


<p><b>Billerica Police Department</b></p> 	<p><b>POLICY NUMBER</b> INV-18</p>	<p><b>PAGES</b> 7</p>	<p><b>EFFECTIVE</b> 1/15/16</p>
<p><b>Accreditation Standards:</b> None</p> <p><b>General Orders:</b></p>			
<p><b>Child Abuse Investigations</b></p>			

**I. General Considerations and Guidelines**

The purpose of this policy is to provide officers with guidelines for recognizing instances and accepting reports of child abuse and neglect and coordinating the investigation of such cases with appropriate child protective service agencies and prosecuting attorneys' offices.

Law enforcement and social welfare agencies share a responsibility in preventing children from becoming the targets of adult violence and parental neglect. Routine sharing of information by these agencies in a strategic manner, where permissible and appropriate, can often prevent child abuse or neglect.

**II. Policy**

It is the policy of the Billerica Police Department;

- A. Reports of child abuse and neglect shall be thoroughly investigated in accordance with this policy; and
- B. Appropriate measures shall be taken, consistent with state law, which will best protect the interests of the child.

**III. Definitions**

- A. *Abandonment*: Leaving a child alone or in the care of another under circumstances that demonstrate an intentional abdication of parental responsibility.
- B. *Abuse*: The non-accidental commission of any act *by a caretaker* upon a child under the age of eighteen (18) which causes or creates a substantial risk of physical or emotional injury, or constitutes a sexual offense under the laws of the Commonwealth, or any sexual contact between a caretaker and a child under the care of that individual. This definition is *not* dependent upon location (*i.e.*, abuse can occur while the child is in an out-of-home or in-home setting).<sup>1</sup>
- C. *Caretaker*: A child's:
  - 1. Parent;
  - 2. Step-parent;
  - 3. Guardian; or
  - 4. Any household member entrusted with the responsibility for a child's health or welfare; or

5. Any other person entrusted with the responsibility for a child's health or welfare, whether in the child's home, a relative's home, a school setting, a day care setting (including babysitting), a foster home, a group care facility, or any other comparable setting. As such, "caretaker" includes (but is not limited to) school teachers, babysitters, school bus drivers, camp counselors, etc. The "caretaker" definition is meant to be construed broadly and inclusively to encompass any person who is, at the time in question, entrusted with a degree of responsibility for the child. This specifically includes a caretaker who is him/herself a child (*i.e.*, a babysitter under age eighteen (18)).<sup>2</sup>
- D. *Child*: A person who has not reached his/her eighteenth birthday, not including unborn children.<sup>3</sup>
- E. *DCF*: Department of Children and Families.
- F. *Mandated Reporter*: A person mandated by statute and/or CMR to make a report to the Department of Child and Family if the person has reasonable cause to believe that a child is suffering physical or emotional injury resulting from abuse inflicted upon him/her which causes harm or substantial risk of harm to the child's health or welfare, including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth. Public safety personnel are mandated reporters.<sup>4</sup>
- G. *Neglect*: Failure *by a caretaker*, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care, provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is *not* dependent upon location (*i.e.*, neglect can occur while the child is in an out-of-home or in-home setting).<sup>5</sup>

## IV. Procedures

### A. Initial Complaint Response

1. Reporters
  - a. Reports may be received from a variety of sources including:
    - 1) Family members;
    - 2) Neighbors;
    - 3) Department of Social Services;
    - 4) District Attorneys; and
    - 5) Anonymous sources.
  - b. Statutory law requires instances or suspected instances of child abuse or neglect be reported by public and private officials, such as physicians, dentists, school employees, clergy-persons and others. Officers shall record and respond to all reports of child abuse, neglect and abandonment, irrespective of the source or method of reporting. Police officers must report such abuse or neglect to the DCF:<sup>6</sup>
    - 1) Verbally, within twenty-four hours; and

- 2) In writing within forty-eight hours using the DCF reporting form accompanied by a copy of the incident report.
2. Preliminary Investigation
    - a. Reporter Interview
      - 1) A preliminary interview will be conducted with the reporting individual, when known, to determine the basis for the report, including the determination of such factors as:
        - a) The physical condition of the child;
        - b) A description of the abusive or neglectful behavior;
        - c) Evidence of parental disabilities, such as alcoholism, drug abuse, mental illness or other factors that demonstrate or suggest their inability to care for the child;
        - d) Description of suspicious injuries or conditions;
        - e) The nature of any statements made by the child concerning parental maltreatment; and
        - f) Any evidence of parental indifference or inattention to the child's physical or emotional needs.
      - 2) When the source of the report cannot be identified, officers must investigate to determine if cause exists for further investigation.
    - b. Caretaker Preliminary Interview
      - 1) A preliminary interview of a caretaker alleged to be abusing or neglecting a child should be conducted where the abuse or neglect alleged to have taken place.
      - 2) Officers should be observant for physical signs of abuse or neglect. Such signs may include:
        - a) Visible injuries on the child;
        - b) The child clothed in dirty or ragged clothing;
        - c) Home or facility in disarray;
        - d) Lack of food in the home, cabinets or refrigerator; and
        - e) Signs of drug or alcohol abuse.
    - c. Preliminary Report Findings
      - 1) Where such preliminary investigation leads the officer to believe that the report is unfounded or untrue, the officer shall note the findings in a report.
      - 2) Where reasonable suspicion exists to believe that a child is being abused or neglected:
        - a) The officer shall file a verbal and/or written report with DCF; and
        - b) A coordinated investigative effort should be undertaken with DCF.

- d. Immediate action shall be taken by officers when:
  - 1) The complaint warrants arrest or criminal prosecution;
  - 2) Child protective personnel are not available, and time is of the essence;
  - 3) The child is in danger, and child protective personnel cannot enter the home;
  - 4) The suspected perpetrator may flee;
  - 5) Police presence is required to maintain order or to protect the safety of child protection officers; or
  - 6) When the child must be taken into protective custody against parental wishes.

## **B. Follow-up Investigation**

1. Background investigations: The following sources may provide valuable information in conducting a child abuse or neglect investigation:
  - a. Check active or expired restraining or other court protective orders with regard to the child or other members of the family.
  - b. A criminal records check to include a local and Board of Probation check should be performed on the suspect.
  - c. Check the victim's medical records. Certain types of injuries are particularly characteristic of physical abuse and are most incriminating when they do not correlate with parental explanations of how they occurred. They include:
    - 1) "Pattern" injuries that may be linked to specific objects used in an attack, such as hot irons, coat hangers; fingertip marks caused by tight gripping; straight, curved or curvilinear or jagged lesions indicating whipping; bite marks; and scald or peculiar burn marks;
    - 2) Injuries to specific body parts, such as the genitals, buttocks or rectum, as well as trauma to the torso, upper arms and thighs in the absence of other common injuries often suffered by children in play accidents, such as skinned knees, elbows, and forehead;
    - 3) Signs of old injuries to various parts of the body in different stages of healing, particularly those that are not common to childhood;
    - 4) Bone fractures of small children and related injuries that are inconsistent with the child's level of maturity and risk of injury, such as spiral fractures (suggesting vigorous shaking), fractures to the rear and upper skull (suggesting blows to the head), subdural hematomas without scalp contusions (suggesting violent shaking with resultant head whiplash), and fractures of long bones and joints that are suggestive of violent pulling, twisting or jerking of the extremities;
    - 5) A history, pattern or extent of injury that does not correlate with the alleged cause of death or means of injury;
    - 6) Inordinate delay in seeking medical attention, evidence of administration of home remedies for relatively serious injuries, history of prior visits to different emergency rooms, frequent changes of physicians and prior diagnosis of "failure to thrive"; and
    - 7) At autopsy, the presence of old injuries or other internal injuries that were not detectable through external examination.

- d. Social welfare officers may provide information on family background, employment, economic and domestic stability and previous contacts with child protective service agencies.
  - e. School personnel may also provide some insight through records of the child's attendance, grades, demeanor, socialization, motivation and perceived emotional stability. Several behavioral indicators are suggestive of child abuse, including:
    - 1) Recurrent injuries or complaints of parental physical mistreatment;
    - 2) Marked changes in the child's behavior or level of achievement;
    - 3) Strong antagonism toward authority;
    - 4) Exaggerated reactions to being touched;
    - 5) Withdrawal from peers, or assaultive or confrontational behavior;
    - 6) Delinquent acts, running away from home or truancy; and
    - 7) Refusal to dress for physical education or dressing inappropriately.
  - f. Family members, neighbors, and other individuals who may have personal knowledge of the family situation may provide information.
2. Accused Caretaker/family Interview
- a. A DCF investigator should participate in the interview with the police investigator.
  - b. The interview should be conducted in a non-accusatory, informal, fact-finding manner, and questions should be presented in an open-ended format to allow parents or caretakers complete latitude in responding.
  - c. In determining whether to accept a parent's explanation, officers should consider the following questions; (Findings consistent with those in parentheses may indicate a greater likelihood of abuse.)
    - 1) Is it reasonable to believe that the child's injuries were self-inflicted or accidental given the child's maturity, manual dexterity and ability to walk or stand? (No)
    - 2) Was the caretaker's story consistent with other evidence? (No)
    - 3) Do caretaker(s) claim ignorance of critical details of the incident? (Yes)
    - 4) Does the home or facility appear to be clean and well maintained? (No)
    - 5) Does the family live a socially isolated environment without the support of neighbors, friends or family? (Yes)
    - 6) Do the parents appear to support one another in a positive home environment? (No)
    - 7) Do there appear to be frequent or ongoing crises in the family? (Yes)
    - 8) Does the child in question appear to be regarded by the care taker(s) in a negative way? (Yes)
  - d. Some caretakers may explain or excuse the incident as a legitimate attempt to discipline the child. In order to be reasonable and acceptable, discipline should:

- 1) Be appropriate to the misbehavior involved but never involve serious bodily injury;
  - 2) Be consistent with the child's ability to understand its relevance to acts in question; and
  - 3) Be administered with prudence and caution rather than recklessly, brutally or without sufficient regard for the child's power of endurance.
3. Interviewing Children
- a. Officers conducting interviews with children in suspected child abuse cases should be familiar with the following special issues that arise when conducting these interviews:
    - 1) Interview settings and method should be appropriate for the age of the child.
    - 2) Children should be interviewed separately from their parents.
    - 3) Repeated interviews with the child should be avoided whenever possible.
    - 4) Avoid questions that can be answered with a "yes" or "no" response. Use open-ended questions whenever possible.
    - 5) Sit with the child rather than across a table. Conduct the interview in a casual and non-threatening manner.
    - 6) Do not lead the child or suggest answers, probe or pressure the child for answers, or express concern, shock or disbelief in response to answers.
    - 7) Reassure the child that [s]he is not to blame and is not in trouble for what happened or for being asked questions.
  - b. Multidisciplinary Team Interview (SAIN Interview)
    - 1) An interview may be conducted by a Child Interview Specialist in a non-threatening setting. The interview is viewed by the police investigator, DCF investigator, assistant district attorney, and other appropriate participants.
    - 2) Participants may input questions to the interviewer to obtain a response from the child.
    - 3) Such an interview may minimize the trauma of these sessions to the child being interviewed.
    - 4) A SAIN (Sexual Abuse Intervention Network) interview may be arranged through the District Attorney's office.
4. Physical Evidence: Collecting physical evidence to document abuse is very important for prosecuting these cases. In this regard, officers should be aware of the following:
- a. Injuries should be photographed in color. Photos taken during medical examinations may be taken by medical personnel or by a same-sex officer. All injuries should be described in writing and diagrammed.
  - b. X-rays should be taken if deemed appropriate by a medical doctor, and any that have been taken should be collected and preserved.
  - c. Photographs of home conditions bearing on the child's maltreatment should be taken.

- d. Any instruments that were used in the physical attack should be identified and preserved, as well as any clothing that bears evidence such as blood or semen stains.
- e. Any other items that have bearing on the abuse or neglect, such as guns, knives, drugs, poisons or related items in possession of the suspected perpetrator, should be identified and collected.
- f. Evidence collected shall be documented and submitted to the property and evidence function. See the department policy on Collection and Preservation of Evidence.

### **C. Removal of Children**

1. Children may be removed in the case of an emergency.
  - a. Examples of such incidents are cases of abandonment or severe abuse or neglect, where the child is in imminent danger of death or serious bodily harm, and time is of the essence.
  - b. Parental permission should also be sought, but is not required in order to remove the child under emergency circumstances.
  - c. The assistance of the DCF shall be sought.
2. Police may remove children from a home in compliance with a judicial order.
  - a. In cases where protective custody is warranted and time permits, the DCF shall be notified and a court order for protective custody shall be sought prior to the child's removal.
  - b. Officers may accompany DCF workers and preserve the peace in support of a judicial order to remove children from a home.

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<sup>1</sup> 110 CMR 2.00.

<sup>2</sup> 110 CMR 2.00.

<sup>3</sup> 110 CMR 2.00.

<sup>4</sup> 110 CMR 2.00; M.G.L. c. 119, §51A.

<sup>5</sup> 110 CMR 2.00.

<sup>6</sup> MGL c. 119, §51A.