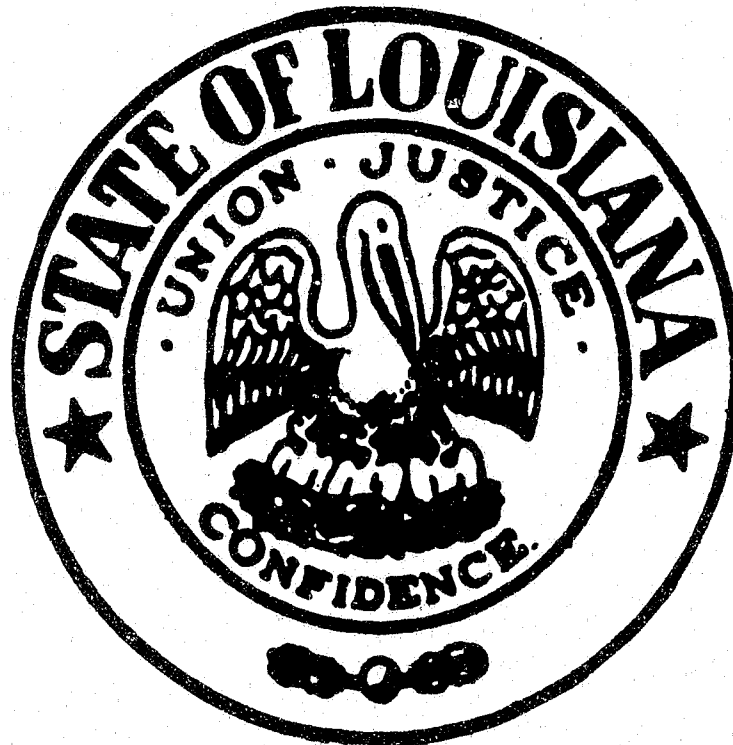


STATE OF LOUISIANA

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

THE LOUISIANA CHILD SEXUAL ABUSE PROJECT



106350

March 30, 1986

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106350

THE LOUISIANA CHILD SEXUAL ABUSE PROJECT

Issues and Recommendations  
from the Louisiana Child Sexual Abuse Committee

Presented to:

Edwin W. Edwards  
Governor

Sandra L. Robinson, M.D., M.P.H.  
Secretary and State Health Officer  
Department of Health and Human Resources

Melvin J. Meyers, Jr.  
Assistant Secretary  
Office of Human Development

March 30, 1986

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National Institute of Justice

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ACQUISITIONS

Child Sexual Abuse Project Review Committee

Judge Joan Bernard Armstrong  
Fourth Circuit Court of Appeal  
New Orleans, Louisiana

Paul Carmouche, J.D.  
District Attorney, Caddo Parish  
Representing the Louisiana District Attorney's Association  
Shreveport, Louisiana

Sergeant Ted Daigle  
Commander, Child Abuse Unit  
New Orleans Police Department  
New Orleans, Louisiana

Sheriff Lloyd B. Johnson  
St. John the Baptist Parish  
Representing the Louisiana Sheriff's Association  
LaPlace, Louisiana

George M. McCormick, II, M.D., Ph.D.  
Office of the Coroner, Caddo Parish  
Representing the Louisiana Coroner's Association

Kathy Nance, B.C.S.W., A.C.S.W.  
Assistant Executive Director, Kingsley House  
Representing the Louisiana Chapter of  
National Association of Social Workers  
New Orleans, Louisiana

Rebecca Russell, M.D.  
Coordinator of Child Sexual Abuse Program  
Children's Hospital  
New Orleans, Louisiana

Edward Halie Shwery, Ph.D.  
Clinical Psychologist  
Private Practice  
Metairie, Louisiana

Project Staff

Robert M. Casse, Jr., Ph.D.  
Project Director  
Office of Human Development  
Baton Rouge, Louisiana

Scott Geron  
Project Coordinator  
Taylor Institute  
Chicago, Illinois

Linda Sadden  
Committee Consultant  
Baton Rouge, Louisiana

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## Introduction

The sexual abuse of children has become an increasingly urgent and salient problem in the United States. The National Center on Child Abuse and Neglect estimates that, in 1982, 65,000 cases or as many as 98,000 children were reported nationwide as victims of sexual maltreatment.<sup>1</sup> Recent studies suggest that the actual incidence of child sex abuse is considerably higher than current report rates.<sup>2</sup>

In Louisiana, as in most other states, there has been a dramatic increase in reported child sex abuse cases during the past three years. Between 1982 and 1984, reports of sexual victimization of children in the state increased 114 percent. This sharp increase, coupled with the special difficulties involved in investigating, adjudicating and treating such cases, has placed a severe strain on the state's child protection system. To examine the current effectiveness of that system, and to improve and strengthen its capacity to protect sexually abused children, Louisiana's Office of Human Development, Division of Children, Youth and Family Services (DCYFS), initiated a special child sexual abuse demonstration project. The project received funding from the federal Department of Health and Human Resources in July of 1985.

Modeled after an earlier project on child fatalities,<sup>3</sup> the project employed a multidisciplinary study approach. A committee composed of representatives from key professional groups in the child protection system was established. These professions included: law enforcement, health/medicine, social work, coroner/medical examiners, judges and district attorneys. Committee members were asked to complete a thorough and objective review of "valid" child sexual abuse cases, to adequately assess communal response to child sexual abuse, and to recommend

comprehensive changes in departmental, agency and professional procedures and practices in order to strengthen efforts to prevent, investigate and respond to child sexual abuse.

For purposes of this project, "child sexual abuse" is defined as the use of a child for an adult's or older child's sexual gratification. It involves sexual contact or sexual activity between a child and an adult or older child and can include nontouching offenses. This general definition is consistent with the Federal Child Abuse Prevention and Treatment Act of 1974, as amended.<sup>4</sup> A "valid" child sexual abuse case refers to those in which DCYFS has determined through an investigation that a child has been sexually abused. DCYFS will validate a case if "the available facts when viewed in light of surrounding circumstances would cause a reasonable person to believe that a child was abused or neglected"<sup>5</sup>.

In all, the committee reviewed 14 valid cases of child sexual abuse which occurred in Louisiana since January, 1983. None of the cases selected have any current or pending criminal court involvement. In half of the cases, the family had a prior history of child abuse or neglect which was known to DCYFS.

Specifically, the committee was mandated to:

- o Assess the adequacy of the state's statutes and departmental rules, policies and procedures regarding reporting, investigation, treatment and prevention of child sexual abuse.
- o Determine the adequacy of workers' training to enable them to investigate, validate and treat child sexual abuse cases.
- o Evaluate the adequacy of DCYFS' interviewing techniques and methods and aids used with child abuse victims, alleged perpetrators, and other family members.
- o Assess the adequacy of evidence gathering procedures used by investigators, including documentation of physical evidence, observing behavioral indicators, locating witnesses and interviewing defendants.



- o Evaluate current procedures and protocols used for conducting medical examinations of child victims of sexual maltreatment.
- o Examine the roles and the degree of cooperation among the agencies involved in responding to child sexual abuse including DCYFS, law enforcement, coroners and other medical professionals, district attorneys, judges and treatment specialists.
- o Determine the appropriateness of the court system's response to child sexual abuse including the treatment of the child victim of sexual maltreatment and the process of prosecution.
- o Assess the adequacy of current therapeutic approaches and services in the treatment of child victims, perpetrators, and the family.
- o Make recommendations to the Assistant Secretary of the Office of Human Development that will strengthen the state's capacity to respond to and prevent child sexual abuse.

The committee's deliberations covered virtually all aspects of the child protection system, from the internal operations of DCYFS to interagency coordination and linkages. The committee found that the ability of the Louisiana child protection system to respond to child sexual abuse cases has not grown apace with the increase in reports. Responsibility for receiving reports of and intervening in sex abuse cases is shared by local law enforcement agencies, prosecutors, courts, and DCYFS. Too often, however, those responsible are unable to provide a swift, effective, consistent and well coordinated response to victimized children and their families. The current system in Louisiana, despite many recent improvements, is still characterized by lack of clarity in definitions of agency purpose, priorities, roles and responsibilities. Criteria for determining appropriate legal, judicial, and protective service intervention in many local jurisdictions are unclear and unstable. There is a crucial need for more specialized expertise and technology in virtually all professional groups involved in the system. There is also a critical lack of treatment resources in the state. As a

result, the trauma and devastation experienced by victimized children and their families may be exacerbated by the very system designed to serve and protect them.

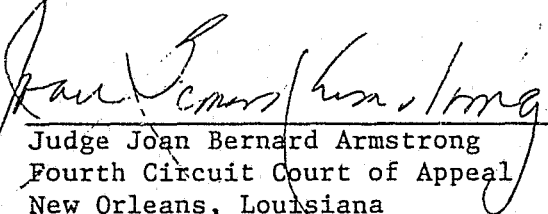
The committee's major findings and recommendations stress the importance of improving the capacity, skills and resources of the various agencies and professional groups involved in child sexual abuse cases, and strengthening the linkages among and between these groups and professions. This study and the recommendations clearly identify child sexual victimization as a crime. However, the recommendations also reflect an underlying philosophy that the interventions used in child sexual abuse cases should be the least restrictive and least disruptive possible. More specifically, the recommendations call for the establishment of specialized investigation units within DCYFS and law enforcement, the provision of specialized training across all the professional groups, the development of both medical and treatment resources designed to meet the needs of the sexually abused child, the creation of protocols which clearly define the responsibilities of the various agencies, and the enhancement of multidisciplinary cooperation around the key points of intervention in child sexual abuse cases.

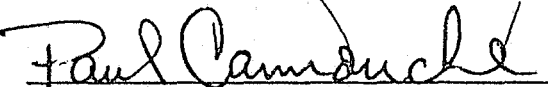
The issues and recommendations developed by the committee have been grouped into 13 sections: (A) Law Enforcement; (B) Investigation Aids; (C) Multidisciplinary Consultation and Interagency Agreements; (D) Medical Examinations; Coroners; (E) Psychological/Psychiatric Examinations; Contract Psychologists; (F) District Attorneys; (G) Juvenile Court; (H) Criminal Court; (I) The Division of Children, Youth, and Family Services (DCYFS); (J) Treatment; (K) Foster Care; and

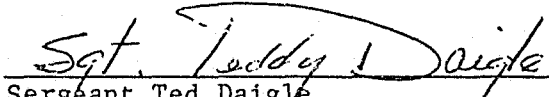
(L) Public Awareness, Early Identification and Prevention. The order of presentation in the report does not indicate the priority accorded these the issues or recommendations by the committee.

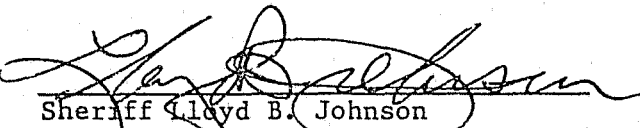
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Louisiana Child Sexual Abuse Committee

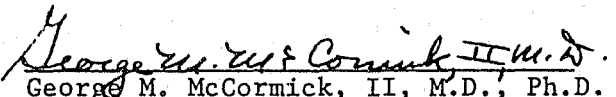
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Assistant Secretary  
Office of Human Development

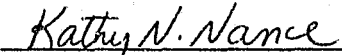
  
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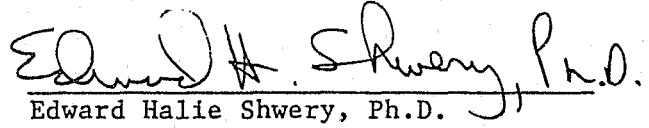
  
Sergeant Ted Daigle  
Commander, Child Abuse Unit, NOPD  
New Orleans, Louisiana

  
Sheriff Lloyd B. Johnson  
St. John the Baptist Parish  
LaPlace, Louisiana

  
George M. McCormick, II, M.D., Ph.D.  
Office of the Coroner, Caddo Parish  
Shreveport, Louisiana

  
Kathy Nance, B.C.S.W., A.C.S.W.  
Secretary, Louisiana Chapter of NASW  
New Orleans, Louisiana

  
Rebecca Russell, M.D.  
Coordinator of Child Sexual Abuse Program  
Children's Hospital  
New Orleans, Louisiana

  
Edward Halie Shwery, Ph.D.  
Clinical Psychologist  
Metairie, Louisiana

## ISSUES AND RECOMMENDATIONS

### A. Law Enforcement

DCYFS shares with law enforcement the responsibility for investigating allegations of child sex abuse. DCYFS is responsible for investigating intrafamilial cases of child sexual abuse, as well as those involving live-in paramours and out-of-home perpetrators in which the caretaker is alleged to be culpable<sup>6</sup>. These cases comprise the large majority of child sexual abuse cases. Because child sexual abuse is a crime<sup>7</sup>, law enforcement is responsible for investigating any allegation of child sexual abuse, but usually refers those under DCYFS jurisdiction to the DCYFS parish office. Allegations of abuse by out-of-home perpetrators, with the exception noted above, are solely under the jurisdiction of law enforcement.

A clearly identified problem in the current response system is the lack of police involvement in most investigations of child sexual abuse under the jurisdiction of DCYFS. The committee believes that joint DCYFS and law enforcement investigations of child sexual abuse are imperative if the child protection system is to maximally responsible to children at risk of sexual abuse. The reasons for joint investigations are compelling:

- o An arrest may have to be made immediately;
- o Law enforcement officers are empowered to remove the child immediately from the home by Article 25 of the Code of Juvenile Procedure if the child is in immediate danger;
- o Some of the evidence necessary for the district attorney to prosecute a case must come from law enforcement;
- o The coroner's law requires that a law enforcement investigation be underway in order for the coroner, or a coroner's designee, to perform an examination;
- o Law enforcement professionals are trained and equipped to identify and collect evidence admissible in criminal court; DCYFS workers are not;

- o DCYFS can assist law enforcement in videotaping interviews with victims;
- o The evidence obtained by law enforcement can be useful in juvenile court in assessing the risk to the child of further abuse;
- o Law enforcement involvement facilitates investigations in many instances and reduces the likelihood of failing to obtain evidence, duplicating interviews, and unnecessary delays.

Law enforcement agencies should designate selected officers to investigate all child abuse and neglect cases, including sexual abuse. The committee found that the cooperation of family members, the quality of evidence gathered, and the overall outcome of child sex abuse cases were greatly enhanced in cases where law enforcement officers involved in the case had received specialized training. At the present time, however, only a few local or parish law enforcement agencies utilize trained officers. In Orleans Parish, specially trained officers in a Child Abuse Unit handle all reports of child abuse and neglect. In Jefferson and Baton Rouge Parish, specialized units respond to all reports of sex crimes, including child sexual abuse. Both of these models, if adopted by other law enforcement agencies, would improve law enforcement's response to child sex abuse cases.

It is critically important that law enforcement officers and agencies recognize the potential therapeutic benefits that an arrest of an alleged perpetrator early in the investigation can serve for the entire family. Successfully treated perpetrators and victims of sexual abuse often report that the arrest was an important intervention. Perpetrators reflecting upon the experience of an arrest for child sexual abuse often regard the arrest as a shock which helped to erode their defenses and rationalizations regarding their conduct with the child. For children,

the arrest often can serve to concretize the seriousness of the offense and reduce the confusion victims often feel regarding their own role in the unfolding sexual abuse.

Unfortunately, the committee also found that law enforcement officers sometimes do not arrest perpetrators in cases of child sexual abuse even when there is probable cause to do so. This usually occurs because some law enforcement officers mistakenly believe that the nonabusing caretaker must file charges in cases of intrafamilial abuse or will only make an arrest if they believe the district attorney can successfully prosecute the case. These are erroneous assumptions. The committee believes that the perpetrator should be arrested in all cases where there is probable cause to believe that the alleged perpetrator committed child sexual abuse. An arrest can effectively interrupt the cycle of emotional and sexual abuse of a child and can ensure the protection of the child until the likelihood of further abuse can be assessed.

#### Recommendations

1. Law enforcement agencies should co-investigate all reports of child sexual abuse with DCYFS personnel. For such co-investigation to be effective, DCYFS must notify the local law enforcement agency of all alleged sex abuse reports at the time the report is received.
2. DCYFS and law enforcement agencies should modify existing interagency agreements, or if necessary, develop new agreements to establish joint investigations. Law enforcement administrative or command officers must notify beat officers of these agreements.



3. Municipal or parish law enforcement agencies should designate at least one individual to respond to all reports of child abuse, including sexual abuse. Law enforcement should staff these specialized positions with self-selected personnel if at all possible.
4. Law enforcement officers who determine in the course of an investigation that a child has been sexually abused should notify the law enforcement child abuse specialist in their parish or municipality as soon as possible without endangering the safety of the child victim(s).
5. Law enforcement should make arrests in all cases of child sexual abuse when there is probable cause to do so. However, law enforcement and DCYFS workers should not terminate investigations with the arrest of an alleged perpetrator.
6. DCYFS and law enforcement agencies should promote the development of specialized child sexual abuse training for law enforcement personnel designated to perform child sexual abuse investigations. Officers should receive training in: (1) how to interview child victims and family members; (2) information on the dynamics of child sexual abuse; (3) DCYFS investigating policies/procedures; (4) guidelines in how to conduct joint investigations; (5) information on the potential therapeutic benefits of arrest of the perpetrator in intrafamilial child sexual abuse cases; (6) when arrests should be made; and (7) how to interpret medical forensic/criminalistic evidence.

7. The Coroner's Association should develop and implement a training program in the interpretation of medical forensic/criminalistic evidence for law enforcement and DCYFS personnel who investigate child sexual abuse allegations.
8. Law enforcement training schools should develop curricula pertaining to child abuse and neglect, including child sexual abuse.

## B. Investigative Aids

In its review of cases, the committee found that investigative aids that have been found useful in other states were rarely used in Louisiana. For example, anatomically correct dolls were used in only one case and videotaping of interviews was never done. Investigative aids were not utilized for two reasons: (1) they are not readily available in most areas of the state and are completely unavailable in some areas; and (2) there are insufficient guidelines for their use. The committee believes that, with proper training, these aids may facilitate the investigation and handling of child sexual abuse cases.

The committee also found that there are no specialized facilities available for conducting child interviews despite a growing national trend to create these facilities. Such facilities are often equipped with furniture scaled down for the child. These facilities often have one-way mirrors which allow one individual to conduct the interview while others who need to be present at the interview submit questions via transmission devices. They can also provide a relatively neutral setting as opposed to the child's home or school and may be less threatening than a police station.

## Recommendations

9. DCYFS and law enforcement should increase the availability of anatomically correct dolls for use by specialized investigators.

10. DCYFS and law enforcement agencies should increase the availability of interviewing rooms which facilitate the humane and effective interviewing of child victims.
11. DCYFS and law enforcement agencies should train specialized investigators in conducting videotaped interviews and their use.

### C. Multidisciplinary Consultation and Interagency Agreements

A recurring element of the committee's deliberations concerned the need to increase multidisciplinary cooperation among the principal actors in the state's response system to child sexual abuse. Multidisciplinary cooperation is needed because of the number of agencies and professionals involved in the investigation and subsequent case intervention and the difficulty in assessing risk and determining appropriate case outcomes. An additional benefit of multidisciplinary consultation is that it facilitates interagency communication and promotes cross-discipline education.

To work effectively, mechanisms to promote multidisciplinary cooperation must usually satisfy two conditions: (1) the consultants must be available in an advisory capacity to the individual or agency who has the legal or statutory responsibility to make the decision (i.e., the consultant(s) must not attempt to supercede that individual's or agency's authority to make the decision; and (2) the consultation must not hamper or interfere with decisions that must be made quickly. The committee identified three mechanisms through which shared decision-making can be improved:

- o Interagency Agreements. The committee recognizes the need for interagency agreements between DCYFS and the various agencies with which it works cooperatively. Many such agreements have been developed, or are in the process of being developed, between DCYFS and law enforcement agencies and between DCYFS and coroners. DCYFS should be commended for initiating most of these agreements and should continue to develop these

agreements with law enforcement agencies and coroners.

Additionally, DCYFS should also develop interagency agreements with other agencies and professional groups, such as schools, district attorneys, and medical centers. Examples of some of the interagency agreements which have been developed are included in the Appendix of this report.

- o Multidisciplinary Teams. DCYFS has established 22 Multidisciplinary Teams to review cases of child abuse and neglect. An additional six teams will be operational in the near future. These teams provide a formal structure for interdisciplinary involvement in child sexual abuse cases. DCYFS policy states that the teams should consist of a physician, an attorney, a psychologist or a psychiatrist, and a Child Protection Investigation Supervisor and recommends that DCYFS solicit the attendance of representatives from mental health, the district attorney's office, law enforcement and schools (Section 4-530). A major factor limiting their usefulness, however, is that the teams typically meet only infrequently, and it is often difficult to obtain the participation of key professionals. Nevertheless, interdisciplinary involvement will be greatly enhanced if Multidisciplinary Teams can regularly review child sexual abuse cases.
- o Informal Consultation. Procedures which promote informal consultation among professionals involved in child sex abuse cases should be developed. In each municipality, parish or

region, key actors -- such as DCYFS workers, law enforcement offices, social workers, district attorneys, medical professionals and psychologists -- should be able to seek professional consultation from each other and other knowledgeable child sexual abuse experts. Informal consultation is preferable for case specific decisions which require immediate resolution and thus cannot be effectively handled by Multidisciplinary Team review.

#### Recommendations

12. Multidisciplinary Teams should periodically review issues affecting interagency cooperation and communication. A representative from judges' associations should be invited when the Team meets for this purpose.
13. Multidisciplinary Teams should develop written summaries of their case decisions for inclusion in case records.
14. DCYFS should strongly encourage the participation of district attorneys, contract psychologists; treatment providers, law enforcement, coroners or coroner's representatives and/or other medical professionals, and the child's attorney when applicable in all Multidisciplinary Team meetings when child sexual abuse cases are reviewed.

15. DCYFS should encourage the development of informal consultation at the local level between DCYFS workers, law enforcement agencies, district attorneys, judges, medical professionals, social workers and psychologists. These networks should be available to professionals involved in child sexual abuse cases on an on-going basis. If necessary, DCYFS should develop funding and formal agreements to ensure the availability of professionals for informal consultation.
16. DCYFS should continue to promote and develop interagency agreements with local law enforcement, and DCYFS policy should be changed to require local DCYFS offices to develop interagency agreements with local school districts, district attorneys and medical centers.
17. DCYFS should designate a contact person for resolving differences between agencies or professional groups that cannot be resolved at the local level.
18. In interagency agreements, provisions should be made for joint training whenever possible.



#### D. Medical Examinations; Coroners

The physical examination is a critical tool in the investigation of child sexual abuse cases. However, the forensic genital examination of children is very different from the standard "adult rape" examination. It requires specialized knowledge and skills that have not been available to most physicians. In addition, there are many problems that exist with child sexual abuse diagnosis and evidence collection, since most cases of child sexual abuse occur without evidence of gross physical trauma or seminal fluid. A specialized, sensitive child sexual abuse examination can in some cases provide the corroboration that is needed to ensure that the child is protected from further abuse. An examination by a well trained physician will not further traumatize the child and may also serve to reassure him/her that he/she is not permanently "damaged"

A critical problem identified by the committee is the lack of trained professionals to perform child sexual abuse examinations. In many areas of the state it is difficult to find physicians with specialized training to complete child sexual abuse examinations who also have the necessary equipment and facilities required. Even in areas that have appropriately equipped facilities, the quality of the examination often depends on the interest and skill of the physician on duty.

The committee believes that every municipality, parish or region should have an identified medical center or practice staffed with trained physicians and the necessary equipment to perform sexual abuse examinations. A medical protocol is also needed to describe the appropriate components, format and extensiveness of child sexual abuse

examinations. The development of these resources will require the cooperative efforts of the Coroner's Association, other state medical associations, law enforcement, the District Attorney's Association, and DCYFS for establishing the centers/practices, developing guidelines for their use and for providing specialized training.

The committee also found that coroners, even though not all are physicians, are an important but under-utilized resource in Louisiana. In some areas, they are the only medical resource available. In other areas, coroners who are physicians can supplement the capacity of the local medical service system to provide child sexual abuse examinations. At the present time, however, very few coroners who are physicians have received specialized medical training in how to perform child sexual abuse examinations. These coroners must receive specialized training. Coroners who are not physicians should know where adequate child sexual examinations can be obtained. Also, coroner's fees for conducting child sexual abuse examinations should be increased and standardized statewide. At the present time, these fees do not reflect the increased time involved in conducting child sexual abuse examinations.

For coroners to be utilized effectively, the coroner's law must be followed and strengthened. The coroner's law states that "The coroner or his designee shall examine all alleged victims of rape, carnal knowledge and crimes against nature when such cases are under police investigation "(R.S. 33:1563). In fact, coroners are not always notified by law enforcement of child sexual abuse cases. Some coroners who are physicians also have been unwilling to conduct child sexual abuse examinations because of difficulties in obtaining remuneration. Moreover, the coroner's law and DCYFS policy do not provide sufficient

guidelines to DCYFS workers. Currently, DCYFS workers are not required to contact the coroner or have the coroner conduct or approve the examination of child sexual abuse victims. DCYFS policy only requires that each parish office enter into an agreement with the coroner which specifies whether he/she is willing to serve as medical resource in child sexual abuse cases. DCYFS workers should be required to notify coroners of all cases of child sexual abuse where physical contact has been alleged or is suspected.

#### Recommendations

19. The Coroner's Association, other state medical associations, law enforcement associations, DCYFS, and the District Attorney's Association should work together to develop medical centers with trained physicians and specialized equipment in each locality, parish, or region to provide medical examinations of child sexual abuse victims. The physicians who staff the center should be approved by the coroner.
20. DCYFS, in conjunction with state medical associations, the District Attorney's Association and law enforcement associations should develop a protocol for medical evaluations of suspected child sexual abuse victims which should includes the following elements:
  - a. An age appropriate, sensitive interview which reassures the child (1) that it is "Okay to tell" and that what happened was not the child's fault - adults are responsible for their own actions; (2) that he/she is "well, normal, and intact" - that

he/she is not permanently "damaged"; and (3) that the physical exam will not hurt; that the physician is concerned about the child's wellness and "just needs to look."

- b. A pertinent medical history of sexual contact be taken unless this information has been provided by DCYFS or law enforcement personnel.
- c. Proper methods for maintaining "chain of evidence" procedures and preservation of all evidence collected.
- d. Proper methods for collection and labeling of clothing, debris or foreign materials on the child's clothing or body.
- e. A complete "head-to-toe" physical exam which emphasizes to children that the physician is concerned about their total selves, not just their genital area.
- f. A detailed inspection of the entire body for general appearance, evidence of physical abuse or neglect, evidence of nongenital (but often corroborating) injuries such as erythema, bruises, contusions, induration, lacerations, abrasions, bites, burns, stains, secretions, or foreign materials such as loose hair, grass, dirt, fibers, etc. Body diagrams should be used to illustrate location of injuries and describe appearance and size.
- g. A detailed forensic evaluation of the genital area including:
  - (1) description of recent or old macroscopic trauma to external genitalia, thighs and lower abdomen;
  - (2) microscopic visualization (utilizing colposcope) for evidence of recent or old microtrauma;
  - (3) permanent documentation of microscopic findings utilizing the photographic capability of colposcope;

and (4) a speculum examination with the exception of prepubertal females when there is no active bleeding, fresh injury, or suspicion of foreign body.

- h. Obtaining forensic specimens from the mouth, genital area and rectum when the history indicates that the last sexual contact was within 72 hours. The forensic specimens should be analyzed for the presence of sperm, seminal fluid acid phosphatase, and blood group typings. Different methods of collection of evidence should be utilized for prepubertal versus post pubertal females. In emotionally traumatized children, the importance of collecting such evidence should be considered on an individual basis.

(NOTE: Forensic specimens should always be obtained from all sites regardless of the history, as children may be afraid or embarrassed to disclose all sexual activities which took place.)

- i. A thorough rectal examination for all patients regardless of history including: (1) inspection for presence of the "anal reflex"; (2) macro and microscopic visualization for evidence of recent or old trauma to the perianal skin and anus; (3) digital exam of the rectum for assessment of sphincter tone, internal abnormalities, tenderness, or hematest positive secretions or stool; and (4) capability (or referral) for anoscopy or protoscopy if indicated.
- j. Screening for the presence of syphilis and neisseria gonorrhea. A complete work up for other sexually transmitted disease should be performed if indicated by physical exam or history.
- k. Screening for pregnancy in post-pubertal females.

The format of the protocol should be forced choice as much as possible, with adequate additional space provided for explanations

and elaborations of findings of genital and rectal examinations. It should also include diagrams of the entire body and the genitalia.

21. DCYFS, in conjunction with the state medical associations, should develop and disseminate an educational/training manual for use by all physicians who routinely examine and treat children with suspected child sexual abuse. This manual should include chapters covering:
  - a. Dynamics and mechanics of child sexual abuse - including definitions of sexually abusive conduct, the different forms of child sexual abuse (incest, fixated versus regressed pedophilia, child pornography, etc.), methods employed against children, and progression of contact.
  - b. Psychological reactions of child sexual abuse victims/family members. (e.g., the child sexual abuse accommodation syndrome)
  - c. Physical, sexual and behavioral indicators of child sexual abuse.
  - d. Interviewing children with suspected child sexual abuse (attitude, setting, questions to ask and not to ask, using the exam to reassure the child).
  - e. Obtaining a medical history (general and pertinent to abuse); including the importance of accurately recording statements made by the child which may be used as hearsay evidence in some cases.
  - f. Notification of authorities (reporting law, local procedures).
  - g. Consent/approval for examination.

- h. Methods for maintaining the "chain of evidence".
  - i. Detailed specific instructions for collecting and preserving evidence.
  - j. Detailed and specific instructions explaining the protocol for the medical examinations described in Recommendation II 20.
  - k. Use of the colposcope and possible colposcopic findings.
  - l. Diagnosis and treatment of sexually transmitted diseases.
  - m. Post coital contraception.
  - n. Indications for follow-up examination.
  - o. Information on how to be an effective witness in court.
  - p. Appendices with information on Tanner Stages of Maturity and forensic laboratory tests for detection of seminal fluid.
22. State medical associations should develop and promote education for all physicians regarding: (1) the possible physical, sexual and behavioral indicators of child sexual abuse, (2) their responsibility to report suspected child sexual abuse under the law; and (3) referrals of children with suspected child sexual abuse to specially trained physicians approved by the coroner and DCYFS.
23. Whenever possible, victims of child sexual abuse need to have a sense of control returned to them. If the child is unable to respond to reassurance, and if the abuse has not occurred in the past 72 hours, it may be possible and desirable to defer the exam until another day. If at all possible, the exam should not be done with the child requiring restraint as the exam then becomes a repeat of the abuse.

24. DCYFS policy should specify that in cases of intrafamilial sexual abuse, preverbal siblings who are unable to give verbal testimony should be given a physical examination.
25. DCYFS should establish separate contracts for child sexual abuse examinations and physical abuse/neglect examinations. Many physicians are willing and qualified to perform physical abuse/neglect examinations, but not child sexual abuse examinations. In addition, DCYFS should contract only with those physicians willing to receive specialized training, follow the protocol described in Recommendation #20 and testify in court.
26. Physicians designated to perform the coroner's examination in child sexual abuse cases should be selected on the basis of:
  - a. interest and concern in treating child victims of sexual abuse;
  - b. willingness to use the protocol described in Recommendation #20;
  - c. willingness to acquire additional training and knowledge in child sexual abuse.
  - d. willingness to stay abreast of new developments as the medical knowledge in this field evolves;
  - e. experience in diagnosis and treatment of routine pediatric illness;
  - f. ability to establish rapport with children;
  - g. availability for immediate examinations for all cases disclosed within 72 hours of last known sexual contact and ability to



schedule extended periods (1-3 hours) for scheduled examinations of all cases disclosed.

h. willingness to testify in court.

27. DCYFS and law enforcement should obtain child sexual abuse examinations only from physicians approved by the coroner.
28. The coroner's law (La. R.S. 33:1563) should be amended to require that coroners or coroners' designees perform examinations in all cases of child sexual abuse regardless of police involvement and likelihood of obtaining physical evidence.
29. The coroner's law (La. R.S. 33:1563) should be amended to stipulate more clearly that law enforcement should notify the coroner of all child sexual abuse cases under continuing police investigation.
30. The Coroner's Association should work with the Sheriff's Association and other law enforcement associations to increase law enforcement agencies' awareness of the coroner's law.
31. DCYFS should require workers to notify coroners or coroners' designees of all child sexual abuse cases in which there has been an allegation of physical contact.
32. The coroner's law (La. R.S. 33:1563) should be amended to specify a uniform statewide policy for remuneration for designated coroner's

fees which reflects the comparatively greater length of time needed to conduct the examination of child sexual abuse victims and the number of laboratory tests which must be conducted.

33. DCYFS should develop separate fee schedules for child sexual abuse examinations, taking into account the comparatively greater length of time to conduct the examination of child sexual abuse victims and the number of laboratory tests which must be conducted.
34. Law enforcement agencies and coroners' office should develop colposcopic photos in the interest of promoting the use of these instruments, decreasing costs and maintaining confidentiality.
35. DCYFS should consider obtaining child sexual abuse examinations at an institution/hospital willing to provide support services (e.g. nursing time, supplies, laboratory tests, examination rooms) for free or at a nominal cost. The hospital/institution would have to agree to allow only trained physicians approved by the coroner and DCYFS to perform the examinations.
36. The Coroner's Association and other state medical associations should provide training for interested physicians in how to conduct examinations of child sexual abuse victims.

37. DCYFS and the state medical associations should seek funding through grants, special legislative authorization, private donations, medical associations, etc. for (a) preparation of medical protocol and medical educational/training manual; (b) purchase of colposcopes and other special equipment; and (c) training of physicians to be designated by coroners and DCYFS to perform child sexual abuse examinations.

38. Courses in child abuse and neglect, including child sexual abuse, should be developed in the curricula of medical schools, nursing schools and other medical training facilities.

#### E. Psychological/Psychiatric Examinations; Contract Psychologists

The committee believes that psychological/psychiatric examinations should be obtained in most cases of child sexual abuse. If properly conducted by a specially trained psychologist or psychiatrist, the examination can aid DCYFS in determining the validity of the allegation; provide evidence in juvenile and criminal court proceedings; identify perpetrators who are likely/unlikely to benefit from treatment; help to establish realistic goals for the family and provide a basis for treatment programs.

Unfortunately, most of the examinations reviewed by the committee were of limited usefulness. They were often performed by contract psychologists or psychiatrists who had no specialized training in conducting assessments of victims and perpetrators of child sexual abuse. Most of the examinations were limited to an assessment of the intellectual and academic functioning of the individuals and evaluated the presence or absence of gross psychopathology using standard psychometric instruments. Specific areas related to child sexual abuse were seldom addressed. In order to improve the quality of psychological/psychiatric examinations, the committee believes that only psychologists/psychiatrists who have received training in child sex abuse examinations should be used to conduct assessments of victims, perpetrators or other family members. Moreover, a protocol should be developed for psychologists and psychiatrists to use as a guide for the completion of assessments.

The committee also found that DCYFS has no guidelines for when psychological/psychiatric examinations should be conducted. Few workers obtain their supervisor's approval to secure an examination and DCYFS contract psychologists/psychiatrists are rarely consulted about the need

for the examination and the extensiveness of the examination required. As a result, workers sometimes obtain unnecessary examinations or fail to obtain examinations which are needed. Moreover, DCYFS will sometimes use contract psychologists/psychiatrists to evaluate and provide treatment to the same individuals. This policy should be evaluated and modified as necessary to avoid a conflict of interest and to create a policy for determining when private treatment should be procured.

#### Recommendations

39. DCYFS, in conjunction with the state psychological associations, should develop a protocol for psychological evaluations. The protocol should require that the evaluator assess: (1) the perpetrator's amenability to treatment; (2) the likelihood that the perpetrator will abuse the identified victim or other children; (3) the nonabusing caretaker's parenting skills and capacity to protect the child; and (4) the short and long term developmental problems of the child.
40. DCYFS should provide a thorough summary of background information on the victim, perpetrator, and other family members to the examiner.
41. DCYFS policy should be amended to require that supervisors approve all requests for psychological/psychiatric examinations.

42. DCYFS should develop specific guidelines that allow workers to consult with contract psychologists/psychiatrists to determine the necessity for and the recommended extent of psychological/psychiatric examination in child sexual abuse cases.
43. DCYFS should establish criteria for utilizing contract psychologists/psychiatrists for examinations of child sexual abuse victims, perpetrators and other family members. These criteria should require that the psychologist: (a) have training and experience in examining victims and perpetrators of child sexual abuse; (b) be willing and have sufficient expertise to testify in court; and (c) be willing to use the protocol described in recommendation #39.
44. DCYFS should evaluate its policy of using a contract psychologist for both examinations and treatment in child sexual abuse cases. DCYFS should consider using different psychologists for these purposes whenever possible in order to avoid an apparent conflict of interest.
45. Colleges and universities that offer degrees in psychology should develop curricula pertaining to child abuse and neglect, including child sexual abuse.

## F. District Attorneys

The district attorney plays a pivotal role in initiating judicial intervention in child sexual abuse cases. Any juvenile or criminal court action requires the involvement of the district attorney. The district attorney currently has the responsibility and authority to decide whether or not to: (1) prosecute a case in criminal court; (2) pursue juvenile court action through a child in need of care or a parent in need of supervision petition; or (3) establish an informal adjustment agreement. If the recommendations proposed in this section are adopted, the district attorney would also have the responsibility to develop a pre-trial diversion program. Finally, the district attorney may also decide that there is insufficient evidence to take any legal action.

Few district attorneys specialize in the prosecution of child sex abuse cases. This specialization should be encouraged. The prosecution of child sexual abuse cases differs in many respects from the prosecution of other criminal cases. Children may not be considered competent to testify based on their age; child victims are also frequently pressured to recant their statements by other family members. Moreover, procedures are rapidly being developed and used in some states to reduce the trauma to the child victims associated with the criminal court process; e.g., allowing videotapes in some circumstances instead of in court testimony. District attorneys should be aware of these developments in the field. Vertical prosecution, which allows a single prosecutor to be used in all phases of adjudication, would also facilitate the prosecution of child sexual abuse cases.

The committee also extensively reviewed the coordination between district attorneys, DCYFS and law enforcement. For criminal court cases, law enforcement and district attorneys have developed an effective system which relies on the professionalism of each group. District attorneys typically do not review all police investigations. Instead, law enforcement provides arrest cases to the district attorney for prosecution and will consult with the district attorney on difficult cases.

However, the committee identified a lack of coordination between DCYFS and district attorneys in some cases where juvenile court intervention is needed. This is a critical issue because the active involvement of the juvenile court is considered essential in most families where sexual abuse has occurred. Individual and family compliance with appropriate and intensive treatment in child sexual abuse cases is most effective with the active involvement of an external authority such as the district attorney and the juvenile court. In addition to enforcing treatment plans developed by DCYFS, the juvenile court monitors the progress of the family and enforces the authority of DCYFS to intervene with the family.

DCYFS workers are required to send a report of all valid sexual abuse cases to the district attorney. Typically, district attorneys initiate juvenile court intervention only when a child has been removed from the home or if DCYFS specifically requests juvenile court involvement. In many nonremoval cases, DCYFS workers do not recommend juvenile court action or recommend that no court action is necessary. In some cases, this recommendation is appropriate. Workers sometimes do not recommend any juvenile court action in cases where the family is cooperating with



DCYFS without it. In other cases, however, the committee found that DCYFS often expects the district attorney to evaluate the validity of a report and determine the necessity for juvenile court involvement. A system needs to be established, parallel to the working arrangement between law enforcement and district attorneys, which will require DCYFS workers to flag cases requiring juvenile court involvement.

The committee also found that the lack of pre-trial diversion programs in Louisiana limits the judicial response options available to district attorneys in child sexual abuse cases. Diversion programs are attractive for several reasons. Diversion creates a method to channel perpetrators into treatment rather than incarceration. In some instances, diversion can reduce the trauma for a victim who has strong affectional bonds to the perpetrator. The provision of an alternative to incarceration often encourages perpetrators to admit to the abuse and provides a strong motivation for continuance in therapy. Diversion is also more cost effective than incarceration. Finally, although it deviates from the ideal circumstances for diversion, it can be used as a means to intervene in those cases where prosecution would be difficult or time consuming.

#### Recommendations

46. The District Attorney's Association should provide district attorneys with training in: (1) the dynamics and mechanics of child sexual abuse; (2) the special requirements of prosecuting child sexual abuse cases (3) how to interpret medical forensic/criminalistic evidence; (4) procedures which can be used to

minimize trauma to the child victim; and (5) how to establish pre-trial diversion programs. This training should be conducted during the Association's bi-annual seminars.

47. All district attorney's offices should implement pre-trial diversion programs.
48. In all valid sexual abuse cases, the DCYFS worker should recommend and justify one of the following actions to the district attorney at the time that the district attorney is notified of the case: (1) child in need of care petition; (2) parents in need of supervision petition; (3) informal adjustment agreement; or (4) no legal action required at the present time. The district attorney should evaluate the DCYFS worker's recommendations. If the district attorney feels that the recommended action is inappropriate or declines to act on the recommendation, he or she should contact the worker and attempt to resolve their differences.
49. The District Attorney's Association and DCYFS should jointly sponsor training in the appropriate use of child in need of care and parent in need of supervision petitions, informal adjustment agreements, and Pre-trial diversion.
50. District attorneys should institute vertical prosecution in child abuse and neglect cases, including those involving child sexual abuse, such that the same prosecutor stays with the case through all stages of the criminal prosecution.

51. Law schools should develop curricula pertaining to child abuse and neglect, including child sexual abuse.

### G. Juvenile Court

The juvenile court system plays an extremely important role in the child protection system. The provisions of the Louisiana Code of Juvenile Procedure specify that "each child coming within the jurisdiction of the court shall be accorded due process and shall receive, preferably in his own home, the care, guidance, and control that will be conducive to his welfare and the best interest of the state" (Article 2). Under the authority of the Juvenile Code, juvenile court judges are empowered to make many decisions which bear on the welfare of sexually abused children and their families. They must decide whether to remove a maltreated child from the home and under what conditions the abused child can remain in or return to the care of his/her caretakers. The court must ensure the cooperation of the family in order to improve the conditions which lead to the victimization of the child. The juvenile court is also responsible for deciding when the family can no longer retain responsibility for the safety and well being of the child.

One of the principle issues identified by the committee is the need to strengthen the involvement of the juvenile court in child sexual abuse cases. This issue was addressed in the preceding section. However, the committee also concurs with the findings of the Child Fatality Project concerning the juvenile court system. In its report, the Review Committee of that project noted:

Among the cases reviewed, there appeared to be considerable variation among judges and judicial systems in such critical areas as: criteria applied for granting temporary custody; when and under what conditions cases may be handled informally; familiarity with intervention strategies; and weight given to DCYFS workers' advice and recommendations. In some parts of the state, there are separate juvenile courts which routinely deal with abuse and neglect cases.

The judges who preside over these courts are among the most experienced in the state in handling child abuse/neglect cases. In most areas of the state, however, there are district courts which hear juvenile matters on a rotation basis. The presiding judges are often less experienced in handling abuse and neglect cases and, consequently, may be less familiar with the available court options.

The committee also found that there is a need to establish procedures to obtain the removal of the perpetrator from the home rather than the child victim. Removing the perpetrator from the home reduces trauma to the victim by minimizing disruption of the child's life. Proponents of this approach also argue that children removed from the home often believe they are being punished by being placed in foster care. Finally, removal of the perpetrator is more cost effective than maintaining a child in foster care.

At the present time, the most commonly used intervention in intrafamilial child sexual abuse cases is the removal of the child from the home. For these type of cases, effective and timely legal intervention is available. Under the Juvenile Code, a juvenile court judge may grant an instanter order to either DCYFS or law enforcement that allows those agencies to remove the child from the home if he/she is in immediate danger for at least 72-hours pending further investigation.

Currently, there are no procedures for the state to effect the removal of the perpetrator short of arrest. The perpetrator may leave the home voluntarily at the request of DCYFS, law enforcement or the nonabusing caretaker. With voluntary removal, however, it is difficult to ensure that the perpetrator remains away from the home. DCYFS has no legal recourse if the perpetrator should return other than to remove the child. Although the juvenile court will sometimes require that the perpetrator leave the home as a condition of an informal adjustment agreement or child in need of care or parent in need of supervision

petitions, the juvenile court technically has no legal authority to order the perpetrator to leave the home. A further problem is that these petitions usually take 35-45 days to implement. The committee believes that a procedure is needed which would allow the removal of the perpetrator from the home in as timely a fashion as is now available for the removal of the child.

Another mechanism available through the juvenile court to effect the removal of the perpetrator would require a broader interpretation of existing law and the cooperation of the nonabusing caretaker. Upon showing good cause, the nonoffending parent may petition the court to issue a temporary restraining order directing the perpetrator "to refrain from abusing, harassing, or interfering with the person...residence or...the minor children" of the petitioner (La. R.S. 46:2135). While this law was created to secure the safety of battered women, the committee believes that the sexual abuse of children by a person in their own home should be interpreted as good cause for the issuance of the order.

#### Recommendations

52. When it is exercising its juvenile court jurisdiction, the courts should appoint competent and qualified counsel to represent the interests of the child separate and apart from the representation provided by the district attorney in accordance with Chapter 19, Article 95 of the Code of Juvenile Procedure. In addition: (1) the Judges' Board and Bar Associations should seek methods of funding to provided reimbursement for court-appointed counsel; (2) attorneys presently appointed by the courts to represent indigents in criminal

cases should be allowed to substitute appointments as counsel for children in abuse/neglect cases, including child sexual abuse; (3) the Judges' Board and Bar Associations should develop programs to provide special training for appointed counsel and guardian ad litem to supplement the pool of appointed counsel.

53. Child abuse and neglect cases, including child sexual abuse cases, should be given priority in scheduling cases in district courts.
54. Based on Public Law 96-272 (42 USC-670, 94, Statute 501), the courts should ensure that the dispositional order contains the least restrictive provisions consistent with the best interests of the child.
55. Every attempt should be made to resolve child sexual abuse cases in pre-trial conferences in order to avoid the necessity of a full hearing.
56. Cases where supervision of the home or removal of the child(ren) has been ordered should be reviewed every six months. Such court review will ensure that systematic planning is being conducted and that the goals of intervention are being accomplished. Furthermore, the court will be in a position to monitor and evaluate both agency and parental performance.
57. The juvenile court should order treatment providers to regularly submit reports on progress of treatment provided to perpetrators.

58. The juvenile court should consider termination of parental rights for perpetrators who are clearly not benefiting from treatment or are not consistently attending treatment.
59. DCYFS should draft and promote legislation to allow the juvenile court to effect the immediate and enforceable removal of the perpetrator from the home. The procedure should be equivalent to the use of the instant order currently available for the removal of the victim.
60. Juvenile court judges should interpret La. R.S. 46:2135 so that the sexual victimization of a child in his/her own home is considered good cause for the issuance of a temporary restraining order.
61. DCYFS personnel and law enforcement personnel who investigate child sexual abuse cases should be trained to understand the potential use of La. R.S. 46:2135 in order that they may advise the nonabusing caretaker of his/her ability to seek a temporary restraining order against the perpetrator of child sexual abuse.
62. The Juvenile and Family Court Judges' Association should sponsor and promote training for its members in: (1) the dynamics and mechanics of child sexual abuse; (2) the use of juvenile court options for intervention (3) the special requirements of prosecuting child sexual abuse cases: (4) how to interpret medical forensic/criminalistic evidence; and (5) procedures which can be used to minimize trauma to the child victim.



63. Judges should be active participants in programs designed to increase public awareness of child abuse and neglect, including child sexual abuse.

## H. Criminal Court

The responsibility of the criminal court in child sexual abuse cases is to convict and punish perpetrators who have sexually victimized children. The prosecution of perpetrators, however, can impose unintended hardships on the child victims. The prosecution of a child sexual abuse case is frequently a very long and arduous process which delays the child and family in reaching resolution of some of the emotional issues which accompany the abuse. The courtroom setting is intimidating and unfamiliar, and the child must repeat the story frequently and submit to cross-examination in the presence of the alleged perpetrator.

The criminal court should seek to minimize the trauma to the child victim which results for the criminal court process. However, many of the procedures currently being developed to reduce the trauma to the child (e.g. the use of videotaped or televised testimony) create conflicts between the rights of the victim and the rights of the perpetrator. Procedures that can be instituted without violating the rights of the defendant should be implemented.

There are other important ways in which the criminal court can positively intervene in child sexual abuse cases, but these will require changes in law and in practice. Currently, criminal court judges set the amount of bail for alleged perpetrators of child sexual abuse who have been arrested. The criminal court judge should be allowed to set conditions of bail for persons who have been arrested for sexually victimizing children. This authority could be used to protect the victim

from further abuse in intrafamilial cases by adding the restriction that the perpetrator remain out of the home and/or refrain from contact with the victim pending the prosecution of the case.

The committee also found that there are no post-conviction alternatives to incarceration in Louisiana. Criminal court judges should establish and utilize this type of diversion program. Post-conviction diversion programs may reduce the trauma to the child who often perceives that he/she is responsible for the perpetrators incarceration. They would also provide an enforceable mechanism for ensuring that the perpetrator engages in treatment.

#### Recommendations

64. Criminal court judges and district attorneys should form a task force to explore procedures designed to minimize trauma to the child in sexual abuse cases. The task force should consider at a minimum: (1) presentation of the child's testimony on videotape; (2) alternative methods for presentation of the child's testimony; and (3) flexible courtroom settings and procedures.
65. Continuances in child sexual abuse cases should be limited to an absolute minimum.
66. Criminal court judges, DCYFS and the District Attorney's Association should sponsor and promote legislation which would allow criminal court judges to require that the perpetrator remain out of the home and/or refrain from contacting the victim as a condition of bail pending prosecution.

67. Criminal courts should establish post-conviction alternatives to incarceration which include that the perpetrator obtain treatment as a condition of their use and require that treatment reports be regularly submitted to the court.
68. Child sexual abuse cases should be given priority in scheduling cases for the criminal court docket.
69. DCYFS and criminal court judges' associations should promote the development of specialized child sexual abuse training that imparts information: (1) concerning ways to minimize trauma to the child in courtroom proceedings; (2) on the dynamics of child sexual abuse; and (3) how to institute post-conviction alternatives to incarceration.

I. The Division of Children, Youth, and Family Services (DCYFS)

In Louisiana, the Division of Children, Youth, and Family Services (DCYFS) is the state agency responsible for protecting children from abuse and neglect. Within DCYFS, a Child Protection Unit has been established to investigate and respond to allegations of maltreatment and provide specialized services for children who have been sexually or physically abused, neglected, exploited, or left without proper supervision or guardianship.

The Child Protection Unit is responsible for handling many critical aspects of reported child sexual abuse cases, from receipt and investigation of reports to providing treatment and follow-up services to victims, families and perpetrators. The committee identified several major issues concerning current procedures and policies, worker selection criteria and training which affect the ability of the Unit to effectively handle sex abuse cases.

Current DCYFS procedures for conducting investigations of abuse and neglect do not provide specific guidance applicable to sex abuse investigations. In five of the fourteen cases reviewed by the committee, investigative procedures were considered inadequate, even though in all of these cases the abuse was detected and halted. In three cases, medical examinations were not obtained; in the others, the investigations were not considered as thorough as they could have been. Policies and procedures need to be developed specific to child sexual investigations which recommend in as much detail as possible how investigations are to be conducted. Written procedures can serve as a useful reminder of

policy and statutory requirements, help ensure thorough, complete and standardized investigations and provide a way to monitor the performance of workers.

DCYFS currently employs a risk assessment instrument designed for assessing the risk to the child of physical injury and neglect. However, the instrument does not address the specific factors that must be taken into account in determining risk in sexual abuse cases. The committee believes that an instrument for use in such cases should be developed. The instrument should encompass such factors as: the child's support system, the ability of the nonabusing caretaker to protect the child, and the motivation of the perpetrator to halt the abuse. Ideally, such an instrument would also be used as a tool for determining whether a child can remain at home or be safely returned home, if a perpetrator can be returned home without endangering the child, and when a case can be closed.

The professionalism of DCYFS investigators, Family Service workers and Foster Care workers is the most critical component of the state's efforts to respond to child sexual abuse. It is imperative that DCYFS workers involved in child sexual abuse cases have the skills, knowledge and professional standing to intervene appropriately in these difficult cases. Recent efforts by DCYFS to lower job standards for investigative and Family Service workers should therefore be reevaluated. In fact, the committee suggests that the selection criteria for these workers should be made more rigorous.

DCYFS workers who handle child sexual abuse cases must carry out a variety of complex tasks and responsibilities. DCYFS workers must be able to represent the agency effectively within an interdisciplinary network of agencies and professionals. They must speak with authority

and credibility to doctors, school officials, psychologists and judges. Occasionally, workers must also testify in juvenile or criminal court to recommend adjudication, placement of children, therapy and other professional interventions. For investigators, an ability to conduct interviews with victims, perpetrators and other family members is essential. Because physical evidence and witnesses are often lacking, interviews are often the only avenue to establish whether sexual abuse has occurred. Staff who deal with the emotionally charged issue of sexual abuse also need to have a high level of self-awareness in order to prevent their own feelings from biasing their investigations or inhibiting their ability to help others deal with similar feelings. These tasks and responsibilities require skills and competencies which cannot be obtained solely through on-the-job training and experience. For this reason, the committee believes that all DCYFS workers involved in child sexual abuse cases (with the exception of existing staff) should have master's level social work or related education.

DCYFS should also allow some workers to exclusively handle child sexual abuse cases. Such specialized workers are needed for several reasons. First, in their review of cases, the committee found that investigations were much more thorough and complete in cases that were handled by workers who specialized in sex abuse investigations. However, with the exception of Orleans and Jefferson Parishes child protection investigators and Family Service workers do not differentiate among the types of abuse and neglect cases they handle; workers are responsible for all types of abuse and neglect cases, including sexual abuse. Second, some workers are not comfortable with child sexual abuse investigations. While these workers may have excellent skills in investigating other types of abuse, they will be less effective with child sexual abuse

cases. Third, the incidence of sex abuse reports in parishes varies widely. In those areas of the state where few sex abuse cases occur, even workers who have received specialized instruction in how to conduct sex abuse investigations may have difficulty retaining their training. Fourth, it is not feasible to train all workers to the level of expertise needed to effectively investigate or monitor child sex abuse cases.

Finally, the committee believes that DCYFS interventions in child sex abuse cases--investigations, Family Service and Foster Care functions--should be carried out within specialized sexual abuse units by workers trained to handle these cases. Such units would make supervision and training more readily available. These units would also facilitate case transfer and coordination, in-house interventions such as crisis and support program.

#### Recommendations

70. DCYFS and law enforcement should jointly develop investigation protocols which specify:
- what physical evidence may be obtained during an investigation;
  - how to document evidence;
  - when to notify the coroner;
  - at what point to obtain a physical examination of the victim;
  - when to obtain a psychological evaluation of the victim, alleged perpetrator or other family members;
  - behavioral indicators associated with child sexual abuse victims and perpetrators;
  - when and how to interview potential witnesses;



- how to conduct interviews with victims, perpetrators, nonabusing caretakers and siblings;
- the number of interviews to be conducted;
- the specific roles/responsibilities of DCYFS workers and law enforcement in joint investigations;
- the appropriate use of interviewing aids such as anatomically correct dolls, one way mirrors, and videotapes;
- use of risk assessment instruments.

71. DCYFS should conduct a review of the available risk assessment literature to develop and implement an instrument specific to child sexual abuse for use by specialized DCYFS workers. The instrument should encompass such factors as the child's support system, the ability of the nonabusing caretaker to protect the child, and the motivation of the perpetrator to cease the abuse. The instrument should be periodically evaluated to assess its predictive validity and utility. It should be used during the initial investigation, at the time that the family is reunited, and prior to closing the case.

72. DCYFS Family Services and Foster Care staff should receive agency encouragement and support for developing or contracting for interventions such as the following:

- a. support and education groups for female and male victims;
- b. support groups for nonabusing spouses;
- c. support groups for siblings of victims;
- d. play and art therapy for young victims;
- e. parent education and counseling for nonabusing parents, caretaking relatives, and foster parents of victimized children;

- f. intensive help for adolescent victims who are in DCYFS custody concerning: human sexuality, dating, establishing intimate relationships, and moving toward independence and adulthood;
  - g. sexual abuse awareness and prevention for young foster children, whether previously sexually abused or not.
73. DCYFS workers who investigate child sexual abuse should receive training in the following areas: (1) the dynamics of child sexual abuse; (2) relevant child development, family dynamics, human sexuality, mental and emotional disturbance, and family violence issues; (3) how to identify and interpret potential behavioral and physical indicators of child sexual abuse; (4) effective interviewing techniques for use with victims, alleged perpetrators, other family members and potential witnesses; (5) specific instructions for conducting investigations, and (6) how to interpret medical and forensic information.
74. Specialized sexual abuse units should be established in each parish by DCYFS to respond to all reports of child sexual abuse. Where feasible because of the lower incidence of sex abuse reports, DCYFS should establish regional, as opposed to parish, sex abuse units. DCYFS should staff specialized units with self-selected personnel if at all possible.
75. Other DCYFS workers investigating an allegation of child abuse and neglect who determine that a child has been sexually abused should notify the sex abuse specialist in their parish (or region) as soon as possible without endangering the safety of the child victim(s).

76. Specialized sexual abuse units should be staffed with master's level social workers who have had pre- or post-master's experience in child sexual abuse cases, in DCYFS or a comparable setting. DCYFS staff who lack master's degrees but who now conduct specialized sexual abuse investigations should be included in the same job classification as master's level investigators by way of a grandfather clause. In the event that enough qualified workers are not found to fill positions statewide, DCYFS should authorize limited assignment of other staff, giving priority to: (1) experienced child protection workers who have bachelor's degrees in social work; (2) experienced child protection workers who are pursuing MSW degrees; (3) master's level social workers who lack DCYFS experience; (4) bachelor level social workers who lack child protection experience but have other relevant social work practice.
77. Specialized sexual abuse units should be supervised by master's level social work supervisors with DCYFS or comparable child protection experience. It is desirable to place specialized sexual abuse investigative and treatment staff either: (1) under the same supervisor, or (2) in paired units that have separate supervision but that share proximate office space, training resources, and that coordinate closely on case transfer and court recommendations.
78. DCYFS should promote undergraduate and graduate curricula in the area of child sexual abuse in colleges and universities throughout the state that offer degrees in social work.

## J. Treatment

Treatment is the cornerstone of effective intervention in child sexual abuse cases. It is crucial to breaking the intergenerational cycle of abuse, restoring the child to normal development, reintegrating and stabilizing the family system and rehabilitating the perpetrator. The need for effective treatment thus extends to victims in cases involving both intrafamilial and out-of-home perpetrators, involved family members and perpetrators.

While the committee recognizes the urgent need for treatment, Louisiana has reached a crisis point in its ability to provide treatment. The committee found a pervasive lack of skills, knowledge and resources in the available service delivery system. There are few clinicians or treatment professionals in the state who are skilled in treating this growing clinical problem. The efficacy of particular models and modalities are still being debated as are the determination of which individuals are likely to benefit from treatment, the appropriate duration of treatment, and the time at which treatment beyond crisis intervention should be implemented. Furthermore, the office of Mental Health does not have sufficient funds or staff to develop the specialized treatment necessary. Federal and state funds for treatment are also becoming increasingly difficult to obtain.

For these reasons, the committee's recommendations address a wide range of treatment related issues including; (1) the establishment of a comprehensive statewide treatment plan; (2) the identification of areas in which further research in child sexual abuse is needed; (3) the provision of treatment of populations that are not currently served; and (4) the development of funding options. Each of these issues are described below.

The committee believes that a plan to increase treatment resources must be developed. The plan should incorporate the following principles and objectives: (1) treatment the family unit as a system; (2) provisions of a wide range of treatment modalities, including individual, family and group therapies; (3) incorporation of informal and community support systems; (4) inclusion of safeguards to ensure continuity of care across providers and time; (5) provision of clear outcome measures; and (6) procedures to ensure that treatment goals are consistent with permanency plans made for children who have been removed from the home.

The establishment of this treatment plan will require the collaboration of DCYFS and treatment providers in both the public and private sectors. It will also require the cooperation of law enforcement district attorneys and the courts. These actors must be made aware of the potential therapeutic effects of their interventions -- which may intentionally or inadvertantly encourage cooperation with treatment plans.

The committee identified two populations for whom treatment is not provided. The first of these is the incarcerated perpetrator. The committee believes that treatment should be provided to those perpetrators who are amenable to treatment--it is a necessary step for the prevention of further abuse. The second population for whom treatment is not readily available is the child victim in cases involving out-of-home perpetrators. With few exceptions, these cases fall exclusively under the jurisdiction of law enforcement. Unfortunately, law enforcement is much more limited than DCYFS in its options for intervention on behalf of child sexual abuse victims. At present, law enforcement can only recommend that the caretaker seek treatment for the victim. However, if the caretaker is unwilling to obtain treatment for

the child either because of lack of funds or because he/she is unmotivated to do so, there is no effective mechanism for the state to ensure that treatment is provided to the victim.

The committee recognizes the difficulty in obtaining increased funding for treatment when the states is facing severe budget reductions and increasing deficits. For this reason, it is imperative that nonpublic sources of funds for treatment be developed, and that existing mechanisms that are already in place are utilized. In particular, the committee believes that perpetrators should be required to pay for treatment to the fullest possible extent for themselves, victims, and other involved family members.

#### Recommendations

79. The Louisiana Psychological Association and other professional mental health associations should provide training to interested members in the treatment of child sexual abuse victims, perpetrators and involved family members.
80. DCYFS, professional associations, the Office of Mental Health and social service agencies should work together to forge guidelines for a comprehensive treatment plan for victims and perpetrators of child sexual abuse and involved family members. These guidelines should include: (1) treatment the family unit as a system; (2) provisions of a wide range of treatment modalities, including individual, family and group therapies; (3) incorporation of informal and community support systems; (4) inclusion of safeguards to ensure the continuity of care across providers and time; (5) provision of

clear outcome measures; and (6) procedures to ensure that treatment goals are consistent with permanency plans made for children who have been removed from the home.

81. DCYFS should establish criteria to evaluate the treatment plans of all contract providers dealing with child sexual abuse. If needed, training and protocols should be developed and offered as conditions for contracting.
82. Fund should be allocated to the Office of Mental Health and contracted family and social service agencies to strengthen staff capabilities to provide specialized treatment to victims, families and perpetrators in child sexual abuse cases.
83. Where possible, treatment of family members should be concentrated in one agency or setting even if it appears unlikely that the family will be reunited.
84. DCYFS should locate and coordinate treatment resources for the family in child sexual abuse cases and establish communication between therapists if the family is being treated in a variety of settings.
85. Parents United and other similar programs should be encouraged throughout the state as a cost efficient/effective mechanism for providing support to victims, families and perpetrators in child sexual abuse cases.

86. DCYFS should work with professional associations to establish and promote multidisciplinary training for law enforcement, district attorneys, juvenile and criminal court judges in the effective use of their authority to encourage and enhance treatment goals.
87. Law enforcement officers who investigate child sexual abuse cases involving out-of-home perpetrators should:
- a. assist in obtaining funding for treatment for the victims and other family members through the Victims Reparations Fund;
  - b. briefly inform the caretakers of the possible harm that may have been done to the child;
  - c. provide brochures to the caretaker containing information about possible harm to the victim;
  - d. refer the caretaker to related treatment providers and other information sources;
  - e. offer to have a social service agency or other treatment resource contact the caretaker at a later date.
88. The Department of Corrections and local prisons should establish sex abuse offender programs in the jail or prison setting for incarcerated perpetrators who have been assessed as amenable to treatment. Participation in sex abuse offender programs established by the Department of Corrections and local prisons should be a condition for early release. Perpetrators should be required to seek or continue treatment as a critical condition of probation or early release.



89. The criminal and juvenile courts should order perpetrators to pay for his or her own treatment and that of the victim and other family members to the extent possible.
90. Perpetrators who fail to cooperate with treatment or who have been assessed as unamenable to treatment should not have their treatment paid for by the state.
91. Fines that are currently levied against the perpetrator by the courts should be used to pay for the treatment of victims of child sexual abuse.
92. In establishing diversion programs, the district attorney should require that the perpetrator pay for his/her own treatment and that of the victim to the extent possible.
93. Funds should be allocated to the Office of Mental Health and be made available for contracts with social service agencies and private providers for specialized treatment in sexual abuse cases when the clients are unable to pay the full cost of treatment.

#### K. Foster Care

Although some of the committee's recommendations are designed to help reduce the current reliance on foster care by advocating the removal of the perpetrator, it will continue to be necessary to place many child sexual abuse victims in foster homes. DCYFS personnel presenting cases before the committee raised two issues relating to the foster care placement of children who have been sexually abused: (1) placement resources are scarce, especially for older children; and (2) they are often unsuccessful because of the foster parent's lack of understanding of the problems and behaviors of children who have been sexually abused.

#### Recommendations

94. Specialized foster care placements, including group homes, should be established for victims of sexual abuse.
95. Foster Parents should be trained to understand the special needs of sexual abuse victims and the potential behavioral and emotional problems that result from the abuse. One mechanism for such training is attendance at DCYFS training sessions already scheduled.
96. DCYFS should provide on-going support to foster parents of sexually abused children through periodic re-training and informal discussion groups.

#### L. Public Awareness, Early Identification and Prevention

In large part, the committee's efforts focused on improving the capacity of the state's child protection system to identify abusive families, intervene to halt the abuse, and minimize trauma and developmental problems for the victim. However, the committee recognized the importance of prevention and early detection of child sexual abuse.

A key prevention/detection strategy is to increase general public awareness. In 1984, 56 percent of all abuse and neglect reports received by DCYFS were made by persons not required by law to report child abuse and neglect. These rates indicate both a community concern about the problem and a great potential for the general public to be used as a resource for early detection and reporting of child sexual abuse. The committee believes DCYFS should increase and expand its efforts to increase public awareness of child abuse and neglect, including child sexual abuse. Specific programs should be developed to enhance the public's understanding of child sexual abuse, the magnitude of the problem, the physical and behavioral indicators of sexual abuse and available reporting mechanisms.

The committee also believes that prevention programs need to be developed that are directed at children. Children need to be taught to protect themselves from abuse, to recognize it when it occurs, and how to report it if they, or someone they know, is abused. Parents can also benefit from these programs by learning to detect signs of child sexual abuse and ways in which they can help their children protect themselves. These programs should be provided in schools and preschools because of their access to both parents and children. Such programs are currently in operation in some schools in the state, but they are held only on a voluntary basis.

The committee also believes that DCYFS should promote rep all mandated reporters. Mandated reporters are broadly defined in the Abuse and Neglect Reporting Act (La. RS 14:403) as "persons or agencies having the responsibility for the care of children". Liscenced physicians, interns, residents, nurses, teachers and social workers are specifically mentioned in the law. The committee was particularly concerned about increasing reports from school personnel who have daily contact with children and therefore relatively greater opportunity to recognize symptoms of abuse. The need to develop this group's involvement in early identification of child abuse and neglect has been recognized by the Louisiana state legislature. In 1985, a bill was introduced which would require mandatory education for teachers in child abuse and neglect, including child sexual abuse. The committee endorses this legislative initiative and feels that the bill should be reintroduced.

A final preventative measure recommended by the committee is the requirement that criminal history checks be obtained on persons employed in occupations which give them authority over children. The committee believes that criminal history checks provide a necessary safeguard and should be required for the following occupations: all school employees, youth correctional workers, prospective foster and adoptive parents, child care and child placement workers, medical/hospital personnel, day care providers and child protection workers.

#### Recommendations

97. DCYFS should regularly publish statistics on the incidence of child sexual abuse, including a break-down by sex of victim, age of

victim, sex of perpetrator, age of perpetrator and relationship of the victim to the perpetrator. Included in this report should be a working definition of sexual abuse, behavioral and physical indicators of sexual abuse, and phone numbers of reporting hotlines throughout the state.

98. DCYFS should develop a lending library of educational films on child sexual abuse that can be made available to schools, libraries and other organizations.
99. DCYFS should enlist the support of the media to publicize information on the incidence of child sexual abuse and effective prevention programs.
100. DCYFS should use public service announcements to impart information about reporting mechanisms and the characteristics of child sexual abuse.
101. Professional associations whose members work with children, such as those for social workers, nurses and teachers should sponsor training for their members on child sexual abuse. This information should be included in newsletters to its members.
102. DCYFS should convene regional multidisciplinary child sexual abuse seminars.

103. DCYFS should undertake an aggressive campaign to increase valid and timely reports from all mandated reporters. This effort should stress that mandated reporters: (1) should not attempt to prove the allegation before reporting suspected sexual abuse; and (2) should not attempt to contact the family or intervene before reporting suspected sexual abuse.
104. DCYFS should support legislation to require mandatory education of teachers in the recognition of child abuse and neglect, including child sexual abuse.
105. Agencies/organizations should not conduct internal investigations before reporting instances of sexual abuse to the proper authorities if a staff person is suspected of being involved in the abuse.
106. The State Board of Education should draft a written guarantee that protects school personnel from disciplinary action or harassment based on the submission of a report of child abuse and neglect, including child sexual abuse.
107. DCYFS should encourage mandated reporters to attend training workshops provided to DCYFS workers dealing with recognition of behavioral and physical indicators of child sexual abuse.
108. District attorneys in each locality should annually send reminders to mandated reporters that they are legally obligated to report and inform them of the consequences of nonreporting.

109. The state legislature should allocate funding for in-school education programs. These programs should be designed for children and parents and include such topics as the difference between "good touch/bad touch", specific persons to whom parents and children should report, and self-protection skills and education for children. At a minimum, children should be taught that (1) their bodies belong to them; (2) that no one should touch them in or on their private parts; and (3) if touched, they have the right to yell "no" and that they should run and tell someone.
110. Criminal history checks should be mandatory for all prospective and current foster and adoptive parents, youth correctional workers, child care and day care employees, school employees and child protection workers.
111. The State Police should provide criminal history checks on the populations listed above at no cost as a public service.

### Footnotes

1. National Center on Child Abuse and Neglect (NCCAN). Study of Findings: National Study of the Incidence and Severity of Child Abuse and Neglect. Washington, D.C.: U.S. DHHS, 1981.
2. Depanfilis, D. Child Abuse and Neglect-related Fatalities: Implications for CPS. Protecting Children. Summer, 1984. American Humane Association.
3. Joint Louisiana/Illinois Child Fatality Project: Issues and Recommendations from the Louisiana Review Committee. May, 1985. Available through the Louisiana Department of Health and Human Resources, Office of Human Development, Baton Rouge, LA.
4. The Child Abuse Prevention and Treatment Act 42 USC 5101 as amended by Public Law 98-457, 98th Congress, October 9, 1984 states that:

...the term sexual abuse includes -- (i) the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, any sexually explicit conduct (or any simulation of such conduct) for the purpose of producing any visual depiction of such conduct, or (ii) the rape, molestation, prostitution, or other such form of sexual exploitation of children, or incest with children, under circumstances which indicate that child's health or welfare is harmed or threatened thereby..."
5. Division of Children, Youth and Family Services. Program Policy Manual. April, 1985.
6. Ibid.
7. Almost all forms of sexual misconduct with a child are addressed in the Criminal Law section of the Louisiana Revised Statutes. The specific statutes which cover sex crimes are: La. R.S. 14:41 (Rape); 14:42 (Aggravated Rape); 14:43 (Simple Rape); 14:43.1 (Sexual Battery); 14:80 (Carnal Knowledge of a Juvenile); 14:81 (Indecent Behavior with Juveniles); 14:78 (Incest); 14:89 (Crime against Nature); and 14:89.1 (Aggravated Crime against Nature).



## Appendix

DRAFT

AN INTERAGENCY AGREEMENT  
FOR THE PURPOSES OF COORDINATING  
SERVICES IN CHILD ABUSE AND NEGLECT CASES  
BETWEEN THE  
CADDO PARISH CORONER'S OFFICE  
AND THE  
CADDO/SHREVEPORT CHILD PROTECTION AGENCY

## I. Referrals Between the Child Protection Agency and the Coroner's Office.

### A. Referrals to Child Protection

All suspected cases of child abuse and child neglect will be referred to Child Protection for investigation. These cases would involve children under the age of eighteen (18) years of age whose physical or emotional well being has been adversely affected by the action or inaction of those adults responsible for their care. The referral can be made verbally by telephoning the Child Protection Hot Line, number 226-7622, and relaying the information to a social worker who is on call 24 hours a day.

The following types of case situations in which the coroner's office would most frequently be involved should be reported to Child Protection immediately:

1. Suspicious child deaths involving possible neglect or abuse on the part of the caretaker.
2. Child sexual abuse situations involving possible neglect or abuse on the part of the caretaker.

### B. Referrals to the Coroner's Office

All suspicious child deaths will be reported immediately to the coroner's office provided the coroner has not already received the report.

Sexual abuse cases will be reported in the following ways:

1. A recent sexual assault of a child will be reported immediately to the Coroner's office provided the coroner has not already received the report.
2. Sexual abuse cases involving children in which the abuse is believed to have begun recently and considered "fresh cases" with possible physical evidence will be reported to the coroner's office as soon as the Child Protection Investigator has made contact and has reason to believe the allegation.
3. All sexual abuse cases involving children in which the police are investigating and pursuing criminal charges will be reported immediately to the coroner's office.

Referrals can be made to the Coroner's Office verbally by telephoning number 226-6881, 24 hours daily.

## II. Coordination Between the two Offices During Investigation.

### A. Child Fatalities

The coroner's office will make a verbal report to Child Protection as soon as possible regarding the initial physical findings and provisional autopsy report of any child who died under suspicious circumstances in which abuse or neglect is suspected on the part of the caretaker.

The involvement of the contract pediatrician shall be optional as the Caddo Parish Coroner is fully qualified and willing to provide adequate medical documentation to Child Protection on child fatalities.

Viewing the deceased child's body shall be optional and at the discretion of the Child Protection Investigator and Supervisor. If viewing of the body is believed necessary, the Child Protection Investigator will contact the coroner's office by telephone and make the request.

Representatives from both Child Protection and the Coroner's Office will participate in a fatality staffing within thirty (30) days of the child's death.

The Coroner will be available for court testimony on any cases requiring removal of other children.

### B. Sexual Abuse

The coroner's office will perform all physical examinations on recent sexual assault victims who are children.

The coroner's office will assist in making the necessary arrangements for the physical examination for any child victim of sexual abuse who is fifteen (15) years or older.

The Coroner will be available for court testimony on any case which his office has been involved requiring court intervention.

## III. Sharing of Information Between the Two Offices.

Information obtained in the investigation of a complaint of child abuse and/or neglect, as well as investigations completed by the coroner's office, is subject to regulations on confidentiality, but the available information will be shared between the Child Protection and the Coroner's Offices as necessary.

### A. Information to be Shared by Child Protection.

Child Protection will provide to the Coroner's office a copy of all physical examinations completed by the contract pediatrician on child sexual abuse victims in cases which both offices are involved.

Child Protection will provide to the Coroner's Office copies of photographs, when available, of child fatality victims.

Investigative summaries completed by the Child Protection Office shall be provided to the Coroner's Office on cases in which there are joint investigations. Investigative summaries shall be available on child fatality investigations within thirty (30) days of the death of the child, if at all possible. Investigative summaries shall be available on child sexual abuse investigations within (60) days of the receipt of the initial report, if at all possible.

B. Information to be shared by the Coroner's Office.

The Coroner's Office will provide to Child Protection a copy of all physical examinations completed by that office on child sexual abuse victims in cases which both offices are involved.

The Coroner's Office will provide to Child Protection a copy of the autopsy, provisional and final when both are available, lab reports, and death certificate on all child fatality cases in which Child Protection is involved. These reports will be provided within thirty (30) days from the date of the child's death, if at all possible, in order to adhere to time limitations involved with child fatality cases set by the State Child Fatality Committee.

There shall be frequent verbal sharing of information in those cases in which both Child Protection and the Coroner's Office are involved.

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Beatrice Enloe  
Regional Administrator  
Shreveport Regional OHD/DCYFS  
1525 Fairfield, Room 801  
Shreveport, Louisiana 71130

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George M. McCormick, II, M.D., PhD  
Coroner, Caddo Parish  
Caddo Parish Courthouse  
Shreveport, LA 71101

WORKING AGREEMENT  
BETWEEN  
LAFOURCHE PARISH SCHOOLS  
-  
AND  
OFFICE OF HUMAN DEVELOPMENT  
DIVISION OF CHILDREN, YOUTH AND FAMILY SERVICES

The Louisiana Child Abuse Statute (LA R.S. 14:403) mandates that all cases of suspected child abuse and neglect be reported, and it specifically designates principals, teachers, counselors, nurses, psychologists, social workers, educational consultants, speech and hearing consultants and any other professional school employees as professionals who must report. (Failure to do so may result in a fine or imprisonment.) The law also states that reported cases must be investigated by the local Child Protection Agency.

In order to comply with the reporting statute and to coordinate the school's role as a mandated reporter with the investigative role of the Division of Children, Youth and Family Services, the following agreement between the Lafourche Parish School Board and the Lafourche Parish Office of Human Development, Division of Children, Youth and Family Services is entered into:

(1) When a mandated reporter (as defined in paragraph one above) in the Lafourche Parish School System has reason to believe that a child has been abused or neglected, he/she will immediately notify the school principal. This employee will then, in the presence of the school principal, telephone the Lafourche Parish Division of Children, Youth and Family Services at 446-6322 and ask for the Intake Worker. As much information as possible will be provided regarding the child, parents, location, and the reasons that abuse/neglect is suspected.

(2) There will be no attempt on the part of the school staff to prove the allegation of abuse/neglect before reporting. All that is required to report is a reasonable suspicion of abuse/neglect. Investigation and

determination of the validity or invalidity of a report is the responsibility of the Division of Children, Youth and Family Services.

(3) School staff will not notify the parent or guardian of the abused/neglected child that Division of Children, Youth and Family Services is conducting an investigation. It is this agency's responsibility to notify the parents.

(4) When a report is made to Division of Children, Youth and Family Services, the school principal will immediately notify the Supervisor of Child Welfare and Attendance of the pending investigation.

(5) School staff will not notify the child subject prior to the arrival of the child protection worker.

(6) When the child protection worker wishes to interview the child in the school, he/she will telephone the principal stating the need to interview the child and verifying that the child is attending school that day. The child protection worker will give the principal his/her name and a phone number which can be used to verify identity.

(7) Upon arrival at the school, the child protection worker will present identification and sign the school visitor's register.

(8) The principal will send for the child subject and provide a private space for the interview with the child.

(9) A school staff person whom the child knows and with whom he/she feels comfortable may be present during the interview if the child is in agreement with this. If the child objects, a school staff person will not sit in for the interview.



*copy of the report*

(10) The child protection worker will contact the child's parent or guardian within twenty-four hours; and if at all possible, prior to the child's return home from school.

(11) In situations where the child protection worker deems that taking the child into custody is necessary, the worker will contact the court and present the school principal a court order, or a voluntary custody agreement signed by the parent. The child will be released by the school only after completion of the attached School Release Verification Form. A copy of the form shall be kept in a confidential folder in the school office.

(12) The child protection worker may request of the principal appointment times during which other school staff persons may be interviewed. The principal will arrange for these interviews in as timely a fashion as possible, with the least possible disruption to the school schedule.

*copy of the report*

(13) The school staff person who reported the suspected abuse/neglect to Division of Children, Youth and Family Services will complete within five days of report the attached referral to Local Protective Service Office and mail to Lafourche Parish Office of Human Development, Division of Children, Youth and Family Services, P. O. Box 5058, Thibodaux, Louisiana 70302.

*do the referral?*

(14) The Lafourche Parish Child Protection worker will return the bottom half of the referral form to the school within fifteen days.

*copy of the report*

(15) The child protection worker will conduct a follow-up contact with the reporter, advise the disposition of the report and any portions of the case plan which might involve the school (i.e., the child will be referred to the school counselor or school social worker).

(16) Both state law and professional ethics dictate that confidentiality

shall be maintained regarding the child's name and situation. Knowledge of the report and the investigation shall be kept in confidence by all school officials. The identity of the reporter shall not be divulged by the child protection worker.

(17) In certain cases, such as alleged sexual abuse, agreements exist between Division of Children, Youth and Family Services and local law enforcement agencies to conduct joint investigations. In such cases, a juvenile officer may accompany the child protection worker on the visit to the school and participate in the interview with the child.

(18) When school staff are involved in service delivery to the child as part of the agency case plan, they will be invited to participate in staffings and family team conferences. School staff will make every effort to attend and participate if their schedules permit.

It is hoped that this agreement will facilitate the reporting and investigation of child abuse/neglect cases and minimize any disruption of the educational process.

Lafourche Division of Children, Youth and Family Services and the Lafourche Parish School Board also agree to share applicable in-service training when either is conducting such training. Examples of Division of Children, Youth and Family Services training include but are not limited to indicators in the child and parent of child abuse/neglect, interviewing abused/neglected children, risk assessment, and the like. Examples of such school board training include but are not limited to the characteristics and needs of the child in special education, behavior management, assessing

educational difficulties, and the like.

Both the school board and the agency will monitor this working agreement on an ongoing basis. The Superintendent or designee and the agency supervisor will meet as needed, but at least quarterly, to discuss operations, problems, complaints from staff, suggested improvements, and share pertinent information.

AGREED TO BY:

*Easton L. Pate*  
Lafourche Parish Schools  
Superintendent

9/18/85  
Date

*James E. Ellsworth*  
Thibodaux Region III  
Office of Human Development  
Division of Children, Youth and Family Services

9/17/85  
Date

WORKING AGREEMENT

BETWEEN

THE ST. JOHN PARISH SHERIFF'S OFFICE

AND

THE ST. CHARLES, ST. JAMES AND ST. JOHN  
OFFICE OF HUMAN DEVELOPMENT  
DIVISION OF CHILDREN, YOUTH AND FAMILY SERVICES

PURPOSE

The purpose of this agreement is to specify for both the Sheriff's Office and the Office of Human Development, Division of Children, Youth and Family Services, the mutually agreed upon terms of their working relationship, with regard to the protection of children and the investigation of reports of child abuse and/or neglect, as per Louisiana Law R.S. 14:403

## INTRODUCTION

The St. John Parish Sheriff's Office and the St. Charles, St. John and St. James Office of Human Development, Division of Children, Youth and Family Services agree to establish and maintain a working agreement with regard to the protection of children and the investigation of reports of child abuse and/or neglect reports in the following areas:

- I. Communication of Reports
- II. Protocol
- III. Joint Investigations
- IV. Sharing of Information and Maintenance of Confidentiality
- V. After Hours Response and Emergencies
- VI. Participation in Multi-Disciplinary Team Staffings
- VII. Training
- VIII. Monitoring, Evaluation and Revision

For the sake of brevity, the Sheriff's Office shall be referred to as the Police and Office of Human Development, Division of Children, Youth and Family Services shall be referred to as the Agency in the body of this agreement.

I. COMMUNICATION OF REPORTS

This part provides for the communication of reports of suspected child abuse/neglect to the agency by the police and to the police by the agency in keeping with the intent of La. R.S. 14:403 "to provide the greatest possible protection as promptly as possible for such children."

The agency shall communicate to the police information on suspected child abuse/neglect reports and investigations which the police deem necessary and upon request. These reports and/or information shall be communicated to the police promptly by telephone and confirmed in writing within five days upon request of the police. Information that shall be communicated to the police includes, but is not limited to the following:

1. All child deaths in which the agency suspects abuse or neglect in the cause of death.
2. All cases of sexual abuse or sexual exploitation of a child by a family member or other person or caretaker in the home.
3. All cases of serious physical injury to a child resulting from abuse or neglect as verified by medical personnel.
4. All cases in which a parent or caretaker threaten's the life of or serious physical injury to a child.
5. All cases in which the social worker is aware of or suspects any crime has been or may be committed.

The police shall communicate to the agency information on all suspected child abuse/neglect reports promptly by telephone and confirm these reports, with a copy of the police report, within five days as per La. R.S. 14:403

## II.     PROTOCOL

### Information and/or Record Checks

The police may request information by phone, in person, or in writing/photocopy from the intake social worker on duty; the social worker on an existing case; or the Supervisor.

The agency may request information from Lt. Terry or Becky Rocquefort.

### Protection and/or Accompaniment

Agency social workers may request protection and/or accompaniment from the police on potentially dangerous cases by calling the Juvenile Officer or Joe Oubre.

Examples of cases requiring police protection include, but are not limited to the following:

1. Same investigations conducted after dark.
2. Investigations in which the complainant and/or prior records indicate there is a history of violence toward a worker; severe family violence; severe mental illness; severe substance abuse; or a serious criminal record.
3. Neighborhoods considered dangerous by the police or the agency social worker.
4. A client becomes violent at the agency office.
5. Removal and placement of a child in order to protect the child from further harm. -



Protection and/or accompaniment differs from joint investigations in that the police are not expected to participate in the investigation unless a crime occurs or the police and the social worker agree to a joint investigation during the first visit to the home. The reason for this is that agency social workers are trained to investigate and interview for specific purposes that do not necessarily coincide with those of the police. Agency social workers are investigating not only to establish whether or not abuse and/or neglect of the child did occur, but also to obtain certain kinds of information to complete an assessment of the risk of future harm to the child.

### III. JOINT INVESTIGATIONS

Joint investigations of child abuse/neglect reports shall be conducted between the agency and the police in the following types of cases:

1. Any homicide, i.e. murder, manslaughter, negligent homicide of a child, or any unexplained death of a child.
2. Any unexplained or severe injury to a child.
3. Any injury of a child caused by a weapon or dangerous instrument.
4. Any threatened use of a weapon or dangerous instrument upon a child.
5. Any evidence of sexual interference, indecent behavior, or sexual molestation of or with a child.
6. Any exposure, involvement or promotion of a child to or in prostitution, pandering or pornography.
7. Any unlawful exposure of a child to, or unlawful consumption by a child of, drugs, alcoholic beverages or other harmful materials.
8. Any intentional or criminally negligent mistreatment or neglect of a child whereby unjustifiable pain or suffering is caused to the child.
9. Any other cases in which the respective parties agree to a joint investigation.

II. In borderline situations, any doubts as to the necessity of reporting a particular situation to the police should be resolved by promptly consulting the police or the District Attorney's office.

On joint investigations, the social worker and the police officer shall share information about the case and formulate a plan of investigation. Both parties should be cognizant of the fact that the standard of proof for Criminal Court and Juvenile Court are different. Also, in certain cases, the police will need to advise the client of his rights before proceeding with the investigation and this is not a requirement for the social worker. These and other issues need to be considered in formulating a plan of joint investigation. Under no circumstances shall a social worker knowingly impede a criminal investigation being conducted by the police.

IV.     SHARING OF INFORMATION AND  
          MAINTENANCE OF CONFIDENTIALITY

It is agreed that a copy of the police report will usually be routed to the agency within three days from the date the criminal investigation is completed. Reports where prosecution is involved will require more time and will be routed to the supervisor of the agency since reports on arrests are subjected to stricter policy and confidentiality.

Information obtained in the investigation of child abuse or neglect is subject to regulations of confidentiality (La. R.S. 46:56), but is to be shared by both the agency and the police. This includes medical reports from the Coroner's Office as well as the physician employed by the agency. The identity of the complainant must not be revealed to the subjects in a case except upon order of a Judge. It is important that both the police and the agency follow up on agreements made and share information from separate follow-up contacts.

V. AFTER HOURS RESPONSE AND EMERGENCIES

In case of immediate and imminent danger, it may be necessary to place the child in protective custody to ensure the child's safety and well-being. Whenever possible, this decision should be made jointly by the police and the social worker. Until such time as the agency establishes a formal 24 hour on call system for St. John, St. James and St. Charles Parishes, there will be occasions when the police are unable to locate a social worker in an after hours emergency. In those cases the police procedure will be as follows:

1. Conduct a preliminary investigation to determine if child is in imminent danger.
2. If child is in imminent danger, take whatever precautionary measure available and necessary until a social worker from the Agency can be located.

VI. PARTICIPATION IN MULTI-DISCIPLINARY TEAM STAFFINGS

This section will be completed by mutual agreement upon the establishment of a full Multi-Disciplinary Team for the Agency in this area.

Meanwhile, the police are encouraged to participate in staffings as appropriate and necessary with our contracted physician, attorney and psychologist.

## VII.. TRAINING

Training will be provided by the Police to the Agency in the role responsibilities of the police, the legal basis and elements of a criminal investigation, investigative procedure, techniques of observation, gathering evidence, testimonial competence and internal procedure. Training will be given to the Police by the Agency on indicators in the child and parent of child abuse and neglect, interviewing abused children, the agency's role and responsibilities in risk assessment, agency organization and internal procedures.

VIII. Monitoring and Evaluation

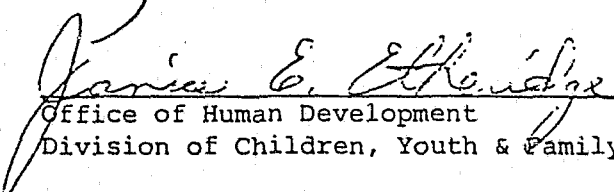
Both the Police and the Agency will monitor the working agreement on an ongoing basis. The Sheriff or designee and the agency Supervisor will meet as needed, but at least quarterly, to discuss operations, problems, complaints from staff, suggestions for improving the working agreement, and share written information on the number of cases handled, types, dispositions and other significant statistical data.

Agreed to by:

  
Sheriff, St. John Parish

Date/

12/6/85

  
Office of Human Development

Date

Division of Children, Youth & Family Services

1/10/86



WORKING AGREEMENT BETWEEN THE OFFICE OF THE FOURTH JUDICIAL DISTRICT ATTORNEY  
AND THE OUACHITA AND MOREHOUSE PARISH OFFICES OF HUMAN DEVELOPMENT,  
DIVISION OF CHILDREN, YOUTH, AND FAMILY SERVICES

I. PURPOSE:

The purpose of this agreement is to specify, for both the Office of the Fourth Judicial District Attorney and the Ouachita and Morehouse Parish Division of Children, Youth, and Family Services, the mutually agreed upon terms of a working relationship, with regard to the protection of children and the investigation of reports of child abuse and/or neglect according to Louisiana Law R.S. 14:403.

II. CRITERIA FOR REPORTING CHILD ABUSE AND/OR NEGLECT CASES FROM THE OUACHITA AND MOREHOUSE PARISH DIVISION OF CHILDREN, YOUTH, AND FAMILY SERVICES TO THE OFFICE OF THE FOURTH JUDICIAL DISTRICT ATTORNEY:

IT IS AGREED THAT the Ouachita and Morehouse Parish Division of Children, Youth, and Family Services will report to the Office of the Fourth Judicial District Attorney all cases of child abuse and/or neglect that have a valid finding.

III. PROCEDURES TO BE USED BY THE OUACHITA AND MOREHOUSE PARISH DIVISION OF CHILDREN, YOUTH, AND FAMILY SERVICES AND THE OFFICE OF THE FOURTH JUDICIAL DISTRICT ATTORNEY:

IT IS AGREED THAT:

- A. Affidavits and Court Orders for Instant Order given the Ouachita and Morehouse Parish Division of Children, Youth, and Family Services during working hours will be provided the Office of the Fourth Judicial District Attorney the same day the Instant Order was obtained.

Affidavits and Court Orders for Instant Order given the Ouachita and Morehouse Parish Division of Children, Youth, and Family Services after working hours will be provided the Office of the Fourth Judicial District Attorney the next working day.

The Office of the Fourth Judicial District Attorney will use information provided by the Ouachita and Morehouse Division of Children, Youth, and Family Services in the affidavits justifying the Instant Order to present to the Court in the Continued Custody Hearing (72-Hour Hearing).

- B. Within fifteen (15) days of the Continued Custody Hearing, the Ouachita and Morehouse Parish Division of Children, Youth, and Family Services will send the Office of the Fourth Judicial District Court a report of the findings of the investigation including a specific agency recommendation.

This report will be the Division of Children, Youth, and Family Services Form 44.

To enable the District Attorney's office to easily identify those cases requiring immediate attention, the cover letter attached to the Form 44 will be color coded a different color for:

1. Cases that are valid and petition requested.
2. Cases that are valid and no action requested.
3. Instant Order and petition needed.

The specific recommendations of the Ouachita and Morehouse Parish Division of Children, Youth, and Family Services will be a part of the information in the color coded cover letter attached to the Form 44 sent to the Office of the Fourth Judicial District Attorney.

- C. The Office of the Fourth Judicial District Attorney will use information contained in the Affidavit filed for the Instant Order and in the Fifteen (15) Day Court Report (Form 44) from the Ouachita and Morehouse Parish Division of Children, Youth, and Family Services to write the Petition requesting an Adjudication Hearing.

Within thirty (30) days of the continued Custody Hearing, the Office of the Fourth Judicial District Attorney will file the Petition requesting an Adjudication Hearing and setting the hearing date.

The Office of the Fourth Judicial District Attorney will send the Ouachita and Morehouse Parish Division of Children, Youth, and Family Services a copy of the petition.

The office of the Fourth Judicial District Attorney will pray that the Clerk of Court of Ouachita or Morehouse Parish shall serve the respective offices of the Division of Children, Youth, and Family Services a copy of each petition filed in their respective parishes.

- D. The Office of the Fourth Judicial District Attorney will advise the Ouachita and Morehouse Parish Division of Children, Youth, and Family Services of the decision made as to whether or not a petition will be filed.

This notification will be on a return form that will be attached to the Fifteen (15) Day Court Report (Form 44) that is provided by the Ouachita and Morehouse Parish Division of Children, Youth, and Family Services.

- E. The Ouachita and Morehouse Parish Division of Children, Youth, and Family Services will provide the Office of the Fourth Judicial District Attorney with any pertinent information obtained after the filing of the Petition (psychologicals, medicals, family situational changes, etc.).

This updated information will be provided within thirty (30) days after the Petition is filed.

- F. The Office of the Fourth Judicial District Attorney will represent the Ouachita and Morehouse Parish Division of Children, Youth, and Family Services at the Adjudication Hearing.

The Adjudication Hearing will be held within forty-five (45) days of filing the Petition.

The Office of the Fourth Judicial District Attorney will provide the Ouachita and Morehouse Parish Division of Children, Youth, and Family Services with copies of all judgments decreed by the Court at the Adjudication Hearing.

- IV. IT IS AGREED THAT the Office of the Fourth Judicial District Attorney in consultation with the Ouachita and Morehouse Parish Division of Children, Youth, and Family Services may consider the option of an Informal Adjustment when parents are cooperative in working with the agency or requesting the Court to declare the Parents in Need of Supervision when parents are resistive to working with the agency.
- V. IT IS AGREED THAT a representative of the Office of the Fourth Judicial District Attorney will be a member of the Multi-Disciplinary Team of the Ouachita Parish Division of Children, Youth, and Family Services and will attend the staffings on selective cases.
- VI. IT IS AGREED THAT the Office of the Fourth Judicial District Attorney will be available to the staff of the Ouachita and Morehouse Parish Division of Children, Youth, and Family Services for consultation on individual cases and for assistance in preparing for court testimony.
- VII. IT IS AGREED THAT the Office of the Fourth Judicial District Attorney and the Ouachita and Morehouse Parish Division of Children, Youth, and Family Services will share information and will maintain the confidentiality of the identity of the reports from anyone other than each other and law enforcement agencies in accordance with the Code of Juvenile Procedure, Articles 122 and 123, and with Louisiana Law R.S. 14:403.
- VIII. IT IS AGREED THAT the Ouachita and Morehouse Parish Division of Children, Youth, and Family Services will advise the Office of the Fourth Judicial District Attorney of any available physical evidence (pictures, video-tapes, instrumentality, etc.) and who has the evidence.
- IX. IT IS AGREED THAT the conditions of this agreement apply to all cases within the jurisdiction of the Office of the Fourth Judicial District Attorney.
- X. IT IS FURTHER AGREED THAT this agreement between the Office of the Fourth Judicial District Attorney and the Ouachita and Morehouse Parish Division of Children, Youth, and Family Services will be reviewed annually and amended as needed.

Erskine T. Parady November 6, 1985  
Regional Administrator Date  
Monroe Region VIII

James A. Morris, Jr. November 6, 1985  
District Attorney Date  
Fourth Judicial District

Cathy J. Harpene November 6, 1985  
District Supervisor Date  
Ouachita Parish OHD/DCYFS

H. L. M. R. L. L. November 6, 1985  
District Supervisor Date  
Morehouse Parish OHD/DCYFS

Child Sexual Abuse Project Review Committee

Judge Joan Bernard Armstrong  
Fourth Circuit Court of Appeal  
New Orleans, Louisiana

Mr. Paul Carmouche  
District Attorney, Caddo Parish  
Representing the Louisiana District Attorney's Association  
Shreveport, Louisiana

Sergeant Ted Daigle  
Commander, Child Abuse Unit  
New Orleans Police Department  
New Orleans, Louisiana

Sheriff Lloyd B. Johnson  
St. John the Baptist Parish  
Representing the Louisiana Sheriff's Association  
LaPlace, Louisiana

George M. McCormick, II, M.D., Ph.D.  
Office of the Coroner, Caddo Parish  
Representing the Louisiana Coroner's Association  
Shreveport, Louisiana

Ms. Kathy Nance, B.C.S.W., A.C.S.W.  
Assistant Executive Director, Kingsley House  
Secretary, Louisiana Chapter,  
National Association of Social Workers  
New Orleans, Louisiana

Rebecca Russell, M.D.  
Coordinator of Child Sexual Abuse Program  
Children's Hospital  
New Orleans, Louisiana

Edward Halie Shwery, Ph.D.  
Clinical Psychologist  
Private Practice  
Metairie, Louisiana

Robert M. Casse, Jr., Ph.D.  
Projector Director  
Office of Human Development  
Baton Rouge, Louisiana

Linda Sadden  
Committee Consultant  
Baton Rouge, Louisiana