adolescent sexual involvement with younger siblings or other young children is recognized as a serious offense beyond what was previously seen as curiosity, exploration or experimentation. Some dynamics of Youth with Problematic Sexual Behavior (YPSB) can parallel those of adult offenders, such as the pattern of progression, anger, exploitation, power and control, and the use of bribes, threats, or coercion to maintain secrecy. Since accessibility and opportunity are prerequisites for offending, the convenience and familiarity of family routines, as well as babysitting responsibilities, provide an environment that may be taken advantage of by a youthful perpetrator. Currently, there is little evidence to support the assumption that the majority of YPSB are destined to become adult perpetrators or that they engage in perpetration for the same reasons as adult offenders.

Though many YPSB are not victims of sexual abuse themselves, in these cases the multidisciplinary team investigating the case should conduct a separate, but concurrent investigation to attempt to determine the separate issue of whether the youth was also a victim of abuse by someone else. If the perpetrator and the victim are both very young and immature, the behavior should be examined closely to determine whether the conduct resulted from childhood curiosity, experimentation, or sexually reactive behavior due to the child's own abuse. Children who are reacting to their own sexual abuse are not juvenile sex offenders and consideration should be given to being descriptive of the behavior (i.e., youth with sexual behavior problems).

In cases where the YPSB is under the age of twelve, delinquency petitions may not be filed. However, the youth may still be able to access services through voluntary services or CHINS by working with DCYF and community providers, where certain services may be provided to these youth in an attempt to address the behavior.

For older juvenile offenders, factors for consideration in determining whether a juvenile delinquency petition should be filed include the following:

- Whether the offender was more than three years older than the victim;
- Whether the offender used a weapon, force, threat of force or intimidation upon the victim; and
- Whether the victim sustained serious physical or emotional injury from the abuse.

The maturity, mental state, cognitive development and sophistication of the offender should also be considered.

Child Advocacy Center forensic interviewers **do not conduct suspect interviews** of juveniles for purposes of criminal investigations. CAC forensic interviewers will interview alleged juvenile perpetrators who are also suspected victims of abuse, however the interview will be for the purposes of **investigating their suspected victimization only**. Prior to a CAC interview of the YPSB, it should be determined whether or not criminal charges may be filed against the juvenile alleged to have committed a sex offense.

In cases where the perpetrator is between the ages of 7 and 11 years, a referral should be made to specialized mental health treatment with a therapist working on behavioral modification specializing in offender and victim treatment.

For perpetrators between the ages of 11 and 18 years, a juvenile delinquency petition should be considered if circumstances warrant. If the matter moves towards Disposition, a recommendation to the Court for an offender risk assessment should be considered to determine risk to the victim and community and level of treatment needed.

If the juvenile perpetrator is between the ages of 11 and 18 and is found incompetent, then a CHINS petition may be an appropriate mechanism for services. However, it does not adequately address the victim or the behavior. In cases of sexual assault, it should be addressed through delinquency proceedings. Many sexual offender treatment programs will not take a YPSB in for treatment unless they have had a finding corroborating the sexually assaultive behavior. This is part of the treatment were the offending youth begins taking responsibility for their behavior.

In cases of aggravated felonious sexual assault by juveniles over the age of 13, the County Attorney's Office may consider certifying the juvenile perpetrators for adult criminal prosecution purposes ([RSA 628:1](#) and [RSA 169-B:24](#)).

NEW HAMPSHIRE VICTIMS' COMPENSATION PROGRAM

The New Hampshire Victims' Compensation Program offers crucial financial assistance to children who are the victims of a crime and their families. Family members, who are also eligible for assistance under this program, include siblings, parents, grandparents and/or legal guardians.

Families may suffer financial stress as devastating as their children's physical injuries and emotional trauma. Recovering from violence or abuse is difficult enough without having to worry about how to pay for the cost of medical care or counseling.

Fortunately, the New Hampshire Victims' Compensation Program can provide substantial financial assistance to crime victims and their families; and, while no amount of money can erase the trauma and grief victims suffer, this aid can be crucial in the aftermath of a crime.

The Victims' Compensation Program may pay for care that helps restore victims' physical and mental health. For claims approved by the Victims' Compensation Program, the following crime related expenses might be eligible for payment or reimbursement:

- Medical care;
- Mental health treatment;
- Funerals;
- Lost wages;
- Security systems;
- Travel costs to receive treatment;
- Moving expenses;
- Clothing or bedding held as evidence by police following a sexual assault; and
- Removal of identifying tattoos or markings of human trafficking.

The Victims' Compensation Program is the payer of last resort. Medical insurance and other available financial sources must be used first. However, it is still important that victims file a claim as soon possible to ensure coverage of eligible expenses.

In order to request assistance with crime related compensation, the victim or the parent/legal guardian must:

- Report the crime promptly to law enforcement, and cooperate with police and prosecutors;
- Submit a timely victim compensation application;
- Have a cost or loss not covered by insurance or another government benefit program; and
- Not have committed a criminal act or some substantially wrongful act that caused or contributed to the crime.

THE FORENSIC SEXUAL ASSAULT EXAMINATION

If the victim does not have insurance or opts not to use it, the cost for a forensic sexual assault examination **may be billed** to the Victims' Compensation Program or written off by the hospital or medical provider. It is important to note that hospitals and medical providers

shall not bill a victim or the victim's family for a forensic sexual examination ([RSA 21-M:8-c](#)). Please refer to pages 12-13 of the *Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation, Ninth Edition 2018*, for more information.

Informing victims about the availability of compensation is the responsibility of every individual who works with victims of crime. For more details about the program contact:

Victims' Compensation Program, NH Attorney General's Office
33 Capitol Street
Concord, NH 03301

E-mail: victimcomp@doj.nh.gov

Website: <https://www.doj.nh.gov/grants-management/victims-compensation-program/faq.htm>

Online application: <https://ccvnh.org/>

1-800-300-4500/ (603) 271-1284

Messages can be left 24 hours, 7 days a week

The office is open Monday-Friday 8:00 am - 4:00 pm

CONCLUSION

It is society's responsibility to provide protection and care for children with evidence-based approaches and to support those dedicated to assuring the best possible outcomes. Policies, legislation and financial support are key components of a comprehensive system that can assure a brighter future for all children. This protocol is intended to be a best practice document and all New Hampshire professionals responding to victims of child abuse and neglect are encouraged to follow these guidelines.

This protocol was written and approved by a group of multidisciplinary professionals representing the agencies and organizations involved in investigating and providing services to child abuse and neglect victims. This protocol emphasizes interagency collaboration, which is a best practice approach in investigating cases of child abuse.

It is the hope of the Attorney General's Task Force on Child Abuse and Neglect, the Division for Children, Youth and Families, and the Granite State Children's Alliance that all New Hampshire children will benefit from the compassionate coordinated care which is the hallmark of a multidisciplinary, victim-centered approach to responding to child abuse and neglect.

**APPENDIX A
PHOTOGRAPH TEMPLATE**

(8½ X 5 ½ paper)

FRONT

_____ **POLICE DEPARTMENT**

PHOTOGRAPHER: _____

DATE: _____ **TIME:** _____

LOCATION: _____

INCIDENT: _____

APPENDIX B RESOURCES

New Hampshire Resources

Listing of the Child Advocacy Centers

<https://www.cac-nh.org>

Department of Health and Human Services District Offices

<https://www.dhhs.nh.gov/contactus/districtoffices.htm>

Domestic and Sexual Violence Crisis Centers

<https://www.nhcadsv.org/member-programs.html>

Victims' Compensation Program

<https://www.doj.nh.gov/grants-management/victims-compensation-program/index.htm>

CASA NH

<https://casanh.org/>

County Victim/Witness Assistance Programs

<https://www.doj.nh.gov/criminal/victim-assistance/assistance-programs.htm>

Code of Conduct for Educators

https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code_conduct.pdf

Bureau of Student Wellness, Department of Education

<https://www.education.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-wellness>

Victims' Bill of Rights

<https://www.doj.nh.gov/criminal/victim-assistance/bill-of-rights.htm>

National Resources

National Child Traumatic Stress Network

<https://www.nctsn.org/>

American Academy of Pediatrics

<http://pediatrics.aappublications.org/collection/council-child-abuse-and-neglect>

Substance Abuse and Mental Health Services Administration (SAMHSA)

<https://www.samhsa.gov>

The Adverse Childhood Experiences CDC website:
<https://www.cdc.gov/violenceprevention/acestudy/>

The Center on the Developing Child at Harvard
www.developingchild.harvard.edu

Trauma and Learning Policy Initiative (TLPI)
<https://traumasensitiveschools.org>

The National Children's Alliance
<https://www.nationalchildrensalliance.org>

American Professional Society on the Abuse of Children
<https://www.apsac.org/>

International Society for Traumatic Stress Studies
<http://www.istss.org>

Training Resources

Justice Resource Institute
<https://jri.org/training/finder/off/neurobiology-trauma-lamp-training>

National District Attorneys Association.
<https://ndaa.org/training-courses/>

Office for Victims of Crime
<https://www.ovcttac.gov/>

National Criminal Justice Training Center
<https://ncjtc.fvvc.edu/>

APPENDIX C

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APPENDIX D

JOINT GUIDELINES FOR DCYF/LAW ENFORCEMENT ON MANDATORY NOTIFICATION, RECORD SHARING, & INVESTIGATIONS

SUMMARY

- GUIDELINE #1:* DCYF District Offices (DOs) and law enforcement agencies (LEAs) should collaborate to establish procedures pertaining to DCYF's verbal notification to LEAs.
- GUIDELINE #2:* DCYF DOs and LEAs should collaborate to establish procedures pertaining to DCYF's written notification mandate.
- GUIDELINE #3:* DCYF DOs and LEAs must designate supervisors to whom issues concerning RSA 169-C:38 notification procedures may be addressed, and must notify each other of those designations.
- GUIDELINE #4:* DCYF DOs and LEAs must designate supervisors to whom issues concerning RSA 169-C:29 notification procedures may be addressed, and must notify each other of those designations.
- GUIDELINE #5:* DCYF DOs and LEAs should collaborate to establish a procedure by which LEAs obtain DCYF records.
- GUIDELINE #6:* LEAs must ensure that their officers provide DCYF with written reports when requested.
- GUIDELINE #7:* LEAs should designate supervisors with whom DCYF DOs Supervisors may address issues concerning record-sharing procedures, and must notify DCYF DO Supervisor of those designations.
- GUIDELINE #8:* During joint investigations, DCYF and LEAs must communicate plans regarding contact with children, family members, and other witnesses, to ensure that such plans do not impede either the abuse and neglect investigation or the criminal investigation.
- GUIDELINE #9:* DCYF DOs and LEAs must designate supervisors to whom issues concerning joint investigations may be addressed, and must notify each other of those designations.

I. MANDATORY NOTIFICATION: DCYF TO LAW ENFORCEMENT

RSA 169-C:38, I, requires DCYF to “immediately” notify local law enforcement, by “by telephone or in person,” when there is reason to believe that a child has been the victim of a crime.

In addition, DCYF must make a written report of the suspected crime to law enforcement within 48 hours, Saturdays, Sundays, and holidays excluded.

DCYF district offices (DCYF DOs) and local law enforcement agencies (LEAs) must work together to establish RSA 169-C:38 notification procedures that work for the particular DCYF DO and local LEA. The procedures may vary depending on local LEA size, staffing, and dispatch arrangements.



A. IMMEDIATE VERBAL NOTIFICATION BY DCYF

GUIDELINE # 1: DCYF DOs and LEAs should collaborate to establish procedures pertaining to DCYF’s verbal notification to LEAs.

The following are suggested considerations:

1. Who at DCYF is responsible for verbally notifying an LEA that there is reason to believe a child has been the victim of a crime?

- DCYF has determined that the head DO Supervisor of each DCYF DO will be responsible for ensuring that LEAs are notified when DCYF has reason to believe that a child has been the victim of a crime. DCYF will provide the name and contact information of the head DO Supervisors to local LEAs, and will apprise local LEAs of any change to that information. *See* DCYF District Office list, attached.

2. Who should DCYF notify at the LEA?

- For some LEAs, the dispatch number may be the best number for DCYF to call to provide verbal notification under RSA 169-C:38. For others, the on-shift police supervisor, or another officer or group of officers, may be the best point of contact.
- LEAs will identify the name, position, and contact information for the law enforcement officer(s) responsible for receiving verbal notification from DCYF, and will provide that information to the appropriate DCYF DO.

- LEAs will update contact information as necessary and forward it to the appropriate DCYF DO.

3. Are there special circumstances which present particular challenges to DCYF’s ability to effectively communicate verbal notification to LEAs?

- DCYF DOs and LEAs must identify the particular challenges, if any, to effective verbal notification under RSA 169-C:38. For example, do law enforcement shift-change times present special challenges to DCYF notification? Is the lack of cellular phone service an issue?
- If challenges have been identified, determine how to best overcome them.
- LEAs should determine whether cellular phone numbers or other back-up numbers should be shared with DCYF for the purpose of enabling notification under RSA 169-C:38.

4. What information must the DCYF DO Supervisor provide verbally to an LEA?

- At a minimum, DCYF must provide an LEA with the name of the child victim, the child’s current address, the name of the person(s) alleged to have committed a crime against the child, and a summary of the allegations



B. WRITTEN NOTIFICATION BY DCYF

GUIDELINE #2: DCYF DOs and LEAs should collaborate to establish procedures pertaining to DCYF’s written notification mandate. In doing so, the following should be kept in mind:

- 1. DCYF provides written notification to LEAs via a “Law Enforcement Letter.”** The Letter is computer software-generated and contains information reported to the DCYF Intake Unit. DCYF has updated the format of the Letter to eliminate redundant and unnecessary information such as multiple address listings. DCYF anticipates that the new Letter will be utilized starting in April 2016.

2. To whom should DCYF address the written notification?

- LEAs will designate an officer to whom the Letter should be addressed, and must provide that information to the DCYF DO Supervisor. LEAs must apprise the DCYF DO Supervisor of any changes to that information.
- The DCYF DO Supervisor will ensure that RSA 169-C:38 notification Letters are sent to the officer designated by the LEA.

3. How should DCYF and the LEAs best ensure that a designated law enforcement officer promptly receives the written notification?

- The LEA will determine how the designated officer should receive the Letter, and must notify the DCYF DO Supervisor of this determination. For example, depending on the LEA, receiving the Letter by fax or email may be appropriate. The LEA must provide the DCYF DO Supervisor with fax numbers and/or email addresses as appropriate.
- DCYF has found that the most efficient manner of getting written notification to an LEA is to establish an email group to which the Letter is sent. LEAs should consider whether this method of delivery is desirable, particularly in view of considerations like LEA shift changes, vacations, and other periodic absences.

4. Are there special circumstances which present particular challenges to DCYF's ability to effectively provide written notification to LEAs?

- As with verbal notification, DCYF DOs and LEAs must identify the particular challenges, if any, to effective communication of written notification under RSA 169-C:38, and must determine how to overcome them.
- For example, if an LEA determines that DCYF notification Letters should be sent by fax, can the LEA ensure that the fax machine is checked regularly? If it isn't, is email the better delivery method?
- The LEA must also decide how to manage receipt of the Letter when the designated officer is not on duty, and must communicate that determination to the DCYF DO Supervisor.

5. What content does the Letter include?

- The DCYF Law Enforcement Letter contains the following:
 - Abuse/neglect reporter information, unless the reporter is anonymous.
 - The name of DCYF Supervisor reporting the crime, and the name of the LEA officer to whom the report is being made.
 - Victim information.
 - Parent/guardian information pertaining to the victim and to other children in the home.
 - Alleged perpetrator information.
 - Basic information concerning other household members.
 - The date on and municipality in which the crime was allegedly committed.
 - The details of the alleged abuse or neglect, as documented by the DCYF Intake Unit.
 - An indication, consisting of DCYF Referral numbers, as to whether DCYF has received prior reports of abuse or neglect.
- As noted, the Law Enforcement Letter will indicate whether DCYF has received prior reports of abuse or neglect concerning the child victim(s). If desired, LEAs should request information on prior reports from the DCYF DO which has provided the Law Enforcement Letter.

C. WHICH CRIMES MUST DCYF REPORT?

RSA 169-C:38, I, lists five types of harm to a child which DCYF must report to the local LEA when DCYF reasonably suspects that the child has been subjected to such harm. They are:

- Sexual molestation;
- Sexual exploitation;
- Intentional physical injury causing serious bodily injury;
- Physical injury by other than accidental means causing serious bodily injury;
- and
- Any circumstance in which the child is “a victim of a crime.”

Crimes in New Hampshire are primarily defined in the Criminal Code, which is found in Title 62 of the New Hampshire statutes.

AGO TASK FORCE ACTIONS:

The Attorney General's Task Force on Child Abuse & Neglect will coordinate training for DCYF DO staff on the intersection of RSA 169-C:38, I, and the criminal code, and the issue of what conduct must be reported to law enforcement under RSA 169-C:38.

D. PROBLEM-SOLVING

GUIDELINE #3: DCYF DOs and LEAs must designate supervisors to whom issues concerning RSA 169-C:38 notification procedures may be addressed, and must notify each other of those designations.

- If issues arise concerning notification, the designated DCYF DO and LEA supervisors must work together to promptly resolve them in a mutually satisfactory manner.

II. MANDATORY NOTIFICATION: LAW ENFORCEMENT TO DCYF



Under RSA 169-C:29, every person who has “reason to suspect that a child has been abused or neglected” is a mandated reporter and must report his or her suspicions to DCYF. Under RSA 169-C:30, the oral report must be made “immediately.” “Abused” and “neglected” are terms that are defined by statute. *See* RSA 169-C:3.

The mandatory reporting statute specifically lists “law enforcement officials” amongst the types professionals who must report child abuse and neglect.

RSA 169-C:30 makes explicit what information must at a minimum be included in the report to DCYF, if that information is known:

- The name and address of the child suspected of being neglected or abused.
- The name and address of the person responsible for the child’s welfare.
- The specific information indicating neglect or the nature and extent of the child’s injuries (including any evidence of previous injuries).
- The identity of the person or persons suspected of being responsible for such neglect or abuse.
- Any other information that might be helpful in establishing neglect or abuse or that may be required by the department.



The statute directs law enforcement officers to provide a written report of the allegations within 48 hours if requested by DCYF.

GUIDELINE #4: DCYF DOs and LEAs must designate supervisors to whom issues concerning RSA 169-C:29 notification procedures may be addressed, and must notify each other of those designations.

- If issues arise concerning notification, the designated DCYF DO and LEA supervisors must work together to promptly resolve them in a mutually satisfactory manner.

AGO TASK FORCE ACTIONS:

The Attorney General’s Task Force on Child Abuse & Neglect will coordinate training for law enforcement officers concerning the definitions of abuse and neglect and law enforcement officers’ obligations under the mandatory reporting statute.

III. RECORD SHARING

A. PROVIDING DCYF RECORDS TO LAW ENFORCEMENT



By statute, DCYF case records are confidential. *See* RSA 169-C:25, III.

Under RSA 169-C:34-a, III, and RSA 169-C:38, II, however, DCYF must share its case records with partnering law enforcement officers.

When investigating child-abuse related crime, law enforcement can and should request relevant records from DCYF. DCYF must provide these records upon request.

GUIDELINE #5: DCYF DOs and LEAs should collaborate to establish a procedure by which LEAs obtain DCYF records, bearing in mind the following:

1. **To whom at DCYF should law enforcement make the request for records?** DCYF has determined that each DO Supervisor is responsible for assuring timely response for DCYF records related to child abuse and neglect investigations. *See* DCYF District Office list, attached.
2. **How should the request be made?** LEAs must request DCYF records in writing, by sending a letter or email request to the local DCYF DO Supervisor.
 - When making the request, law enforcement must identify the reason for the request and the date by which the records are needed.
3. **Which records should law enforcement request?** Requests for specific types of records—versus “the whole file”—may expedite DCYF processing time. Some examples of DCYF records are intake and assessment reports, service or case plans, case logs, termination reports, and a list of persons or entities providing services to the child or family. DO Supervisors should explain the types of DCYF records to LEAs.
4. **How will DCYF process the request for records?**
 - Upon receipt of the written request from the LEA, if the requesting officer has not indicated the specific types of records needed, the DCYF DO Supervisor will contact the officer to help determine which records might be most useful to the criminal investigation.

- The DCYF DO Supervisor will also review DCYF’s BRIDGES computer software program to determine whether other DOs have records pertinent to the request. If such records exist, DCYF has determined that the DCYF DO Supervisor shall request those records from the other DO(s).

5. When should LEAs expect to receive the records?

- DCYF will provide records requested by law enforcement within 30 days of receiving the written request, and sooner if possible.
- If the need for records is urgent, law enforcement must communicate the basis for the urgency to DCYF. DCYF will expedite its processing of records in exigent circumstances.

B. PROVIDING LAW ENFORCEMENT RECORDS TO DCYF



Information generated by a criminal investigation into child-abuse related crime is often critical to DCYF efforts to initiate and sustain an abuse and neglect petition or other protective action.

RSA 169-C:34, III mandates law enforcement to provide “such assistance and information as will enable” DCYF to conduct investigations into the safety and well-being of children. Accordingly, law enforcement officers must provide information from a criminal investigation when it is requested by DCYF.

GUIDELINE #6: LEAs must ensure that their officers provide DCYF with written reports when requested.

- For effective presentation of a case in court, DCYF requires investigative reports from law enforcement.
- When due to the status of the criminal investigation it is not possible for an LEA to provide DCYF with investigative reports, the LEA must provide DCYF with a written summary of the facts for use in child protection proceedings.

C. PROBLEM-SOLVING

GUIDELINE #7: LEAs should designate supervisors with whom DCYF DOs Supervisors may address issues concerning record-sharing procedures, and must notify DCYF DO Supervisor of those designations.

- If issues arise concerning record-sharing, DCYF DO Supervisors and LEA supervisors must work together to promptly resolve them in a mutually satisfactory manner.

IV. INVESTIGATION



In most cases, DCYF abuse/neglect proceedings and criminal investigations proceed at very different paces.

For example, other than the statutes of limitations, criminal investigations are not subject to statutory constraints on timing.

By contrast, by statute DCYF must “promptly” investigate reports of abuse and neglect, be prepared for a preliminary hearing within 7 days of filing an abuse and neglect petition in family court, and for an adjudicatory within 30 days of that if the child is in an out-of-home placement. *See* RSA 169-C:8; RSA 169-C:16; RSA 169-C:34.

In addition, the investigation methodologies utilized by DCYF and law enforcement are not the same. These differences in timing and approach can result in unintended conflict.

GUIDELINE #8: During a joint investigation, DCYF and the LEA must communicate plans regarding contact with children, family members, and other witnesses, to ensure that such plans do not impede either the abuse and neglect investigation or the criminal investigation.

GUIDELINE #9: DCYF DOs and LEAs must designate supervisors to whom issues concerning joint investigations may be addressed, and must notify each other of those designations.

AGO TASK FORCE ACTIONS:

The Attorney General’s Task Force on Child Abuse & Neglect will coordinate training for DCYF and law enforcement concerning the differing ways in which DCYF and criminal investigations and prosecutions proceed, including the way in which statutory definitions and standards of proof differ.

The Task Force will also coordinate training for DCYF concerning criminal investigation techniques.