



CHILD FORENSIC  
INTERVIEW  
PROTOCOL TASK  
FORCE  
REPORT  
JULY 1, 2018

Rick Scott  
Governor

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Surgeon General and Secretary

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**MISSION:**

**To protect, promote and improve the health of all people in Florida  
through integrated state, county and community efforts.**

**Submitted to:**

**The Honorable Joe Negron, President, Florida Senate  
The Honorable Richard Corcoran, Speaker, Florida House of Representatives**

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## EXECUTIVE SUMMARY

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### BACKGROUND

Child forensic interview approaches, methods, and practices have evolved over the past 30 years. The purpose of child forensic interviews is to gather information from child victims alleged to have been abused or neglected. Child abuse and neglect has been linked to a variety of short and long-term adverse health outcomes. Significant advances have been made to improve our state's response to incidents of child maltreatment. The Florida Legislature, during the 2017 session, recognized the forensic interview process should be reviewed and recommendations made for improvement.

### PURPOSE AND SCOPE OF THE TASK FORCE

In 2017, the Forensic Interview Protocol Task Force was created in the Florida Department of Health, Division of Children's Medical Services to develop a standardized protocol for child forensic interviewing. Task force members researched and focused on effective and consistent ways for child forensic interviewers to elicit accurate information during interviews. A standardized child forensic interview may improve the overall outcome of dependency and court cases statewide, which is vital for victims of abuse and neglect.

### FINDINGS/RESULTS

An effective forensic interview process requires specialized trainings, utilization of standardized protocols and practices, a multidisciplinary approach, and collaboration among the professionals responsible for the forensic interview process.

### RECOMMENDATIONS

- The environment in which the child forensic interview is conducted contributes to the success of interview
- Specialized techniques should be taken into consideration when conducting interviews of children with special needs
- Video recording is essential during child forensic interviews; these recordings are regularly used in both dependency and criminal court proceedings
- After the underlying case is concluded, forensic interviews should be evaluated by a peer for recommendations
- Jurisdictions throughout the state should consider establishing a protocol to ensure a multidisciplinary approach regarding crimes against children

### CONCLUSION

Child forensic interviews are an essential component of the dependency and criminal investigation processes. Video recordings of child forensic interviews are an effective means to decrease the number of interviews and preserve critical evidence in cases of child maltreatment. Additionally, all child forensic interviewers should receive specialized and continuous training throughout their careers. The implementation of an effective forensic interview process requires the efforts of community partners and multidisciplinary collaboration by the professionals involved in the child forensic interviewing process.

## SECTION ONE: BACKGROUND

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### PURPOSE OF TASK FORCE

The Forensic Interview Protocol Task Force was created to enhance the safety and well-being of children who are suspected of having been abused. Forensic Interviewing is a method to elicit accurate information from children during an investigation regarding physical or sexual abuse, neglect or exposure to violence. Children may move to different parts of the state over time, and the forensic interview process needs to be consistent from one jurisdiction to the next. One priority of the Forensic Interview Protocol Task Force is to reach a statewide consensus on recommendations to the various organizations that conduct forensic interviews.<sup>1</sup> There are many accepted practices for conducting child forensic interviews, each of which should be tailored to the unique needs of the child. These practices are critical components of an overall framework for conducting child forensic interviews. This task force is recommending a protocol to serve as Florida's standardized framework.

### STATUTORY AUTHORITY

Chapter 2017-153, Laws of Florida, amends section 39.303(9), Florida Statutes (FS), requiring the Florida Department of Health, Division of Children's Medical Services (CMS) to convene a task force to develop a standardized protocol for forensic interviewing of children suspected of having been abused. CMS must provide the standardized protocol to the President of the Senate and the Speaker of the House of Representatives by July 1, 2018.

### TASK FORCE MEMBERSHIP

Children's Medical Services, at the Florida Department of Health, serves children who have or are at-risk for special health care needs. Child maltreatment is linked to adverse health outcomes across the lifespan. The Florida Department of Children and Families (DCF) is responsible for investigating allegations of abuse and neglect and determining actions needed to ensure child safety. Child Advocacy Centers (CAC) and Child Protection Teams (CPT) assist DCF by providing medical and other multi-disciplinary assessments, including child forensic interviews. Community Based Care agencies provide case planning and service delivery in collaboration with DCF. Child abuse and some forms of child neglect are crimes. Many times, there is no physical evidence of the abuse; therefore, the child forensic interview is critical in the investigation. Law enforcement agencies and prosecutors rely heavily on forensic interviews when charging and prosecuting child abuse and neglect.

Representatives from various agencies, associations, and organizations were specifically identified in law to form the membership of the task force. These entities are critical partners in

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<sup>1</sup> Remarks from Representative Gayle Harrell, Chair of the Children Families and Seniors Subcommittee to the Florida Department of Health Division of Children's Medical Services Forensic Interview Protocol Task Force on January 19, 2018.

protecting the health and safety of children in Florida. The following task force members representing the statutorily mandated entities were appointed in July and August of 2017:

- A representative from the Florida Prosecuting Attorneys Association: Brian Fernandes, Esq., Assistant State Attorney, Fifteenth Judicial Circuit, West Palm Beach, FL
- A representative from the Florida Psychological Association: Lori Butts, J.D., Ph.D., Chief Executive Officer, Clinical & Forensic Institute, Inc., Fort Lauderdale and West Palm Beach, FL
- The Statewide Medical Director for Child Protection: Bruce McIntosh, M.D.
- A representative from the Florida Public Defender Association: Paula Shea, Esq., Assistant Public Defender, Sixth Judicial Circuit, Clearwater, FL
- The executive director of the Statewide Guardian Ad Litem Office: Alan Abramowitz, Esq.
- A representative from a Community Based Care Lead Agency: Roshannon Jackson, M.Ed., Operations Manager, Big Bend Community Based Care
- A representative from Children's Medical Services: Peggy Scheuermann, M.Ed., Bureau Chief of Child Protection and Special Technologies, Florida Department of Health
- A representative from the Florida Sheriffs Association: Sheriff Sadie Darnell, Sheriff of Alachua County, FL
- A representative from the Florida Chapter of the American Academy of Pediatrics: Carol Lilly, M.D., MPH, Division Chief, USF College of Medicine Pediatrics and Local Child Protection Team Medical Director
- A representative from the Florida Network of Children's Advocacy Centers: Cindy Valley, Executive Director, Florida Network of Children's Advocacy Centers

CMS was permitted to designate other representatives. The following five additional members with experience working with children with special health care needs were appointed:

- Kris-Tena Albers, ARNP, MN: Director of Sexual Assault Nurse Examiner (S.A.N.E.) Training and Sustainability Program, Florida Council Against Sexual Violence
- John Harper, BA: Manager, Prevention and Child Protective Investigations, Office of Child Welfare, Florida Department of Children and Families
- Jay Howell, Esq: Jay Howell & Associates, former prosecutor and member of the American Bar Association, Task Force on Child Witnesses, Jacksonville, FL
- Esther Jacobo, Esq: Chief Assistant State Attorney for Operations, Eleventh Judicial Circuit, Miami-Dade, FL and former Interim Secretary of the Florida Department of Children and Families
- Theresa E. Simak, Esq: Assistant State Attorney, Fourth Judicial Circuit, Jacksonville, FL

The task force elected Jay Howell, Esq. as Chairperson and Alan Abramowitz, Esq., as Co-Chairperson.

## SECTION TWO: TASK FORCE MEETINGS AND SPEAKERS

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The initial task force meeting was scheduled for September 12, 2017; however, it was rescheduled to October 17, 2017, due to Hurricane Irma. Task force meetings were conducted in-person, via webinars and conference calls. Four in-person meetings were held: one in Tampa, one in Tallahassee, and two in Orlando, Florida.

Professional guest speakers provided expertise and insight into various components of conducting child forensic interviews. The list of speakers and participants follows:

- Jackie Sandefer-Gonsen, CPT Training and Quality Assurance and Quality Improvement Coordinator, Florida Department of Health, Division of Children's Medical Services
  - Presentation: Welcome Child Forensic Interview Task Force Meeting
  - Provided input and materials regarding child forensic interviewing
- Brenda Kocher, Voices for Children
  - Presentation: Wagging Tails and Other Indispensable Tools in the Treatment of Trauma
- Kelly A. Swartz, Esq: Director of Legal Advocacy for the Florida Guardian ad Litem Program
  - Presentation: Use of Interviews in Dependency Cases
- Brian Fernandes, Esq., Assistant State Attorney, Fifteenth Judicial Circuit, West Palm Beach, FL
  - Presentation: Prosecution of Child Maltreatment Cases
- Theresa E. Simak, Esq., Assistant State Attorney, Fourth Judicial Circuit, Jacksonville, FL
  - Presentation: Prosecution of Child Maltreatment Cases
- Terry Thomas, Special Agent (Retired)
  - Presentation: Law Enforcement Interviews
- Charles B. Nemeroff, M.D., Ph.D., Director of the University of Miami Center on Aging and Chairman of the Department of Psychiatry and Behavioral Sciences
  - Presentation: Paradise Lost: The Neurobiology of Child Abuse and Neglect
- Esther Jacobo, Esq., Chief Assistant State Attorney for Operations, Eleventh Judicial Circuit, Miami-Dade, FL and former Interim Secretary of the Florida Department of Children and Families
  - Provided input and materials regarding Neurobiological and Psychological Impacts of Human Trafficking Trauma on Child Victims and the Implications of Court Proceedings
- Representative Gayle B. Harrell, Chair of the Children, Families and Seniors Subcommittee, Florida House of Representatives
  - Comments: Purpose of the Task Force
- Marina Anderson, Department of Children and Families Regional Human Trafficking Coordinator
  - Presentation: Special Interviewing Needs of Human Trafficking Victims

- Chief Judge Jonathan Sjostrom, Second Judicial Circuit
  - Comments: Administrative Orders and Dependency Court Proceedings
- Lorena Bueno, Esq., Assistant State Attorney, Second Judicial Circuit
  - Presentation: Administrative Orders and Perspectives
- Travis W. Conradt, Ph.D., Professor Department of Psychology Florida Institute of Technology
  - Provided input and materials regarding child forensic interviewing
- Laura Knudson, Bureau Chief, Trauma Intervention and Special Services, Alachua County Sheriff's Office
  - Provided input and materials regarding child forensic interviewing

The following professional staff of the Department of Health, Division of Children's Medical Services provided input and materials regarding child forensic interviewing:

- Cassandra G. Pasley, BSN, JD, Division Director
- S. Nicole Jordan, LCSW, MS, Child Protection Unit Director
- Patricia L. Armstrong, MSW, CADR Unit Director
- Janet Evans, M.S.P.A., Training Developer/Consultant
- Stephenie Havard, Administrative Assistant II

## SECTION THREE: OVERVIEW OF CHILD FORENSIC INTERVIEWING

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### HISTORY OF CHILD FORENSIC INTERVIEWS

In the 1980s, several high-profile cases involving allegations of child abuse became the subject of considerable analysis because of the interview techniques that were used. In some instances, law enforcement depended on mental health practitioners to interview children because of their ability to establish rapport with children. However, mental health practitioners often used therapeutic techniques that were later deemed inappropriate for forensic purposes, primarily because of concerns regarding suggestibility. The courts scrutinized the interview procedures used in these early cases and concluded that techniques that invited make-believe or pretending were inappropriate for criminal investigations. As awareness of child abuse grew, professionals realized that it might take special skills to interview children.<sup>2</sup>

In the 1990s, professionals began to appreciate that interview guidance needed to involve more than mere advice about questions and the use of media; child welfare professionals needed advice about the structure of the interview, itself. This necessity derived from the characteristics of the interviewers and the interviewees. Most professionals charged with the responsibility of interviewing children about sexual abuse did not have extensive mental health backgrounds or knowledge about child development. This was especially true of law enforcement, but might also have been true of child protection workers because the usual requirement for the position was a bachelor's degree, which could be in criminal justice. Subsequently, dozens of interview structures were developed, most with a focus on the mandated investigators, child protection and law enforcement, and on forensic interviewers. Some interview structures were developed in academic institutions.<sup>3</sup>

### PURPOSE OF CHILD FORENSIC INTERVIEWS

Child maltreatment jeopardizes child safety and well-being. Maltreatment cases in which the offender is a caregiver fall within the purview of child protective services and may also be investigated by law enforcement. Cases in which allegations do not involve caregivers are investigated by law enforcement. In the mid-1980s, virtually every state in the U.S. amended its child protection laws to foster collaboration between law enforcement and child protection investigators on serious maltreatment cases. Child protection workers and law enforcement often jointly interviewed the child, one or the other taking the lead. In some cases, the child protection worker interviewed the child while law enforcement interviewed the alleged offender and other witnesses. Information was shared through exchange of notes, sharing of interview recordings, or conferring.<sup>4</sup>

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<sup>2</sup> Newlin, C., Steele, L. C., Chamberlin, A., Anderson, J., Kenniston, J., Russell, A., ... & Vaughan-Eden, V. (2015). *Child forensic interviewing: Best practices* (pp. 1-20). US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

<sup>3</sup> Faller, K. C. (2014). Forty years of forensic interviewing of children suspected of sexual abuse, 1974–2014: Historical benchmarks. *Social Sciences*, 4(1), 34-65.

<sup>4</sup> Newlin, C., Steele, L. C., Chamberlin, A., Anderson, J., Kenniston, J., Russell, A., ... & Vaughan-Eden, V. (2015). *Child forensic interviewing: Best practices* (pp. 1-20). US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Forensic interviews are instrumental pieces of evidence in child abuse or neglect investigations and are used in both criminal and dependency courts. Section 90.803(23), FS, provides a hearsay exception for statements made by a child victim. An out of court statement used to prove the truth of the matter asserted is admissible, if it meets the following conditions:

- It is made by a child victim with a physical, mental, emotional, or developmental age of 16 or less describing the act of abuse or neglect,
- The court finds this statement reliable, and
- The child testifies or is unavailable, provided there is other corroborative evidence of the abuse or offense.

This reliability determination is conducted at a pre-trial hearing. In making this determination the court must read, watch, and/or listen to the forensic interview. The court must then consider the physical, mental, and developmental age of the child; the maturity of the child; the nature and duration of the abuse; the relationship of the offender to the child; and the content of the statement.

When reviewing forensic interviews, the court considers whether the child is using age appropriate language, whether leading questions are being asked of the child, whether the child can distinguish truth and lie and agrees to tell the truth, and whether the statement is in the child's own words. Courts also look for evidence of false allegations and coaching. Once a court determines there are sufficient safeguards of reliability surrounding the statement, and that there is other corroborative evidence, the court will make specific findings of fact on the record regarding the admissibility of the forensic interview. In many criminal child abuse prosecutions, the most compelling evidence is the videotaped forensic interview; due to criminal trials often occurring years after the abuse is first disclosed. With this passage of time, children grow up and memories fade. The forensic interviews, many of which are video recorded, memorialize the disclosure. When the victim who is now older sits in a court proceeding with strangers and the abuser, the child may struggle and be hesitant to testify; the video of the forensic interview will be available as evidence. The jurors will see the victim, at a younger age in a child-friendly environment talking to a non-judgmental person. The jurors will hear the victim talk about the abuse suffered in his/her own words and pace, which can be very persuasive.

The forensic interview also aids in plea negotiations which negates the need for a trial. In dependency court, forensic interviews can be used as evidence in shelter hearings, dependency cases and termination of parental rights proceedings. The parents are often present at these proceedings, and the forensic interview can ensure that the child does not have to testify in front of his/her abuser. In addition, the forensic interview can be used by other professionals to aid in the recovery of the child's trauma, which may serve as the beginning of the child's healing.

Whether used in criminal court or dependency court the admissibility of the forensic interview is dependent upon its quality. If the forensic interview is not conducted in a manner that will meet the legal standard, then compelling evidence is lost. Electronic recordings are the most complete and accurate way to document forensic interviews, capturing the exchange between the child and the interviewer and the exact wording of questions. Video recordings make the interview process transparent, documenting that the interviewer and the multidisciplinary team

avoided inappropriate interactions with the child.<sup>5</sup> Hearing an account of the abuse in the child's own words provides an additional opportunity for the court to evaluate the veracity of the child's statements.

## **DIFFERENCES BETWEEN CHILD FORENSIC INTERVIEW AND CLINICAL ASSESSMENTS**

The requirements of child forensic interviews are different from clinical assessments. The primary goal for conducting child forensic interviews is to gather information that will either corroborate or refute allegations of abuse, neglect, or violence and consider all reasonable hypotheses. Additional goals include allowing the child to verbally describe event(s) and elicit a complete and accurate account of events told by the child. This helps to determine if abuse, neglect, or violence occurred and if the child is in imminent danger. Maintaining an impartial and objective position is important while asking questions and gathering information during the child forensic interview. These interviews are conducted by a variety of disciplines.

Conversely, a clinical assessment has a therapeutic focus and is intended to assess the child and provide treatment of symptoms. These assessments are typically conducted by therapists, licensed medical health care professionals, psychologists and psychiatrists.

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<sup>5</sup> Newlin Faller, K. C. (2014). Forty years of forensic interviewing of children suspected of sexual abuse, 1974–2014: Historical benchmarks. *Social Sciences*, 4(1), 34-65.

## SECTION FOUR: FORENSIC INTERVIEWING PROTOCOLS AND PRACTICES

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As used in this report, the term “protocol” refers to the overarching framework and supportive processes that provide the foundation for effective forensic interviews. A standardized protocol outlines the need for advance preparation and collaboration of critical partners, considers the environment in which the interview is conducted, establishes parameters for communicating with the child and provides review of the results.

### COMPONENTS OF A STANDARDIZED PROTOCOL

#### 1. Preparation for the Child Forensic Interview

##### a. Training

Many specialized training programs have been developed for forensic interviewers. These programs are needed for professionals who conduct forensic interviews. Most professionals are not customarily taught forensic interview practices during their professional training. Often, interviewers may have limited training in child development, children’s memory and suggestibility, linguistics, and the neurobiology of trauma, (referenced in [Appendix A](#)). Nationally, forensic interview training programs range from two days to 40 hours. These are often sponsored by state agencies responsible for interviewing children. These forensic interview training programs are often specific to an interview structure or protocol.<sup>6</sup>

It is essential that individuals who conduct child forensic interviews complete a recognized training program in child forensic interviewing prior to conducting interviews.

##### b. Collaboration with Partners in the Protective Investigation

In preparation for the interview, the forensic interviewer must clarify and focus on the goals of the interview. The specific role of the interviewer should not only be clear to the interviewer, but also to others directly involved in the case.<sup>7</sup>

Multi-disciplinary teams, composed of representatives from a variety of professions, occupy a key role in the forensic interview process. Typically, these teams are assembled to improve information sharing and coordination between agencies, recognizing the potential for serious consequences of poor cross-agency communication.<sup>8</sup>

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<sup>6</sup> Newlin Faller, K. C. (2014). Forty years of forensic interviewing of children suspected of sexual abuse, 1974–2014: Historical benchmarks. *Social Sciences*, 4(1), 34-65.

<sup>7</sup> Silvosky, J. (2000, March). *The Difference Between Forensic Interviews & Clinical Interviews*. The Center on Child Abuse and Neglect.

<sup>8</sup> Herbert, J. L., & Bromfield, L. (2017). Better together? A review of evidence for multi-disciplinary teams responding to physical and sexual child abuse. *Trauma, Violence, & Abuse*, 1524838017697268.

Collaborating partners in the child forensic interview process may include any of the following individuals or agencies: Child Protective Investigators, the Child Protection Team and Children's Advocacy Center staff, law enforcement, prosecutors, courts, and child dependency agencies. Specific issues or questions that any of the collaborating agencies want addressed may be clarified during the interview preparation process.

c. Planning for the Interview

Obtaining demographic and social information about the child and family prior to the interview is recommended. Knowing the names of family members and others close to the child can facilitate understanding the child's description of events. If language is a potential barrier, then a trained interpreter is essential.

2. Child Friendly Environment or Setting for the Interview

- a. Special consideration should be given to the physical space in which the child forensic interview will be conducted. A child-friendly space is important to reduce the child's anxiety about the interview process. Not only the interview room, but the reception or waiting area should be child-friendly. This may mean providing child-sized furniture and children's books or games to make the child feel comfortable in the surroundings while waiting for the interview. It is recommended that there not be toys or games or other distractions (e.g., paintings or pictures) in the interview room, that could divert the child's attention away from the interview process.
- b. The facility and the interview space should be appropriate for diverse populations and ages of children, and should be accessible for people with disabilities.
- c. Any recording devices should be unobtrusive so as not to distract or intimidate the child.

3. Communicating with the Child

a. Phases of the Interview

i. Building Rapport

The relationship between the interviewer and the child in the child forensic interview is important. The interviewer should establish a rapport with the child. The Rapport Building Phase of the interview typically involves introductions with age-appropriate explanations of the procedures for the interview, a review of the interview instructions, and the importance of telling the truth.

Rapport building includes asking questions about the child's interests, activities and friends. The interviewer should be aware of considerations such as the child's age, developmental capacity, and cultural influences. The interviewer can also use this time to informally assess the child's language skills and developmental or cognitive abilities.

ii. Substantive Phase

The purpose of the child forensic interview is to attempt to obtain a truthful and clear narration of the event(s). This involves the child's narrative description of the events, and clarification of information provided by the child. Closure Phase

It is important to provide a sense of closure for the child when the interview is completed. This involves being attentive to the child's social and emotional needs, transition to non-substantive topics, and allowing the child to ask questions.

b. Types of Questions

i. Approach

The way the interviewer interacts with the child can influence the child's disclosure of information. The approach of the interviewer, the wording of questions, and the interviewer's verbal and non-verbal communication can impact how the child interprets and responds to questions.<sup>9</sup> The interviewer should be at eye-level with the child and use a neutral tone of voice and facial expression. Showing surprise or shock when the child reveals details of the maltreatment may cause the child to interpret these reaction as having said something "wrong" and disrupt the course of the interview.

Many children do not spontaneously disclose maltreatment. There are many reasons for this, such as fear of being separated from family, fear of getting someone in trouble, fear of retribution, or conflicted feeling about the alleged abuser. The interview should provide an atmosphere that encourages trust and makes the child feel comfortable to encourage an accurate disclosure.

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<sup>9</sup> Silvosky, J. (2000, March). *The Difference Between Forensic Interviews & Clinical Interviews*. The Center on Child Abuse and Neglect.

## ii. Asking Questions

Once the interviewer has established a rapport with the child, there should be a smooth transition into questioning. A friendly approach is more conducive to getting the child to respond to questions.

Questions should be framed in a manner that will be clearly understood by the child. This means that the interviewer should use simple words and sentence structure that is appropriate for the age and development status of the child.

Generally, children view adults as an authority figure and this can affect their responses to the interviewer. Children often try to figure out the “right” answer to questions posed by adults. To avoid this, the interviewer should explain to the child that there are no “right” answers except the truth of what happened. It is okay for the child to say that they do not remember or understand the question; and that it is okay to correct the interviewer, if necessary.

Open-ended, focused questions are preferred during the forensic interview. These allow children to provide whatever information they think is responsive to the question. The interviewer may re-state what the child has said or ask a clarifying question.

The use of pronouns, to identify individuals, should be avoided when asking questions. The use of proper names helps to avoid confusion. The use of simple descriptive words is less likely to be misinterpreted by the child. If the interviewer is unsure if the child understands a word, the child can be asked to tell the interviewer what the word means. The interviewer also needs to clarify the words that the child uses to describe events, locations, and body parts. Another point for consideration is the child’s perception of time. Younger children, especially, tend to have difficulty with the concept of time. Yesterday may be yesterday or it may be last week or last month. The interviewer should try to connect the time with an event that would be meaningful for the child, such as a birthday, holiday, or school term.

The use of a narrative process for obtaining information is helpful for many children. This process entails the child telling about an event, unrelated to the maltreatment from beginning to end. This is a helpful way for the interviewer to get an idea of the child’s understanding of events and sequencing. The interviewer should avoid asking the child to “tell a story.”

In some clinical or therapeutic settings, children may be encouraged to respond to questions or provide information based on reinforcement, such as stickers or candy. This type of reinforcement should not be used during forensic interviews. This type of reinforcement should not be used during forensic interviews.

c. Unique Needs of the Child

Children with disabilities are potentially at greater risk for abuse and neglect. Care must be taken to consider the age, developmental level, verbal skills, and other unique features of children with special needs. Children with special needs may require individualized techniques. Interviewers should become familiar with the child's disability and mode of communication. The interviewer should meet the child on their level, constantly evaluate and adjust interview techniques to meet the needs of the child. Interviewers need to keep their questions simple and ask as many open-ended questions as possible because children with disabilities tend to want to please and may respond affirmatively more than other children.

d. Use of Technology

Information from the interview may be used in legal proceedings. The interview should be video-recorded, and a written account of the interview can be completed during and immediately after the interview. Video-recording provides the most accurate account of the interview. Video-recording the interview in coordination with all individuals and agencies involved reduces the potential need for additional interviews with the child.

Children may disclose acts of maltreatment in a variety of settings. In some instances, a child may disclose to a person (e.g. parent) but fail to disclose the same acts of maltreatment during the forensic interview. The reverse is also possible, the child may disclose during the recorded interview, but be uncertain when questioned later.

With video-recorded interviews, the forensic team can analyze questions and assess interviewer techniques.

4. Evaluation and Peer Review

Structured forensic interview protocols improve the quality of investigative interviews with children. Supervision, peer reviews, and other forms of feedback should help forensic interviewers integrate the skills they learned during initial training and improve their practice over time. The peer review should be a

formalized process in a neutral environment with established interviewing techniques, and a shared understanding of goals, processes, and purpose.<sup>10</sup>

## **APPROACHES IN CHILD FORENSIC INTERVIEWING**

There are some generally accepted practices and principles in child forensic interviewing. The majority of approaches recognize that the child's age, developmental functioning, and cultural influences must be taken into consideration while interviewing a child. In addition, understanding the disclosure process and that children respond to trauma differently is critical; no single disclosure pattern is predominant.

The interviewer's use of narrative practice is also extremely important. Narrative practice, also referred to as narrative sequencing, allows a child to discuss a neutral topic, unrelated to the allegations, in a narrative format. Narrative practice increases a child's informative responses to open-ended questions. The child may be asked to describe their work in school, hobbies, favorite activities, etc.

There are variations in the different approaches to forensic interviewing. Practices vary regarding the most effective way to help a reluctant child transition to the topic of concern. Interviewers often receive training in a variety of practices and use a "blended" approach to meet the needs of children. Care must be taken to consider the developmental level, the verbal skills, and other unique features of each child. Because of these differences, children require individualized techniques.

Generally accepted practices in child forensic interviewing include the following:

- Forensic interviews should be electronically recorded, preferably in a video recording
- Interviewers should have formal initial specialized training and ongoing re-training
- The interview environment should be neutral, objective and child friendly
- Throughout the interview, techniques should be utilized that maximize the amount of information obtained from the child through free recall (recalling an event from memory without being asked questions or given prompts)
- The interviewer should use open-ended and nonsuggestive questioning techniques when introducing suspected abuse and utilize what, who, where, when questions, which are the least leading way of obtaining missing details
- An interviewer should not interrupt a child's narrative response
- An interviewer should ask if an event occurred "one time or more than one time" as opposed to asking a child for a specific number of times, such as "one time" or "five times"
- Interviewers should limit the use of multiple choice questions and questions that introduce information

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<sup>10</sup> Newlin Faller, K. C. (2014). Forty years of forensic interviewing of children suspected of sexual abuse, 1974–2014: Historical benchmarks. *Social Sciences*, 4(1), 34-65.

- Interviewers should communicate with multidisciplinary team members and balance requests with the need to maintain legal defensibility and the child's ability to give more information<sup>11</sup>

## **STRUCTURES AND PRACTICES REVIEWED BY TASK FORCE**

A general request for information on forensic interviewing practices was requested from various organizations throughout the nation. The following thirteen organizations responded and provided information on existing forensic interview practices:

1. American Professional Society on the Abuse of Children (APSAC)
2. ChildFirst
3. The Cognitive Interview
4. CornerHouse
5. The Forensic Interview Practice used in North Carolina
6. The Forensic Interview Practice used in Texas
7. Florida Department of Health Forensic Interview Practice
8. National Children's Advocacy Center (NCAC)
9. National Institute for Child and Human Development (NICHD)/Revised NICHD
10. Recognizing Abuse Disclosure Types and Responding (RADAR)
11. Step-Wise Approach to Interviewing Children: The Next Generation
12. Ten Step Investigative Interview Process
13. Wisconsin Forensic Interview Guidelines

A brief overview of forensic interview practice models commonly used in Florida is below:

### **AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN (APSAC)**

APSAC's comprehensive clinics offer intensive training experience and the opportunity for participants to experience personal interaction with leading experts in the field of child forensic interviewing. The model features a structured narrative interview approach, which emphasizes best practices based on research and the best interest of the child. Participants receive a balanced review of several forensic interview practices and learn how to develop customized narrative interview approaches based on the principles taught in the training.

### **DEPARTMENT OF HEALTH (DOH) FORENSIC INTERVIEW MODEL**

DOH offers a 40-hour training that includes presentations by local experts in the areas of basic skills of forensic interviewing, child development, suggestibility, interviewing persons with disabilities, legal issues and law enforcement concerns. DOH utilizes practicum interviews where students work with volunteer actors to practice the skills they learn in the classroom. The interviews are recorded and made available to the students, along with a critique from the

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<sup>11</sup> Newlin, Chris, Cordisco Steele, Linda, Chamberlin, Andra, Anderson, Jennifer, Kenniston, Julie, Russell, Amy, Stewart, Heather and Vaughan-Eden, Viola. "Child Forensic Interviewing: Best Practices." *U. S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Programs (OJJDP), Juvenile Justice Bulletin*. September 2015.

training instructor and peers, enabling students to review their own interviews as well as learn from their peers after they leave the classroom. In addition, forensic interviews completed by the students out in the field after they receive training are reviewed and critiqued by the training instructor. The training also involves a recorded 'mock courtroom' to teach skills necessary to be expert witnesses.

### **NATIONAL CHILDREN'S ADVOCACY CENTER (NCAC)**

NCAC training consists of audience discussion, practicum interviews, a review of recorded forensic interviews, experiential skill-building exercises, and participation in a mock court. Participants are immersed in the realistic, unpredictability of children by participating in the only practicum interviews that use child victims, which allows participants to experience, evaluate, and prepare to overcome the spontaneity that only child victims can provide. Each participant receives a recorded copy of their practicum interview.

### **RECOGNIZING ABUSE DISCLOSURE TYPES AND RESPONDING (RADAR)**

RADAR is a structured, child-friendly forensic interview model. The model provides partial scripting for less experienced interviewers and scaffolding for more experienced interviewers. It also offers sufficient flexibility to accommodate different types of maltreatment, child developmental levels and disclosure histories. RADAR emphasizes forensic balance with the dual objective of minimizing interview errors that may contribute to false positive or false negative outcomes. RADAR is adapted from the NICHD Investigative Interview Protocol and the Cognitive Interview. It also comes from eighty (80) years of combined experience in child forensic interviewing by the RADAR model developers. RADAR works best with children who are at a developmental age of at least five (5) years old. A RADAR Jr. model is available for younger children.

Additional information regarding forensic interview practice models can be found in [Appendix B](#).

## SECTION FIVE: COLLABORATING PRACTICES AND RESOURCES IN FLORIDA

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### **CHILD FORENSIC INTERVIEW MULTIDISCIPLINARY APPROACH**

Research indicates that forensic interviews are best conducted within a multidisciplinary team. A coordinated investigation has been shown to increase the efficiency of the investigation while minimizing system-induced trauma in the child. As outlined above in section four, before the interview, multidisciplinary team members should discuss possible barriers, case-specific concerns, and interviewing strategies. The interviewer should communicate with the team members observing the interview to determine whether to raise additional questions or whether there are any ambiguities or apparent contradictions to resolve. The interviewer often must balance the team's request for further questions with the need to maintain legal defensibility and with the child's ability to provide the information requested.<sup>12</sup>

### **MULTIDISCIPLINARY TEAM COLLOBORATION**

There are numerous agencies throughout the state charged with protecting children from abuse and neglect. Florida's team includes, but is not limited to, the DCF, Child Protective Investigators, law enforcement officers, CPT members, and CAC staff to provide an array of services. CPTs are contracted with DOH/CMS to provide medical, psychological and social assessments to children and their families who are involved in an open DCF investigation due to alleged abuse or neglect. CPT and CAC programs evaluate families, identify risk or safety concerns, and provide recommendations to the referring agency.

### **DCF INVESTIGATIVE PRACTICE RELATED TO CHILD INTERVIEWING**

Section 39.303(4), FS, outlines certain maltreatments that require Child Protective Investigators to refer a child to the appropriate CPT located in their respective jurisdiction. DCF Operating Procedure (CFOP 170-5) further directs child protective investigators to "contact CPT as soon as possible to arrange for a medical evaluation or other CPT services" (e.g., forensic or specialized interview) when the preliminary information obtained supports the reported maltreatment. Information obtained from CPT by the child protective investigator is designed with the purpose of completing a child safety assessment regarding identifying danger threats in the home and the need for emergency shelter placement outside the home to protect the child, siblings or other children in the home.

### **PALM BEACH COUNTY PROTOCOLS FOR CHILD ABUSE INVESTIGATIONS**

Palm Beach County has established protocols for the investigation of physical and sexual abuse crimes committed against children. These protocols detail the interaction between various agencies involved in the forensic interview of children. The protocols include a checklist for the initial response to child abuse, procedures in the follow-up investigation, the rapid response

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<sup>12</sup> Newlin, Chris, Cordisco Steele, Linda, Chamberlin, Andra, Anderson, Jennifer, Kenniston, Julie, Russell, Amy, Stewart, Heather and Vaughan-Eden, Viola. "Child Forensic Interviewing: Best Practices." *U. S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Programs (OJJDP), Juvenile Justice Bulletin*. September 2015.

team protocol, and protocols for multidisciplinary partners. The Palm Beach County Child Abuse Protective Investigations Protocol can be found in [Appendix C](#).

## **THERAPY ANIMALS AND FACILITY DOGS**

The task force reviewed section 92.55, FS, which permits a court to enter an order providing for special protections and the use of a therapy dog for child victims. The Florida Legislature recently provided a statutory basis for the use of therapy animals to assist children in articulating their child maltreatment experiences. The new law allows the judge to permit the use of therapy animals or facility dogs in a court case of abuse, abandonment or neglect. Currently, neither facility dogs or therapy animals (along with their handlers) are permitted in the child forensic interview process due to confidentiality. Section 92.55, FS, provides the following definitions:

Facility dog means a dog that has been trained, evaluated, and certified as a facility dog pursuant to industry standards and provides unobtrusive emotional support to children and adults in facility settings.

Therapy animal means an animal that has been trained, evaluated, and certified as a therapy animal pursuant to industry standards by an organization that certifies animals as appropriate to provide animal therapy.

When available, a therapy animal or facility dog may be considered as a resource to reduce stress and provide support to the child. Scientific research has shown that the presence of such animals significantly reduces physiological and behavioral distress, including a lowering of heart rate and blood pressure, which allows children to feel safer and calmer and to better recollect facts.<sup>13</sup>

Therapy animals are also beginning to emerge in the interview process. The therapy dog may be present at the initial disclosure to authorities and may also be present at the interview site to interact with the child prior to the actual forensic interview. The therapy animal and handler typically do not accompany the child into the interview room.<sup>14</sup>

Per the 2017 Florida House of Representatives Final Bill Analysis of CS/CS/HB 151 (also called “Justices Best Friend Act”), at least four circuit courts had implemented formal animal support programs. The Second Circuit began its animal support program in 2006, the Fifth and Ninth Circuits did so in 2014, and the Twentieth Circuit started a program in 2016. The Thirteenth Circuit has also allowed a facility dog in its courtrooms for children in dependency cases. The bill became effective on July 1, 2017. Following the passage of this law, therapy animals and facility dog programs have grown and are expected to become more available.

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<sup>13</sup> Cheryl A. Krause-Parello, Michele Thames, Colleen M. Ray & John Kolassa (2018): Examining the Effects of a Service-Trained Facility Dog on Stress in Children Undergoing Forensic Interview for Allegations of Child Sexual Abuse, *Journal of Child Sexual Abuse*, DOI: 10.1080/10538712.2018.1443303

<sup>14</sup> Conrard, T. W. AP-LS News| February 2016.

## SECTION SIX: ADMINISTRATIVE ORDERS

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One comprehensive forensic interview is sufficient for many children, particularly if the child made a previous disclosure, possesses adequate language skills, and has a support system. The literature demonstrates the dangers of multiple interviewers repeatedly questioning a child or conducting duplicative interviews. However, some children require more time and familiarity to become comfortable and to develop trust in both the process and the interviewer before disclosing abuse.<sup>15</sup>

Section 914.16, FS, requires the chief judge of each judicial circuit to issue an Administrative Order that reasonably limits the number of interviews which a victim of certain abuse offenses must submit to during law enforcement investigations or during the discovery process. The purpose of such orders is to protect the victim from the psychological damage of repeated interrogations while preserving the rights of the public, the victim, and the person charged with the violation.

The task force reviewed and compared the Administrative Orders for each of Florida's twenty circuits. The maps in [Appendix D](#) illustrate a delineation per circuit of the following:

- The year the Administrative Order was issued
- The age requirement for a child to fall within the purview of the Administrative Order
- The number of allowed interviews pursuant to the Administrative Order
- The availability of additional interviews pursuant to the Administrative Order

The task force recommends that the Circuit Chief Judges consider a single Administrative Order that would be adopted by all judicial circuits providing consistency for the protection of child victims. Additionally, the inclusion of a reference to section 92.55, FS, in each administrative order would consistently provide notice to all practitioners of this application.

The task force also received information on the complexity of this issue and comments concerning the importance of incorporating flexibility within these Administrative Orders for certain types of victims, i.e. special needs and victims of human trafficking. The task force received valuable information regarding recent significant developments in the areas of the neurobiology of child abuse, linguistics<sup>16</sup> and trauma informed interviews that have emerged since the original Administrative Order statute became law.

One consistent aspect was the allowance of a single deposition of a child victim. Incorporated into this would be the tenet that interviews conducted by law enforcement or prosecutors are not considered a deposition. The issue of how to define an interview pursuant to Florida law and for

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<sup>15</sup> Newlin, Chris, Cordisco Steele, Linda, Chamberlin, Andra, Anderson, Jennifer, Kenniston, Julie, Russell, Amy, Stewart, Heather and Vaughan-Eden, Viola. "Child Forensic Interviewing: Best Practices." *U. S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Programs (OJJDP), Juvenile Justice Bulletin*. September 2015.)

<sup>16</sup> Graffam Walker, A. (2017). Handbook on questioning children: A linguistic perspective (3<sup>rd</sup> Edition).

the purposes of including this within each Administrative Order requires review. Additional information regarding each Administrative Order can be found in [Appendix E](#).

## SECTION SEVEN: RECOMMENDATIONS

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The Forensic Interview Protocol Task Force developed recommendations for a state protocol, standardized forensic interviews and child forensic interview video recordings. These recommendations were based on professional input, research, data findings, review of literature and current practices.

### RECOMMENDATIONS FOR STANDARDIZED FORENSIC INTERVIEWS:

- 1. Environment:** The environment where the interview is conducted can make a substantial difference in the success of the interview. Special care should be taken to conduct forensic interviews with children in a child friendly location equipped with the furniture, facilities and atmosphere that adds to the child's comfort.
- 2. Unique Needs of the Child:** Children with special needs require the application of a variety of practice components and specialized techniques. Care must be taken to consider the developmental level, the verbal skills, and other unique features of children with special needs. Similarly, child victims of human trafficking present a set of unique challenges that are now known to professionals. For example, the unique trauma experienced by human trafficking victims may require more interview opportunities to fully disclose the abuse. Understanding this relatively recent research and experience is critical to the success of the forensic interview.<sup>17</sup>
- 3. Use of Technology:** The task force strongly recommends video recording of forensic interviews. Video recordings enhance the credibility of the interview and provide essential evidence in criminal and dependency court proceedings. Testimony was presented to the task force concerning the extensive use video recordings of forensic interviews in criminal prosecutions and dependency proceedings. In most jurisdictions in Florida, the forensic interview is regularly introduced as evidence in criminal case prosecutions and dependency court proceedings.
- 4. Evaluation and Peer Review:** Best practices include a component of quality assurance to monitor and improve the interview process. After the underlying case is concluded, the child forensic interview report, video recording, etc. should be subject to random evaluations and recommendations for improvement.
- 5. Community Protocol:** The task force recommends that communities in Florida consider establishing similar guidelines to the Palm Beach County Protocols for Child Abuse Investigations to ensure effective interaction in the response to crimes against children and include multidisciplinary partners existing in the particular jurisdiction.

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<sup>17</sup> Caralis, P. and Mezick, B. (2017, May): Whitepaper: A Summary of the Neurobiological and Psychological Impacts of Human Trafficking Trauma on Child Victims and the Implications for Court Proceedings.

6. **Therapy Animals and Facility Dogs:** When available, a therapy animal or facility dog may be considered as a resource to reduce stress and traumatization for children during court proceedings. Scientific research shows that the presence of such animals significantly reduces physiological and behavioral distress, including a lowering of heart rate and blood pressure, which allows children to feel safer and calmer, which provides an opportunity to effectively recollect facts.<sup>18</sup> The use of facility, service or therapy animals can assist the child in articulating their experiences in court settings.
7. **Administrative Orders:** The task force recommends that the Circuit Chief Judges consider a single Administrative Order that would be adopted by all judicial circuits providing consistency for the protection of child victims. Additionally, the inclusion of a reference to section 92.55, FS, in each Administrative Order would consistently provide notice to all practitioners of this application.
8. **Court Proceedings:** Prosecutors in Florida should be aware of the potential for the child to experience additional trauma during criminal case depositions. University researchers, working with experienced Florida state attorneys have recently reported the fundamental difficulties faced by a traumatized child in the environment of a criminal case deposition. This concern is explained in the “Fernandez-Rundle Letter to Florida Bar” and white paper ([Appendix F](#)).

## RECOMMENDATIONS FOR CHILD FORENSIC INTERVIEW TRAINING:

1. **Minimum Standards:** Forensic interviews in Florida come from a wide variety of professions, including, but not limited to, social workers, mental health professionals, law enforcement, attorneys, CPT members, and CAC staff. Florida should consider establishing minimum standards for training forensic interviewers. These standards should apply to all professionals who conduct child forensic interviews.
2. **Specialized Training:** Ideally, forensic interviewers should have specialized training. An inexperienced interviewer may impair the child’s ability to articulate their experiences. The interview itself can be challenging and if it is to be successful in securing accurate and comprehensive information, the interviewer’s training must be specialized, current, and repeated or supplemented at appropriate intervals in the career of the interviewer.
3. **Training Components:** The training should include components that address the following; preparation for the child forensic interview, environment or setting of the interview, communicating with the child, types of questions, unique needs of the child, use of technology, evaluation and peer review.

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<sup>18</sup> Krause-Parello, C. A., Thames, M., Ray, C. M., & Kolassa, J. (2018). Examining the Effects of a Service-Trained Facility Dog on Stress in Children Undergoing Forensic Interview for Allegations of Child Sexual Abuse. *Journal of child sexual abuse*, 1-16.

4. **Certification Requirements:** The Criminal Justice Standards and Training Commission at the Florida Department of Law Enforcement should examine whether minimum certification, training and re-training requirements are feasible for law enforcement professionals who conduct child forensic interviews. In addition, individual law enforcement agencies in Florida should consider establishing similar certification, training and re-training requirements for officers who conduct child forensic interviews.
  
5. **Regionalized Training:** Regional training opportunities should be available for interviewers who are unable to travel long distances. Examples of currently available training programs for law enforcement are listed [Appendix G](#).

## SECTION EIGHT: CONCLUSION

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One of the most powerful and persuasive sources of evidence in any investigation of child abuse, neglect, or exposure to violence is the forensic interview of the child. An effective forensic interview of the child is essential to our state's collective response to crimes suspected of being committed against children.

The video recording of the forensic interview is regularly and consistently introduced as evidence in Florida criminal court prosecutions of child abuse and neglect as well as in civil dependency proceedings where the court is called upon to make consequential decisions in the life of the child. The video recording of the interview provides the most effective preservation of the important evidence revealed in the interview process.

It is critically important that the interview is effectively and competently conducted by a trained and experienced interviewer. The specialized and ongoing training of the interviewer is essential. A strong component of quality assurance and review are decisive factors in an effective forensic interview process.

It is imperative that the communities, agencies and individuals involved in the forensic interview process are vigilant in ensuring that this important process is prioritized and strengthened to safeguard its success.

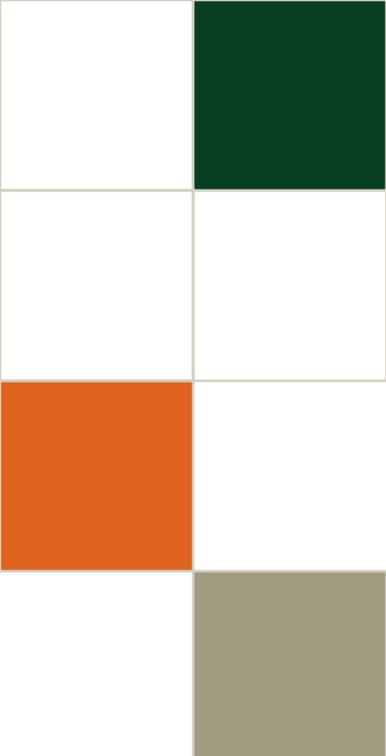
The implementation of the recommendations in this report will require a coordinated and informed effort in Florida's medical, child protection and child welfare, law-enforcement, mental health, and legal communities. The implementation should be initiated as an organized and thoughtful endeavor, involving all the disciplines in the forensic interview process.

# APPENDICES

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# **APPENDIX A:**

## **PARADISE LOST: THE NEUROBIOLOGY OF CHILD ABUSE AND NEGLECT**



# Paradise Lost: The Neurobiology of Child Abuse and Neglect

**Charles B. Nemeroff, M.D., Ph.D.**

Leonard M. Miller Professor and Chairman  
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# CHARLES B. NEMEROFF, M.D., PH.D.

## DISCLOSURES

### ***Declaration of Financial/Proprietary Interest 2017***

#### ***Research/Grants:***

National Institutes of Health (NIH), Stanley Medical Research Institute

#### ***Consulting (last three years):***

Xhale, Takeda, Taisho Pharmaceutical Inc., Prismic Pharmaceuticals, Bracket (Clintara), Total Pain Solutions (TPS), Gerson Lehrman Group (GLG) Healthcare & Biomedical Council, Fortress Biotech, Sunovion Pharmaceuticals Inc., Sumitomo Dainippon Pharma, Janssen Research & Development LLC, Magstim, Inc., Navitor Pharmaceuticals, Inc.

#### ***Stockholder:***

Xhale, Celgene, Seattle Genetics, Abbvie, OPKO Health, Inc., Bracket Intermediate Holding Corp., Network Life Sciences Inc., Antares

#### ***Scientific Advisory Boards:***

American Foundation for Suicide Prevention (AFSP), Brain and Behavior Research Foundation (BBRF) (formerly named National Alliance for Research on Schizophrenia and Depression [NARSAD]), Xhale, Anxiety Disorders Association of America (ADAA), Skyland Trail, Bracket (Clintara), RiverMend Health LLC, Laureate Institute for Brain Research, Inc.

#### ***Board of Directors:***

AFSP, Gratitude America, ADAA

#### ***Income sources or equity of \$10,000 or more:***

American Psychiatric Publishing, Xhale, Bracket (Clintara), CME Outfitters, Takeda

#### ***Patents:***

Method and devices for transdermal delivery of lithium (US 6,375,990B1)

Method of assessing antidepressant drug therapy via transport inhibition of monoamine neurotransmitters by ex vivo assay (US 7,148,027B2)

#### ***Speakers Bureau:***

None

## Emory University

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Eleonore Beurel, Ph.D.

## Max Planck Institute for Psychiatry

Elizabeth Binder, M.D., Ph.D.

# Depressive Disorders: The Essentials

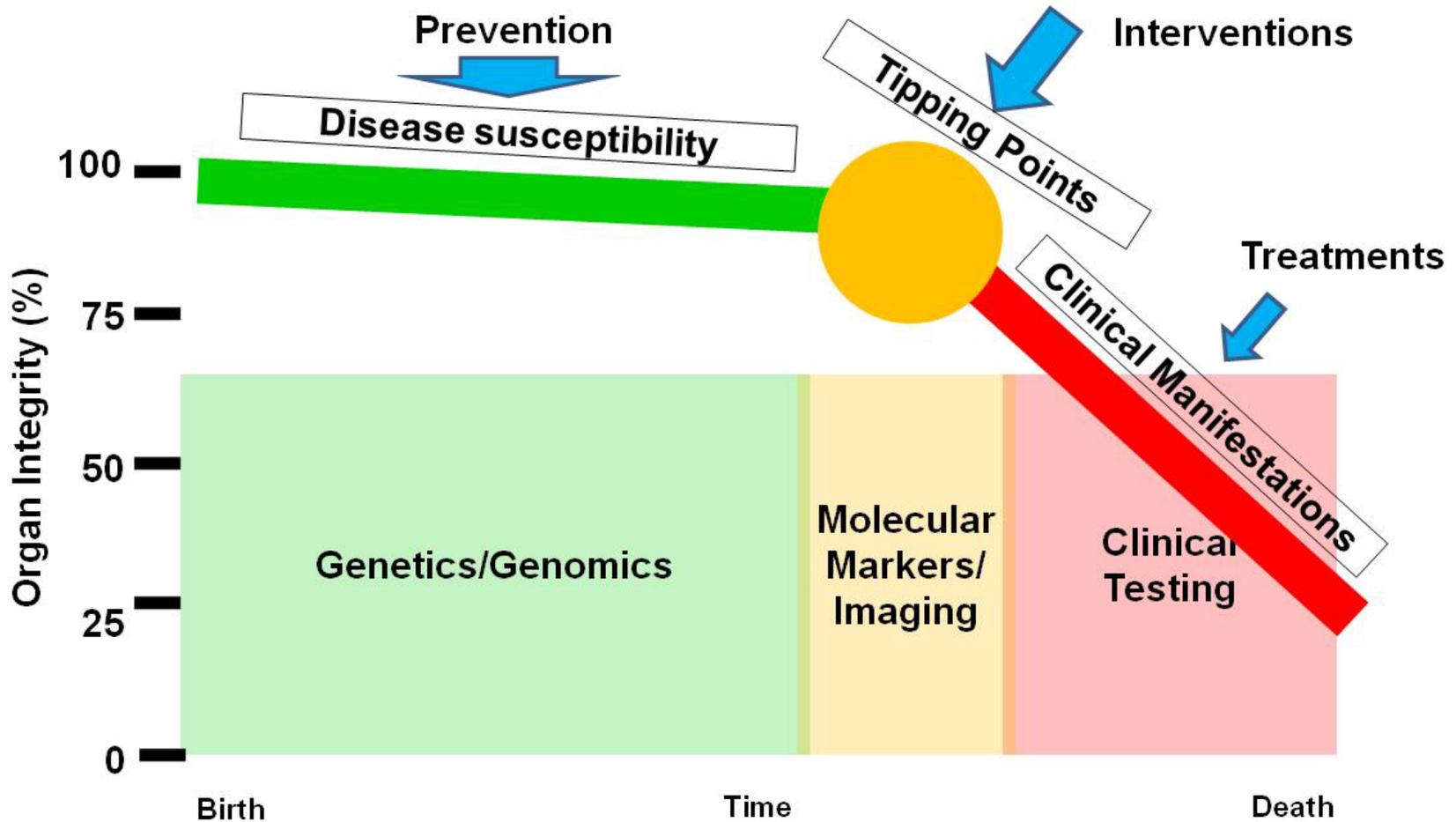
Stress is an important risk factor for depression

Early life stress is an important risk factor

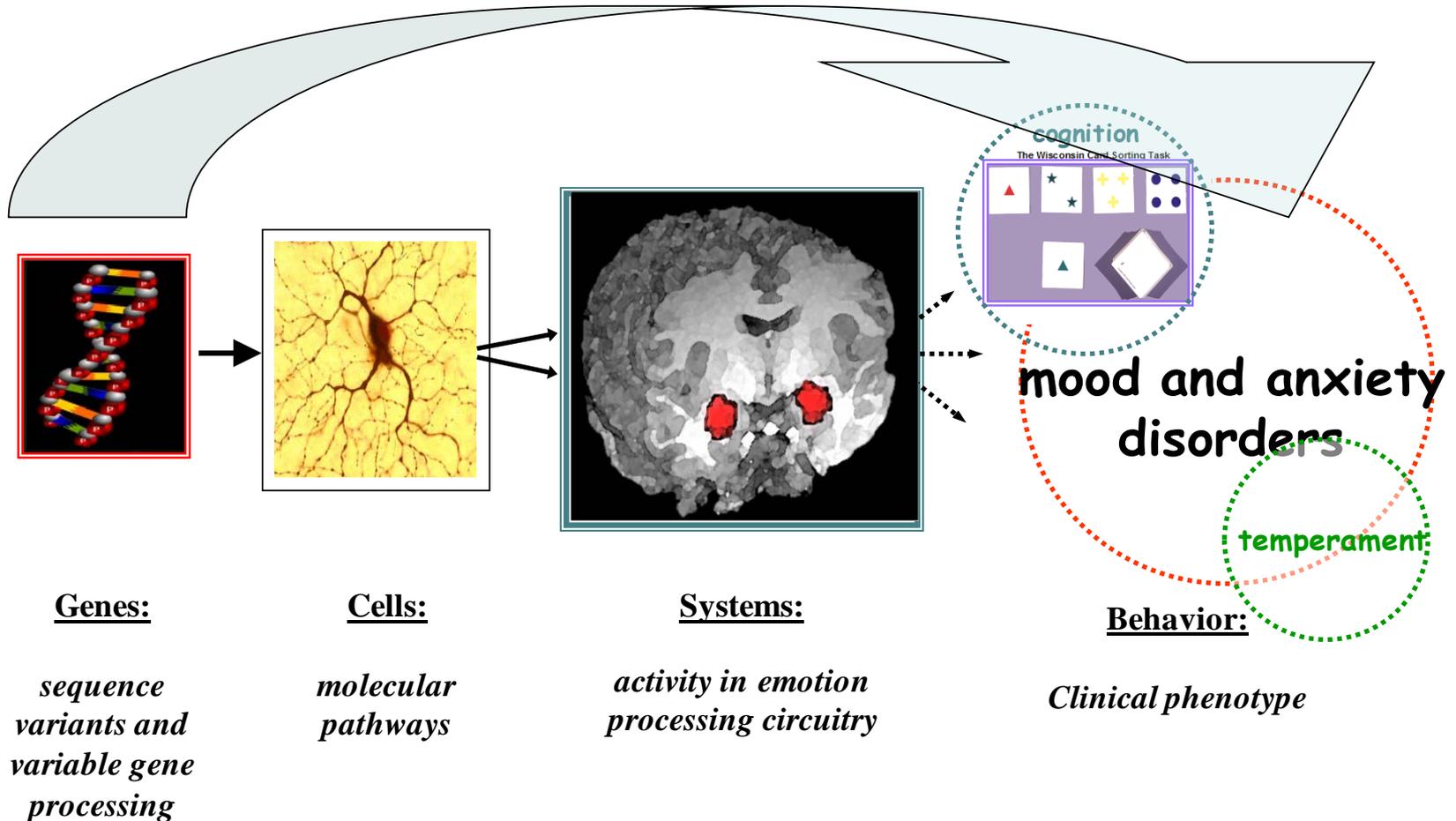
Genes account for a substantial variation in risk

Brain systems related to the regulation of emotion are functionally impaired during an episode

# 21st Century Medicine



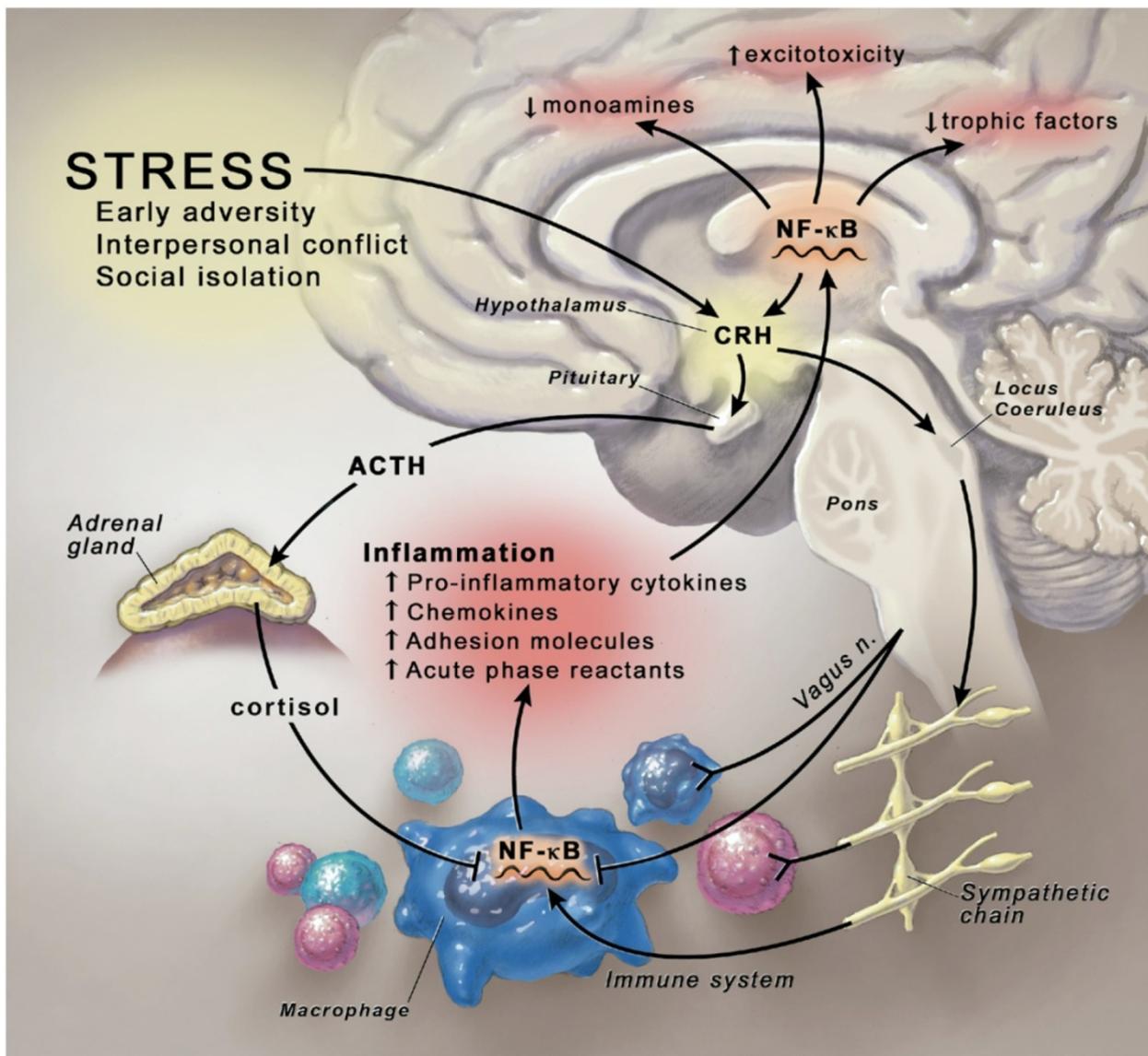
# Depression and anxiety are ultimately about how the brain responds to the environment



# Risk Factors for Depressive Disorders

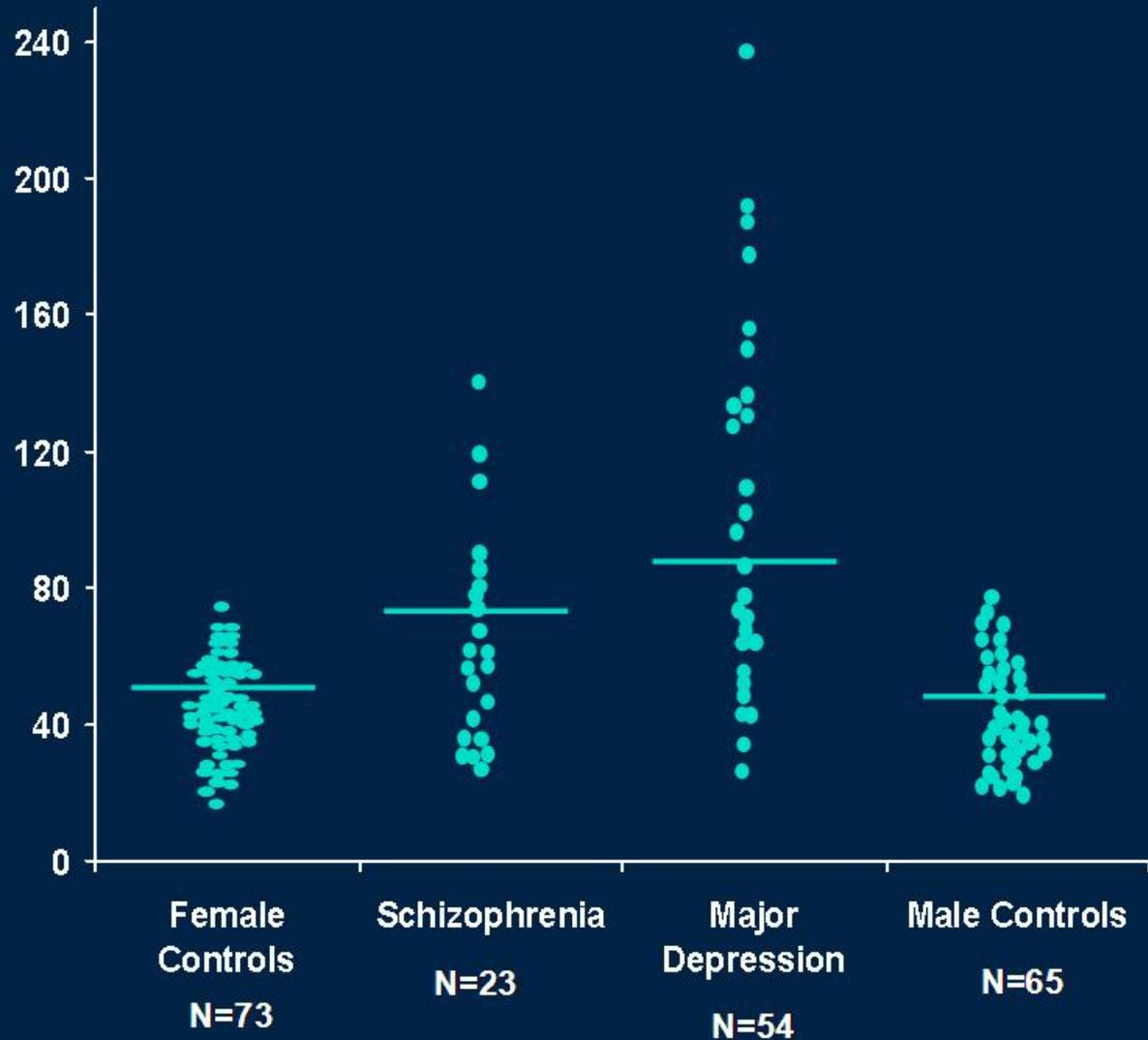
- **Family History of depressive disorders**
- **Prior personal history of a depressive disorder**
- **Female gender**
- **Life stressor (eg, bereavement, chronic financial problems)**
- **Certain personality traits**
- **Loss of parents at an early age**
- **Childhood abuse**
- **Alcohol or drug abuse**
- **Anxiety disorders**
- **Neurologic disorders (eg, Parkinson's, Alzheimer's, stroke)**
- **Primary sleep disorders**

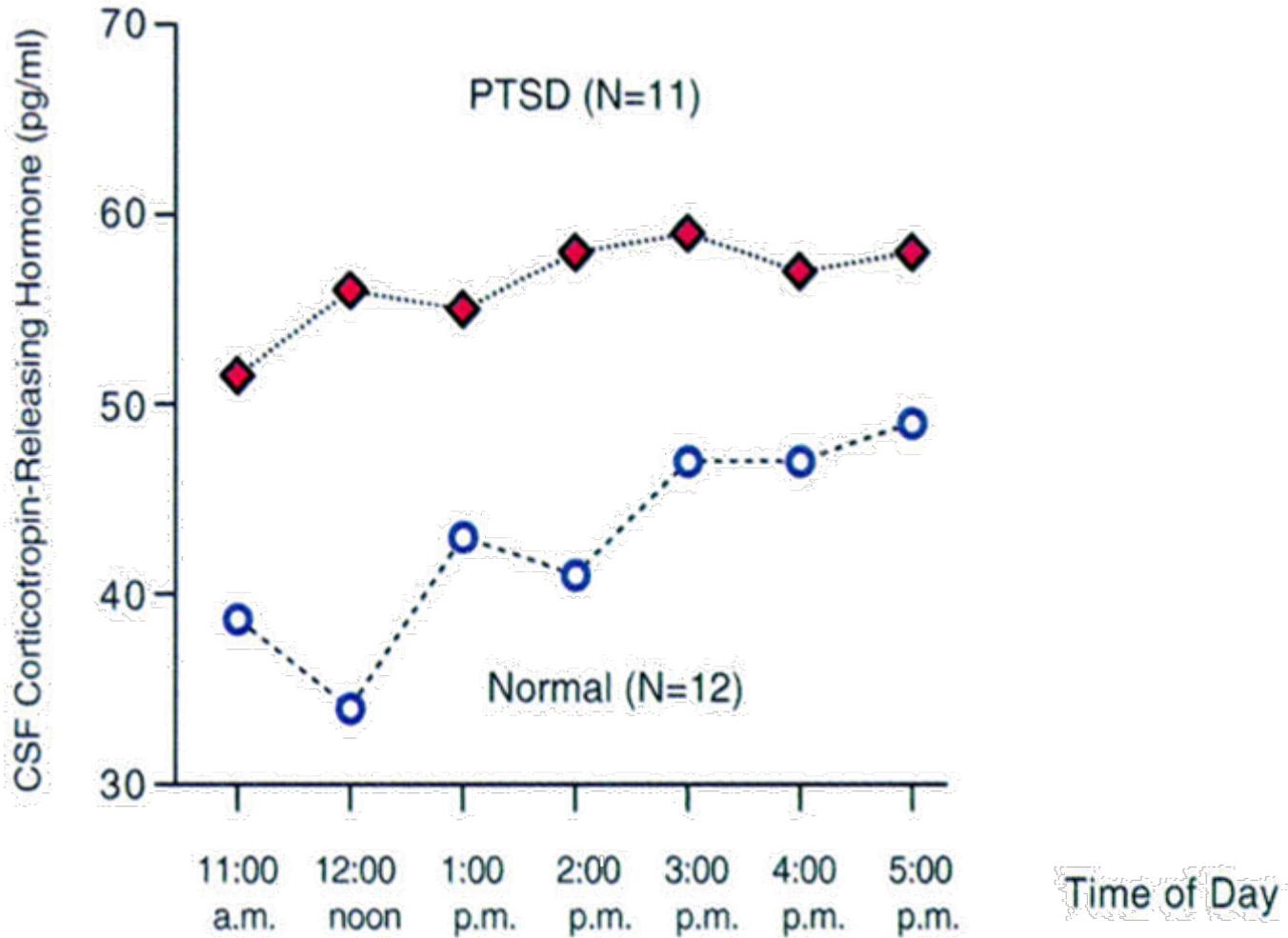
Hirschfeld RMA, Goodwin FK. In: *The American Psychiatric Press Textbook of Psychiatry*. 1987: 403-441  
Depression Guideline Panel. *Depression in Primary Care: Volume 1. Detection and Diagnosis*. 1993: 1-65



Miller et al (2009) Biol Psychiatry 65:732-741.

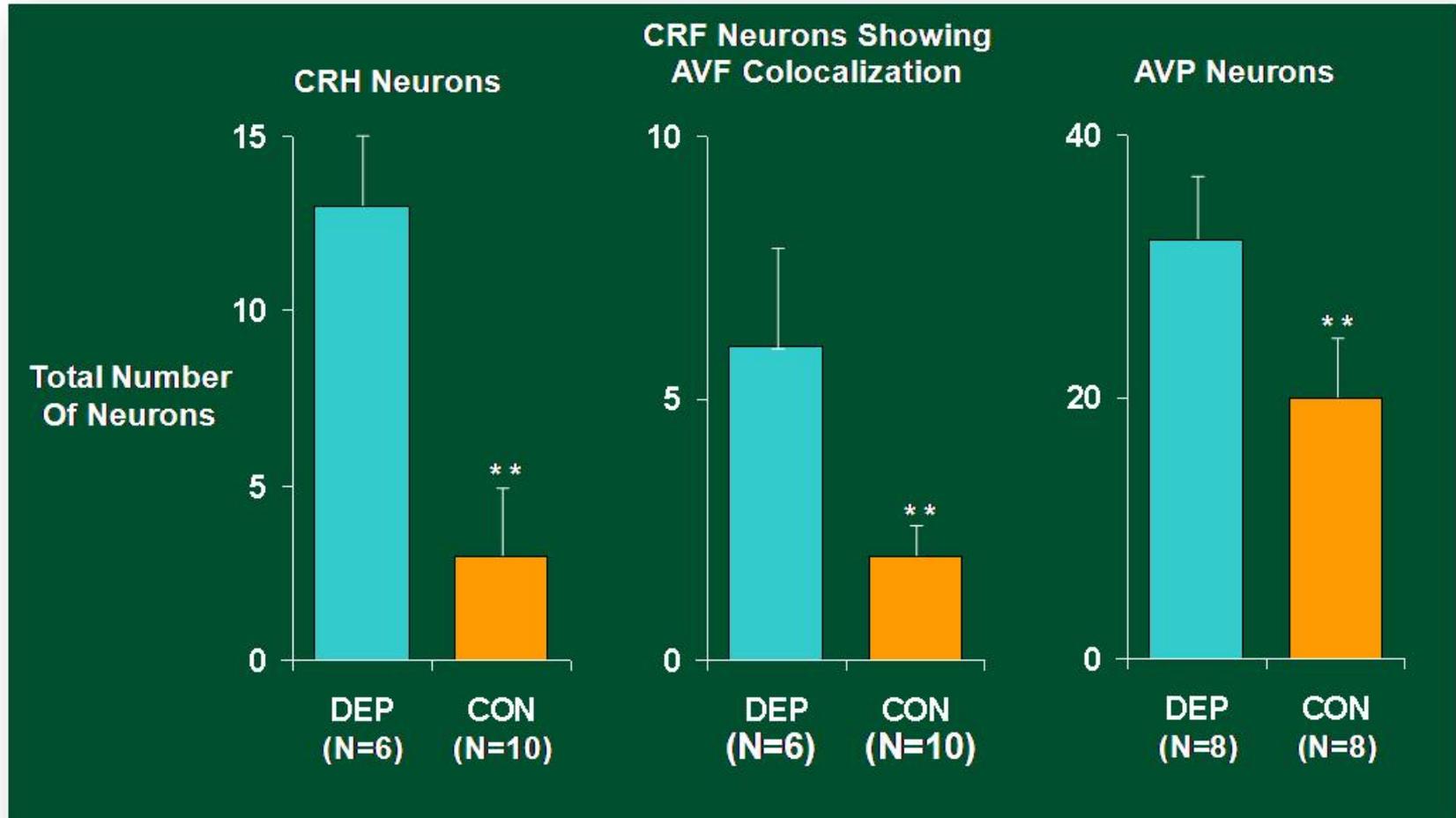
CSF  
Corticotropin  
-Releasing  
Hormone  
(pg/mL)



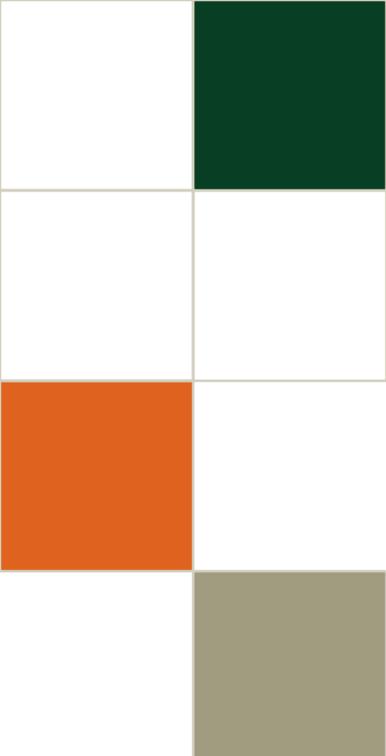


<sup>a</sup> Beginning after 15 hours of fasting and 3 hours after subarachnoid catheter placement, CSF was continuously withdrawn and aliquoted at 1-hour intervals from 11:00 a.m. to 5:00 p.m. Each point represents the mean.

# CRH And AVP Neurons In The Hypothalamic Paraventricular Nucleus Of Depressed Patients



Purba et al. 1995; Readsheer et al.1994.  
\*\*  $P=.$ 01; mean  $\pm$  SEM

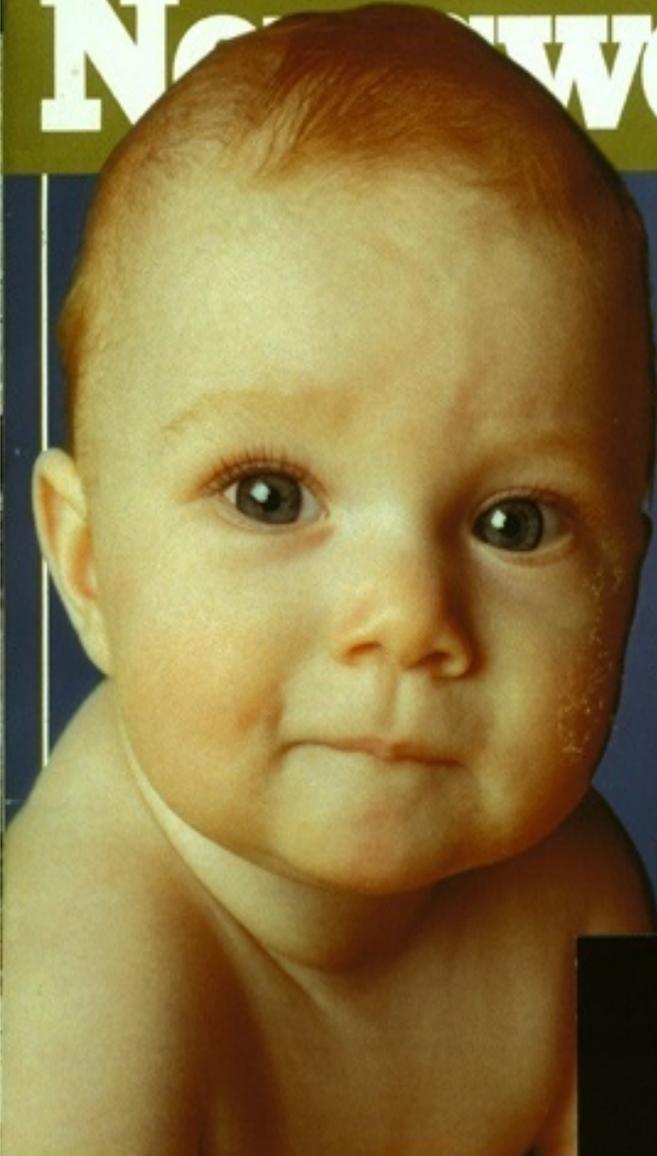


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to Three**

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Begins

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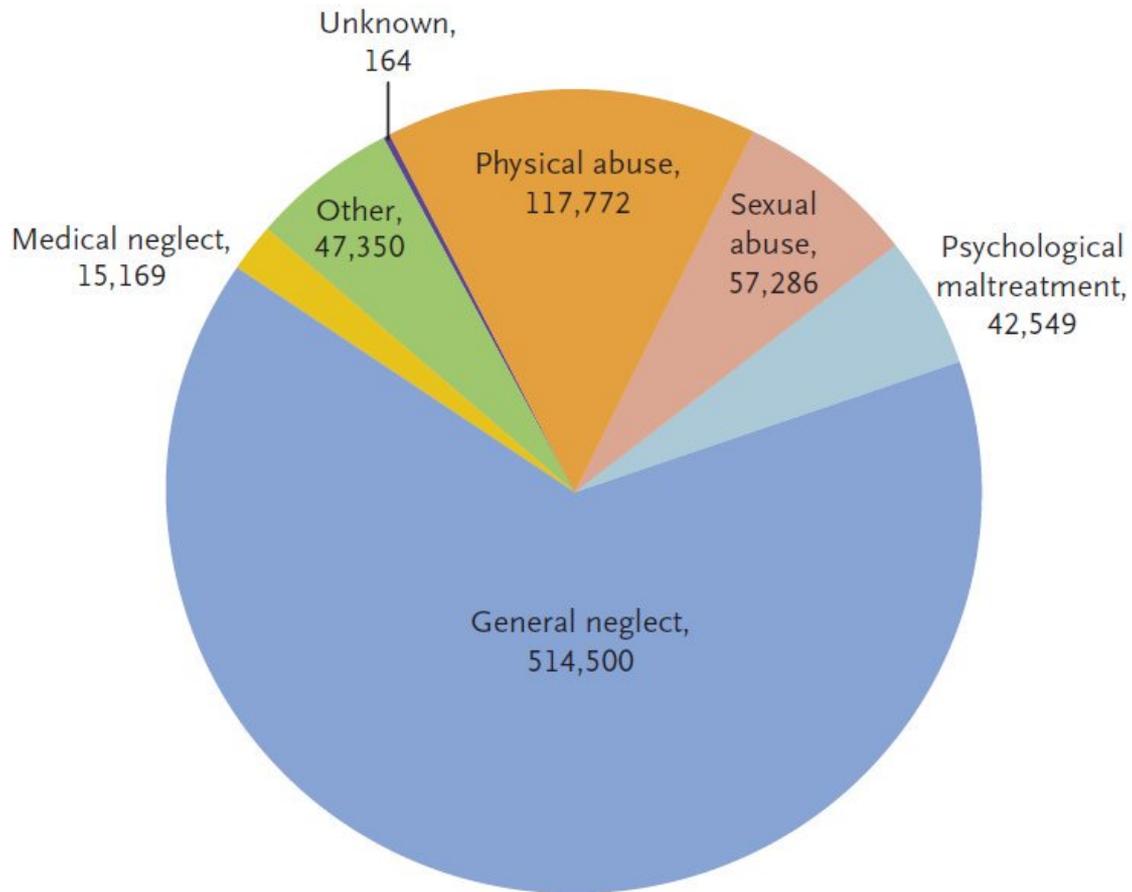
A Baby's Brain

■

Genes &  
Emotions

■

What's Normal,  
What's Not



**Figure 1.** Number of Cases of Child Abuse in the United States in 2015, According to the Type of Abuse.

Adapted from the U.S. Department of Health and Human Services.<sup>2</sup>

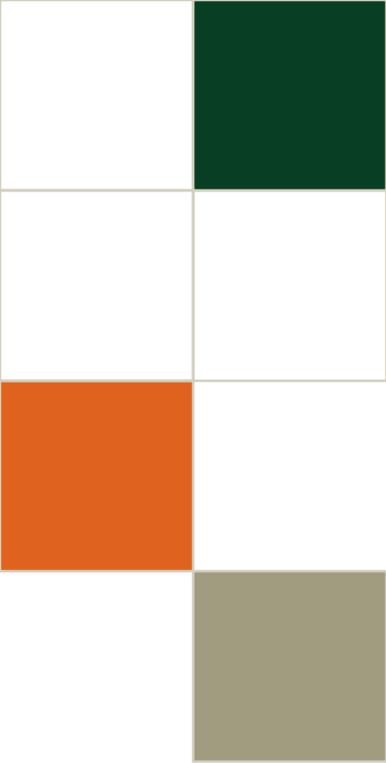


TABLE 1.

## Prevalence of Adverse Childhood Experiences in Three Studies

	ACE Study	CDC Behavioral Risk Factor Surveillance System, 5-State ACE Study <sup>4</sup>	CDC Behavioral Risk Factor Surveillance System, 10-State* ACE Study <sup>3</sup>
Year(s)	1995-1997	2009	2010
Sample size	17,337	26,229	53,998
Study site(s)	San Diego, CA	AR, LA, NM, TN, WA	DC, HI, ME, NE, NV, OH, PA, UT, VT, WA, WI
Physical abuse	28.3%	14.8%	16.0%
Sexual abuse	20.7%	12.2%	10.9%
Emotional abuse	10.6%	25.9%	35.1%
Parents separated/divorced	23.3%	26.6%	28.1%
HM with an alcohol or drug problem	26.9%	29.1%	21.7% (alcohol) 9.4% (drug)
HM with a mental illness	19.4%	19.4%	16.4%
HM incarceration	4.7%	7.2%	5.9%
HM intimate partner violence	12.7% (mother only)	16.3%	15.0%
Physical neglect <sup>†</sup>	9.9%	–	–
Emotional neglect <sup>†</sup>	14.8%	–	–

\*10 States and the District of Columbia.

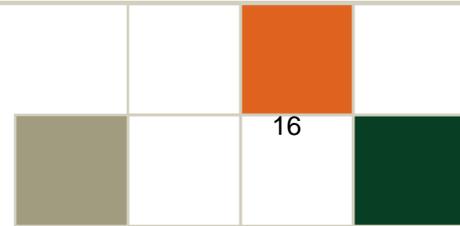
<sup>†</sup>Questions included only in ACE Study Wave 2 (n = 8,667).

ACE Study = Adverse Childhood Experiences Study; CDC = U.S. Centers for Disease Control and Prevention; HM = household member.

# Childhood Abuse, Household Dysfunction, and the Risk of Attempted Suicide Throughout the Life Span: Findings From the Adverse Childhood Experiences Study

Shanta R. Dube, MPH; Robert F. Anda, MD, MS;  
Vincent J. Felitti, MD; Daniel P. Chapman, PhD;  
David F. Williamson, PhD; Wayne H. Giles, MD, MS

*JAMA (2001) 286: 3089-3096*

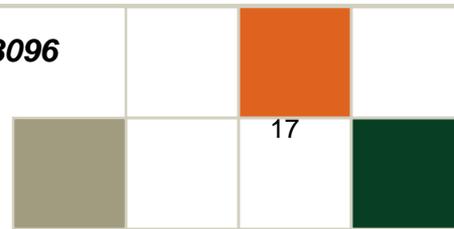


**Context:** Suicide is a leading cause of death in the United States, but identifying persons at risk is difficult. Thus, the US surgeon general has made suicide prevention a national priority. An expanding body of research suggests that childhood trauma and adverse experiences can lead to a variety of negative health outcomes, including attempted suicide among adolescents and adults.

**Objective:** To examine the relationship between the risk of suicide attempts and adverse childhood experiences and the number of such experiences (adverse childhood experiences [ACE] score).

**Design, Setting, and Participants:** A retrospective cohort study of 17337 adult health maintenance organization members (54% female; mean [SD] age, 57 [15.3] years) who attended a primary care clinic in San Diego, Calif, within a 3-year period (1995-1997) and completed a survey about childhood abuse and household dysfunction, suicide attempts (including age at first attempt), and multiple other health-related issues.

*JAMA. 2001; 286: 3089-3096*



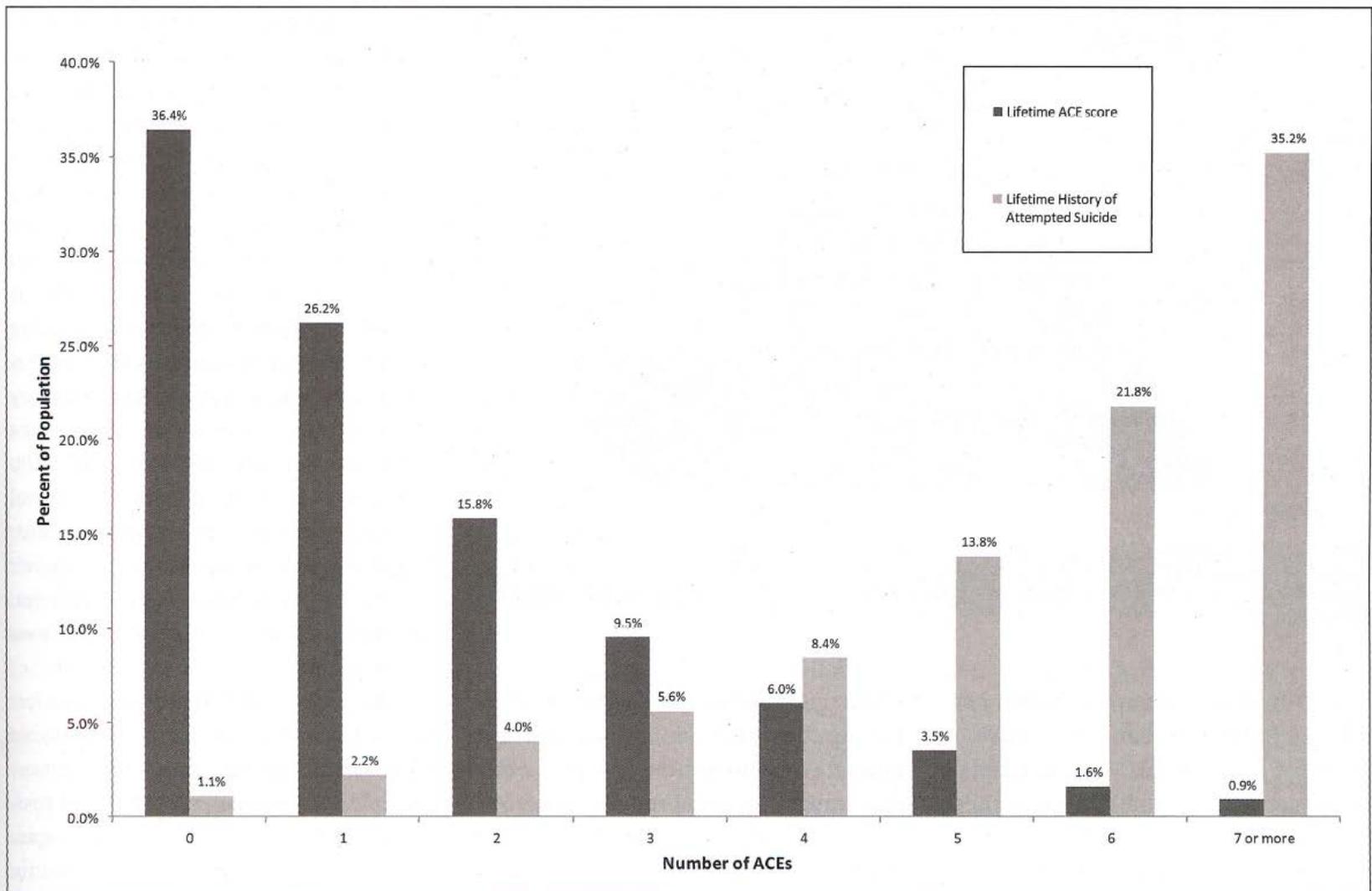


Figure 1. Prevalence of multiple childhood adverse experiences (ACEs) and association between number of ACEs and lifetime history of attempted suicide ( $n = 17,337$ ). (Adapted from Dube et al<sup>11</sup>)

### Age profiles of sexual assault victims, by offense category

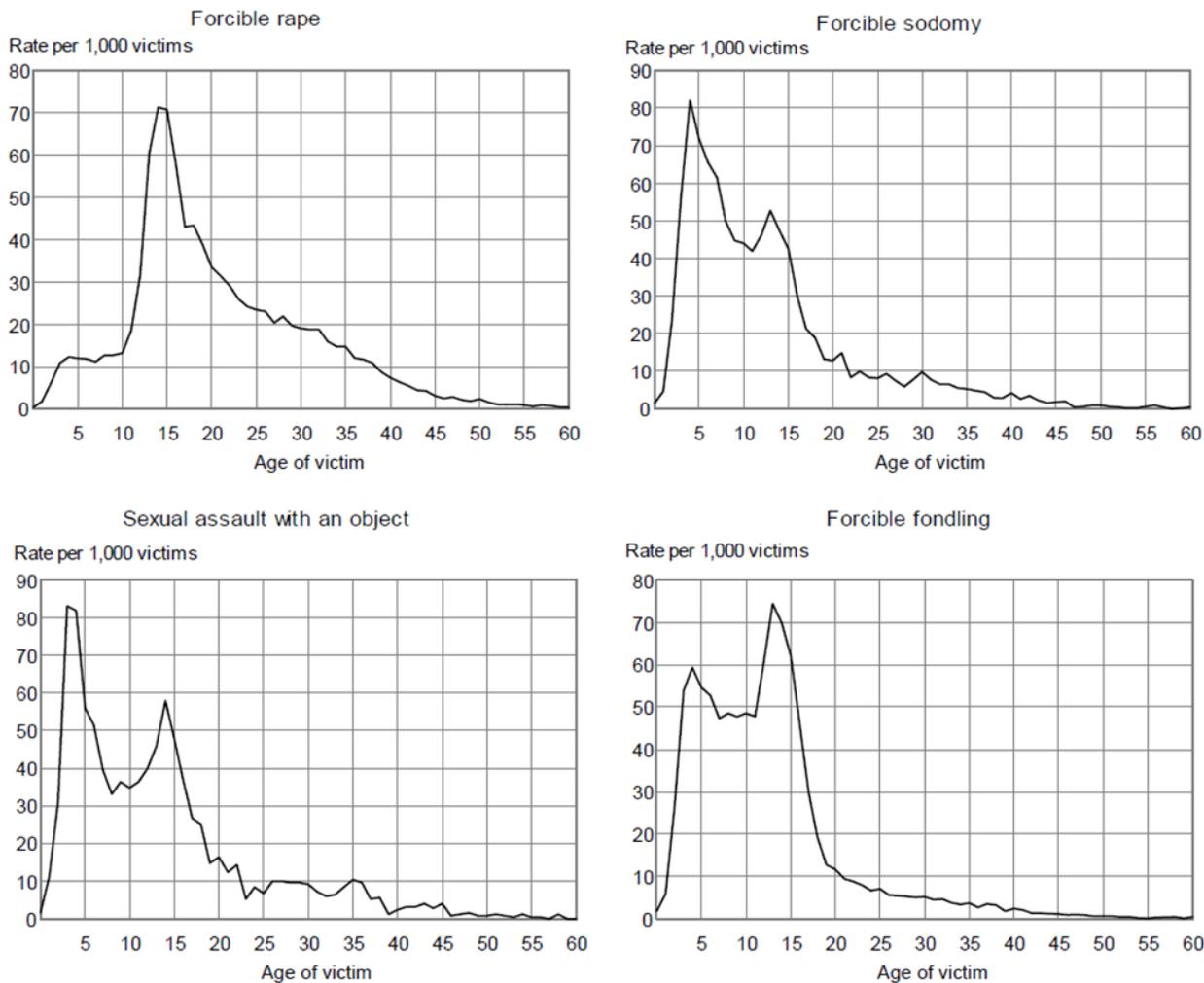
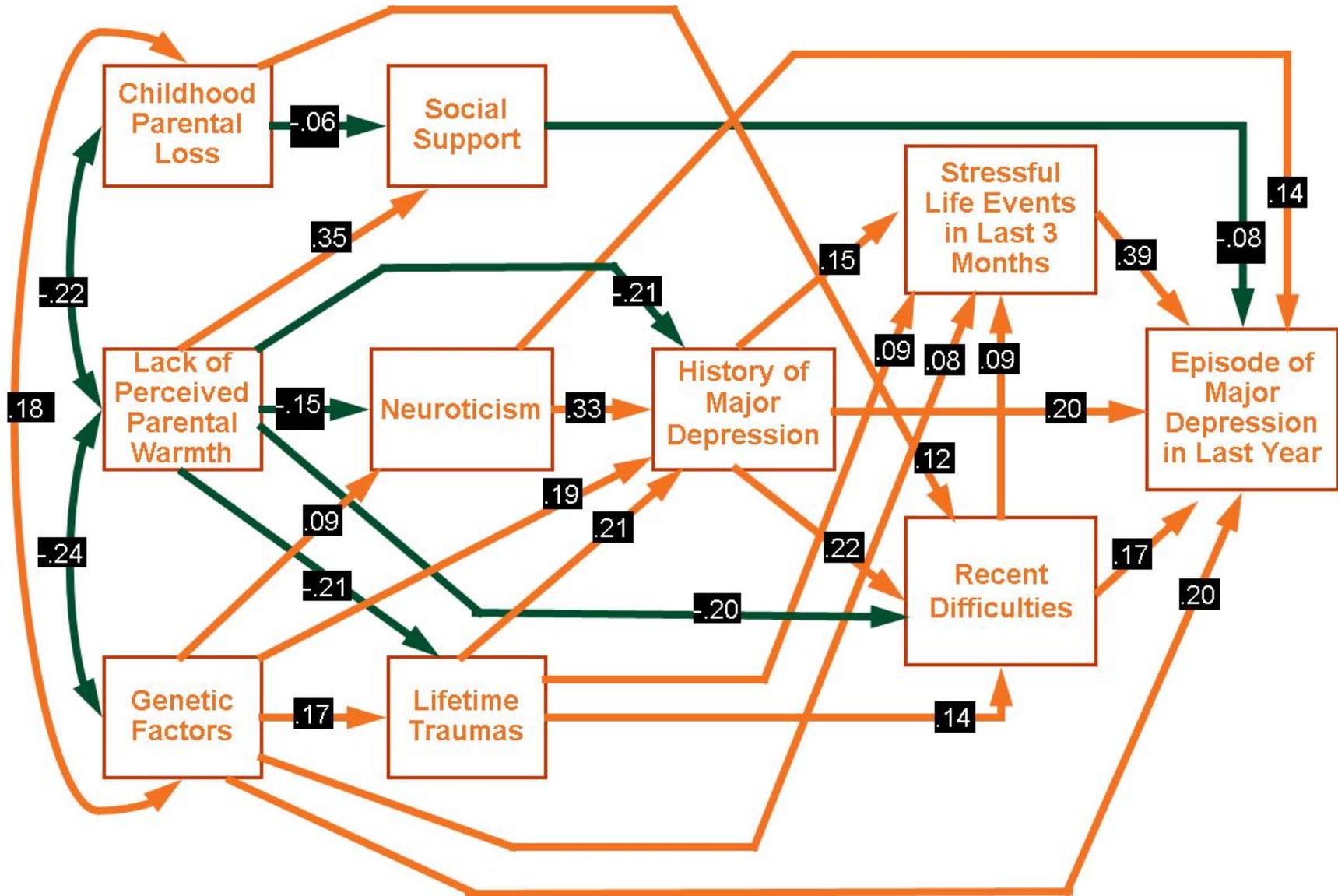


Figure 1



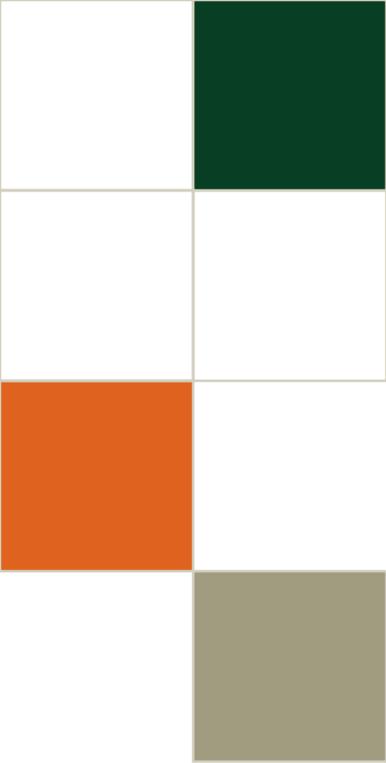
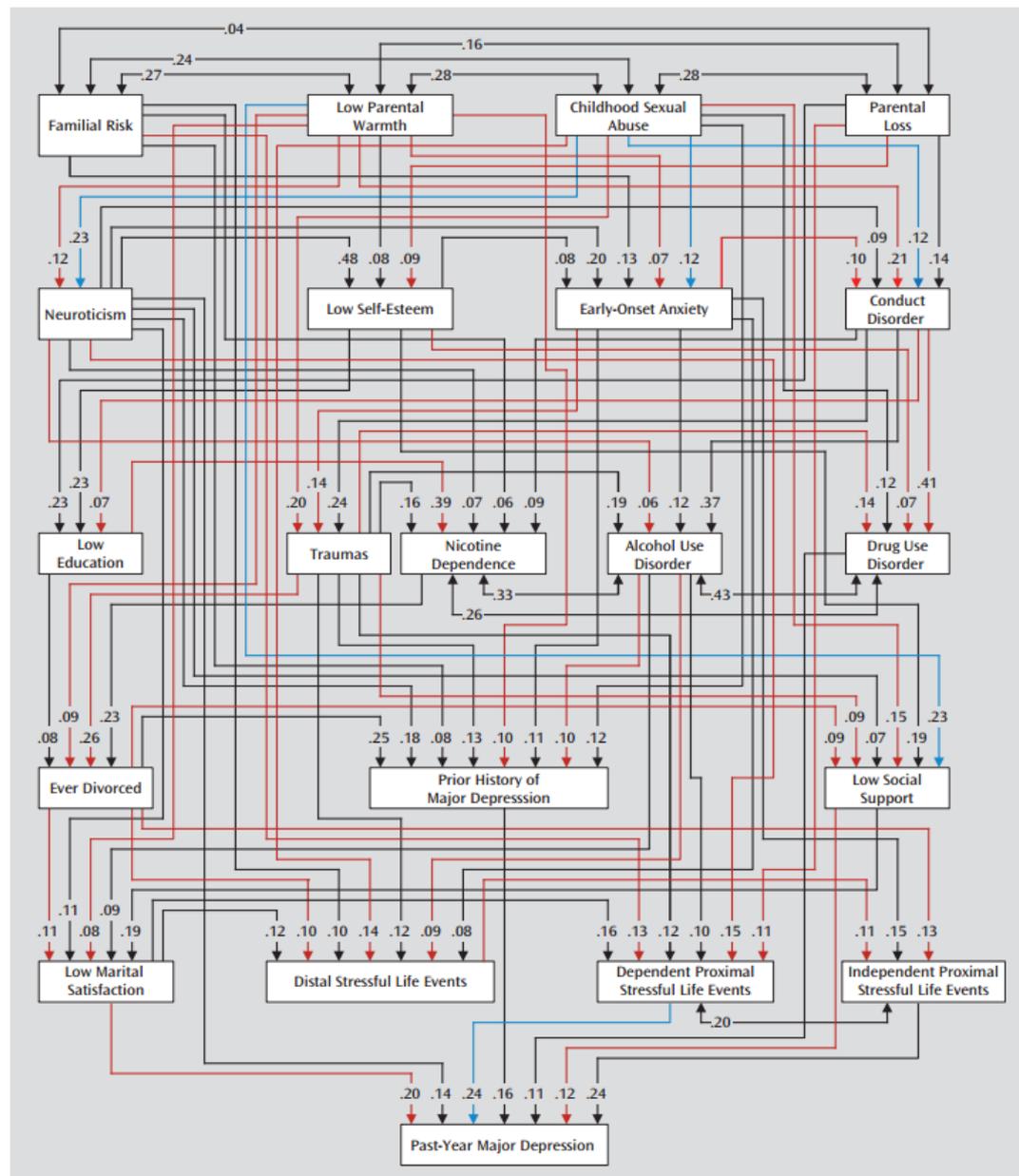


FIGURE 1. Path Estimates for Best-Fit Model for Causal Pathways to Major Depression in Females<sup>a</sup>



<sup>a</sup> Parameters estimated to be equal across sexes, greater in females than males, and greater in males than females are depicted in black, red, and blue, respectively. If a path is not present between two variables, that is because it was estimated to have a zero value. Appendix II in the online data supplement contains the best-fit model estimates for all these paths, along with their statistical significance and the equality or nonequality of that path across sexes. The test of equality across sexes was based on raw path coefficients. However, for ease of interpretation and a consistent measure of effect size, we report standardized path coefficients. Thus, paths that are depicted as equal (using raw coefficients) can differ slightly using standardized paths.

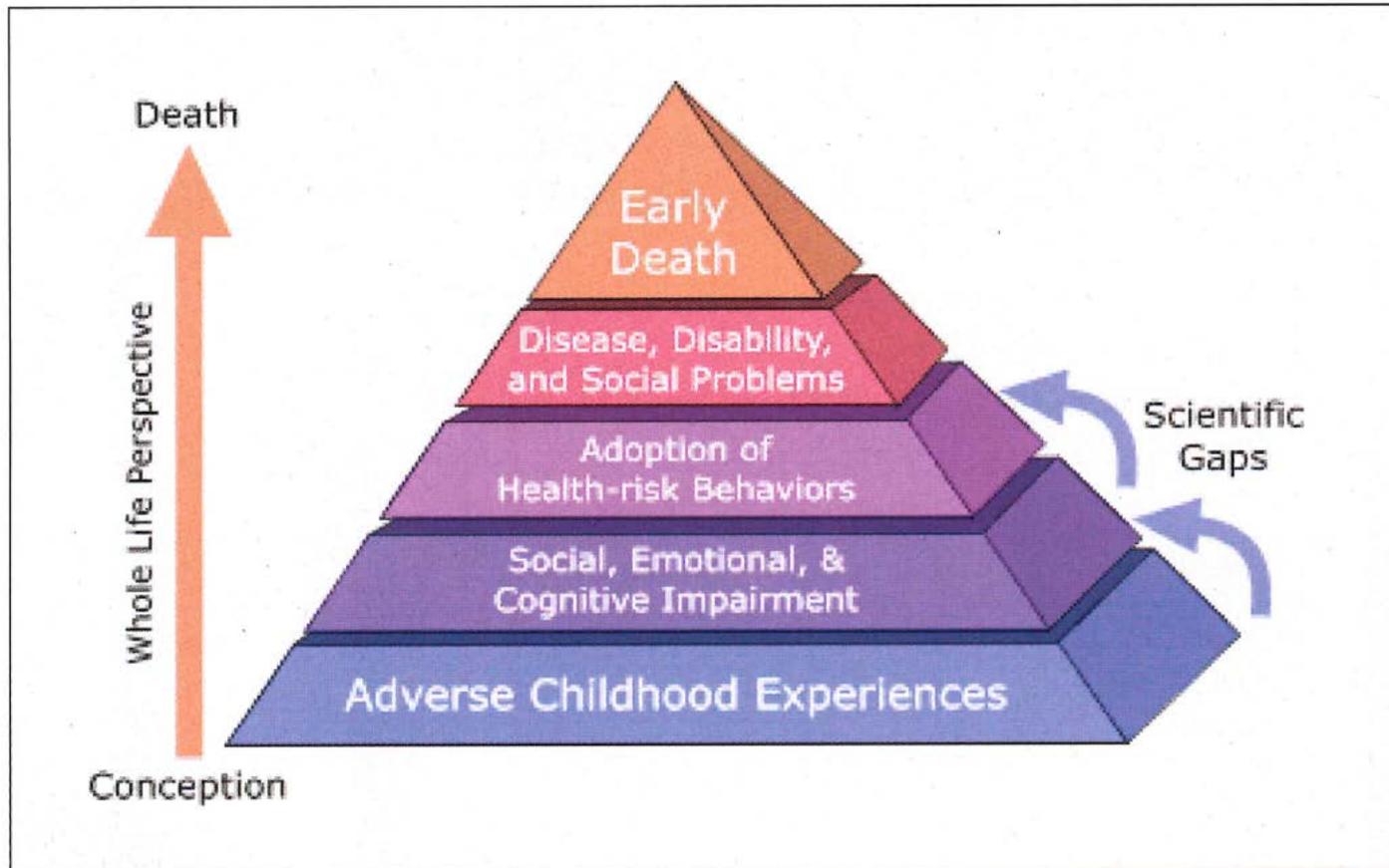
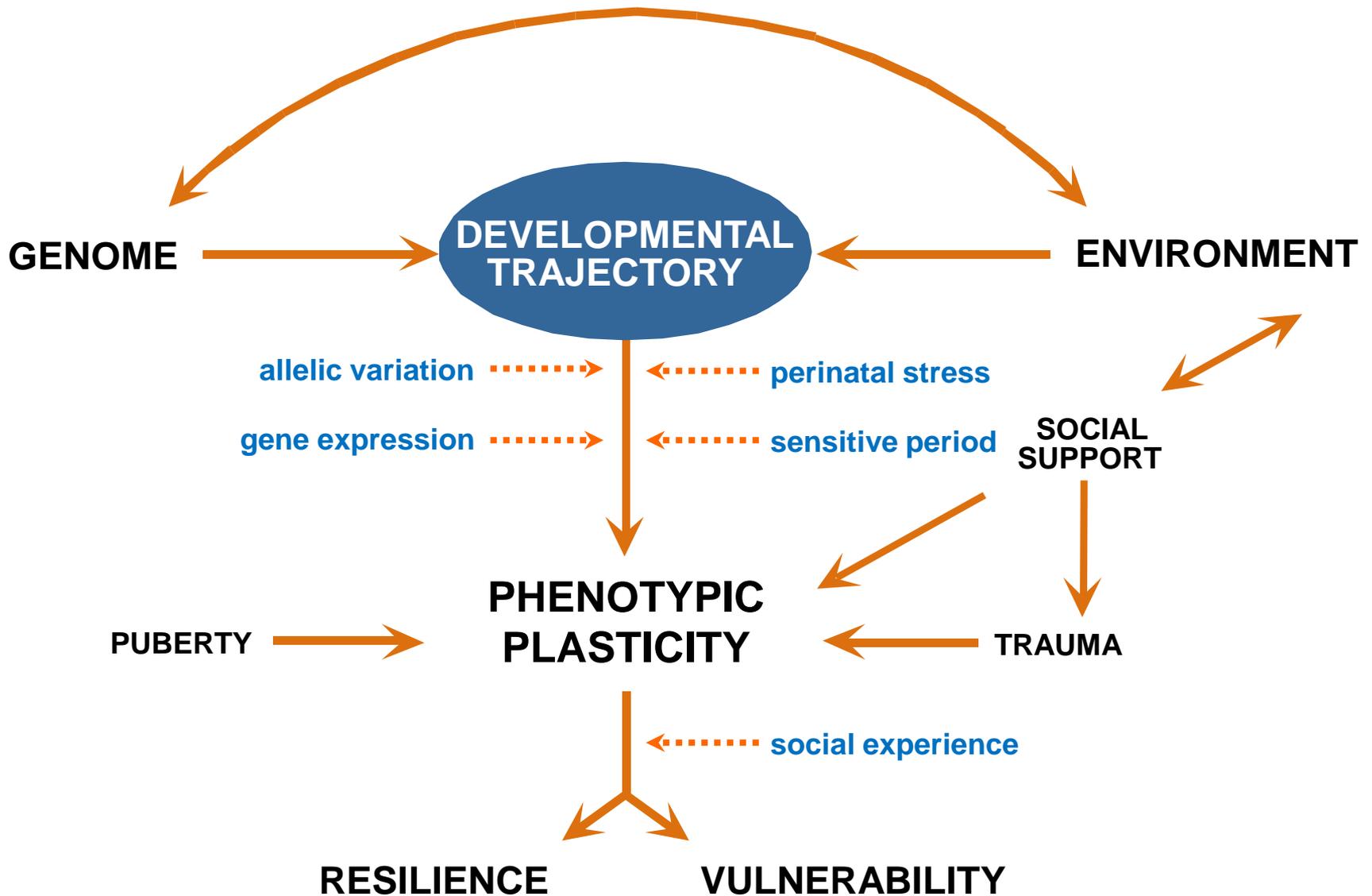
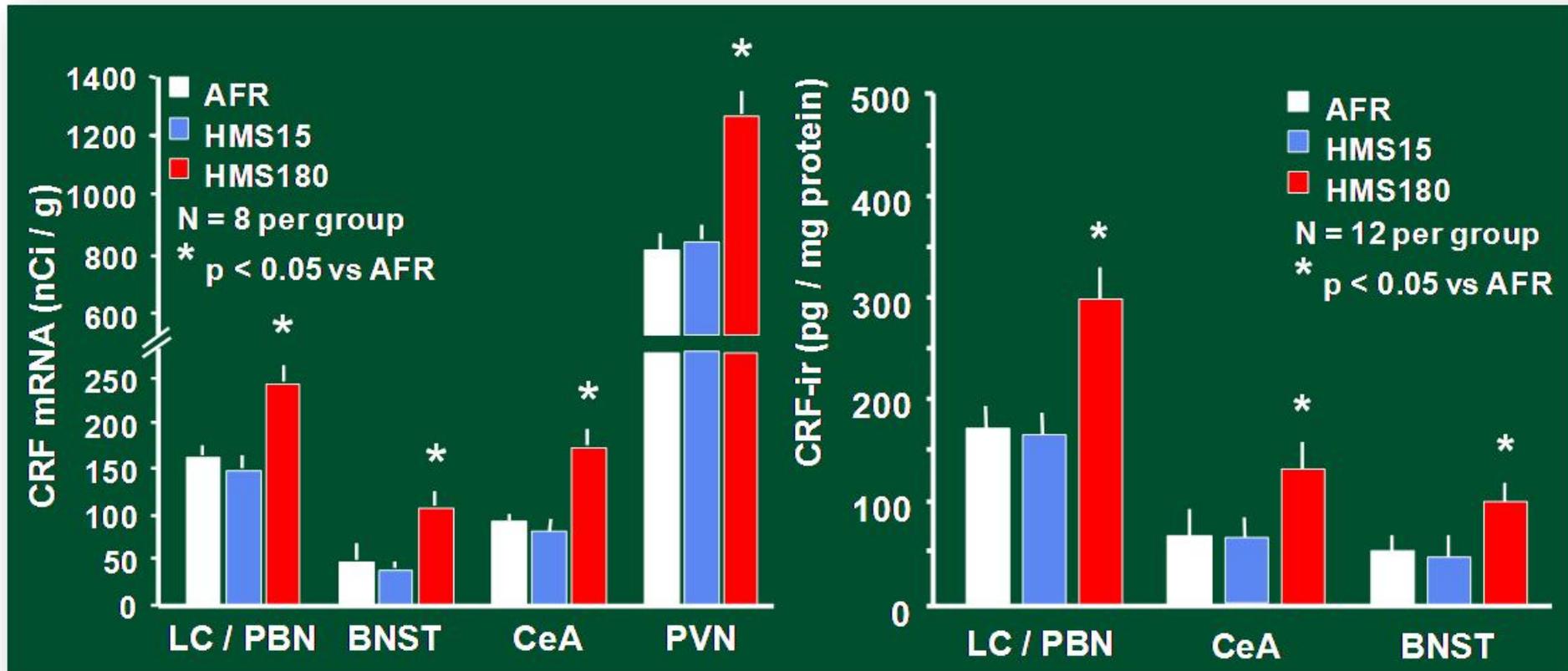


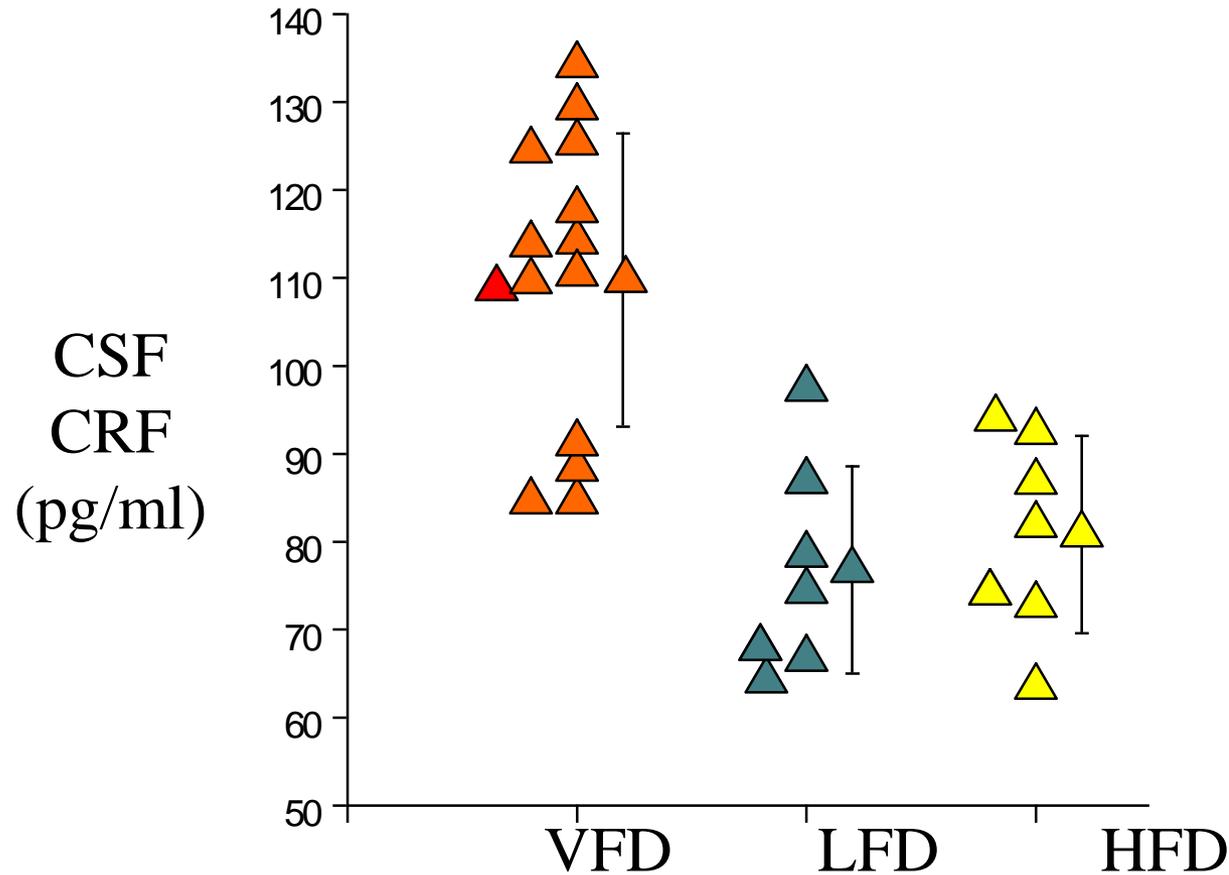
Figure 2. The Adverse Childhood Experiences Study Pyramid. (From US Centers for Disease Control and Prevention<sup>9</sup>).



# Rearing-Associated Differences in Basal Adult CRF mRNA & Content



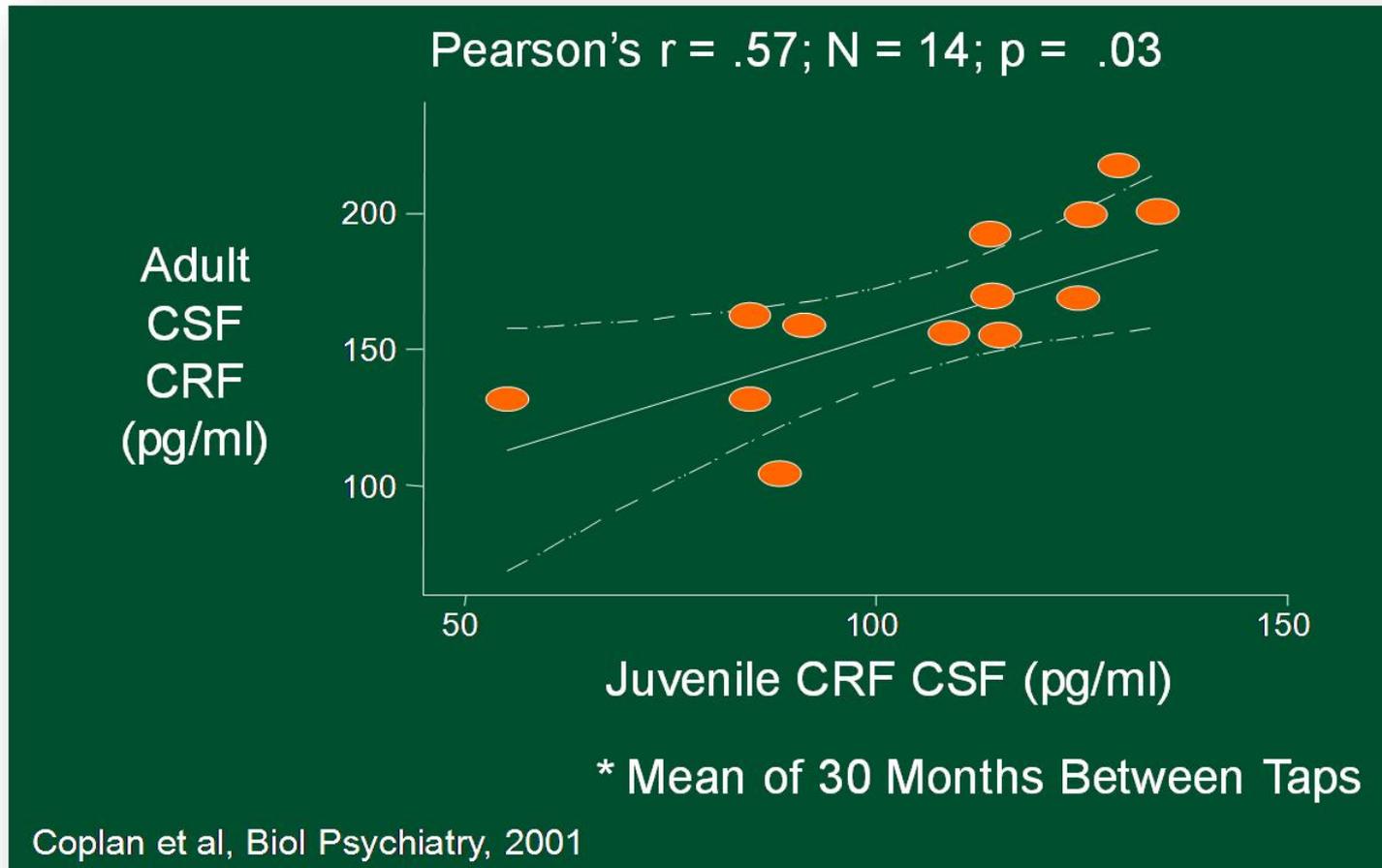
# CSF CRF Concentrations in Differentially-Reared Juvenile Primates:



Coplan et al; *PNAS*, 1996

GROUP EFFECT;  $P < .0001$

# Stability of CSF CRF in VFD-Reared Primates: Juveniles to Adults



# Pituitary-Adrenal and Autonomic Responses to Stress in Women after Sexual and Physical Abuse in Childhood

Christine Heim, D. Jeffrey Newport, Stacey Heit, Yolanda P. Graham, Molly Wilcox, Robert Bonsall, Andrew H. Miller & Charles B. Nemeroff

Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, Georgia 30322

*JAMA. 2000;284:592-597*

# Study Design

**18-45 years with regular menses, no history of mania or psychosis, no active substance abuse or eating disorders, no medication**

## Subjects

- 12 women with no history of early life stress or psychiatric disorder (CON)
- 14 women with a history of childhood abuse without major depression (ELS/non-MDD)
- 13 women with a history of childhood abuse and major depression (ELS/MDD)
- 10 women with no history of early life stress with major depression (non-ELS/MDD)

## Methods

- Structured Clinical Interview for DSM IV
- Structured interviews for the assessment of childhood abuse
- Psychometric assessment of depression, PTSD, and stress experiences
- Trier Social Stress Test

# Study Population

	CON (N=12)	ELS/non-MDD (N=14)	ELS/MDD (N=13)	non-ELS/MDD (N=10)	Statistics
<b>Age</b>	<b>29.3 (2.2)</b>	<b>30.2 (1.5)</b>	<b>32.4 (2.1)</b>	<b>34.6(2.7)</b>	<b>NS</b>
<b>Race</b>					
<b>Afr.-Amer.</b>	<b>4</b>	<b>8</b>	<b>1</b>	<b>2</b>	<b>NS</b>
<b>Caucasian</b>	<b>8</b>	<b>6</b>	<b>12</b>	<b>8</b>	
<b>Education</b>	<b>26.08</b>	<b>24.96</b>	<b>21.50</b>	<b>28.30</b>	<b>NS</b>
<b>Abuse</b>					
<b>ETI Sexual</b>	<b>-</b>	<b>131.7 (70.6)</b>	<b>70.8 (32.2)</b>	<b>-</b>	<b>NS</b>
<b>ETI Physical</b>	<b>-</b>	<b>199.4 (75.1)</b>	<b>173.8 (39.0)</b>	<b>-</b>	<b>NS</b>
<b>HRSD</b>	<b>2.1 (.5)</b>	<b>6.8 (1.5)</b>	<b>19.0 (2.5)</b>	<b>21.1 (.8)</b>	<b>F=49.6, p&lt;.001</b>
<b>PTSD</b>					
<b>N, %</b>	<b>-</b>	<b>5 (35.7)</b>	<b>11 (84.6)</b>	<b>-</b>	<b><math>\chi^2=6.7, p&lt;.01</math></b>
<b>CAPS</b>	<b>-</b>	<b>25.1 (5.1)</b>	<b>47.2 (3.9)</b>	<b>-</b>	<b>t=-3.38, p&lt;.01</b>

# Trier Social Stress Test

12:00 1:25 1:40 1:55 2:10 2:25 2:40 2:55 3:10 3:25

Minutes -15 0 +10 +30 +45 +60 +75 +90

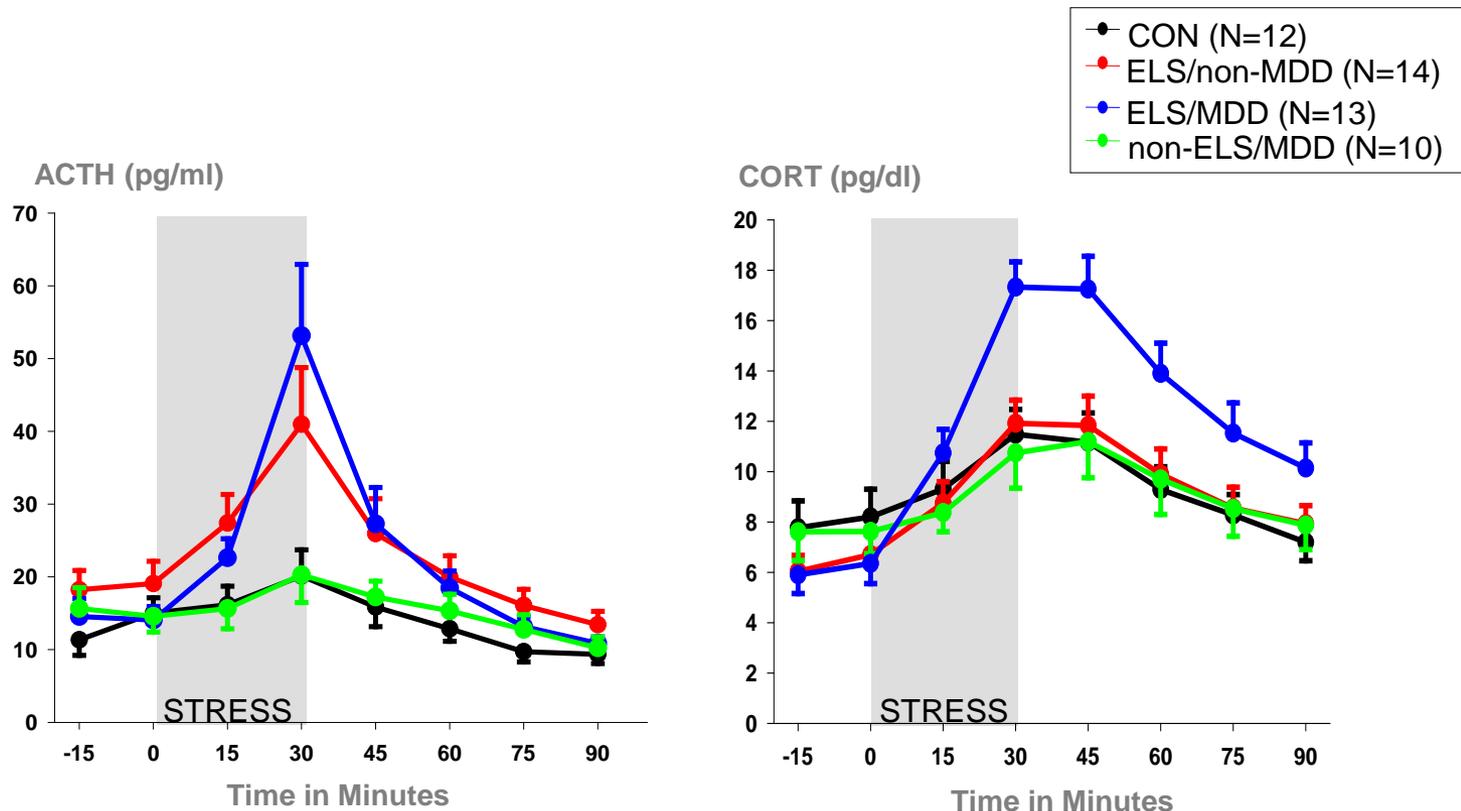
IV Moved to test area Blood HR Blood HR



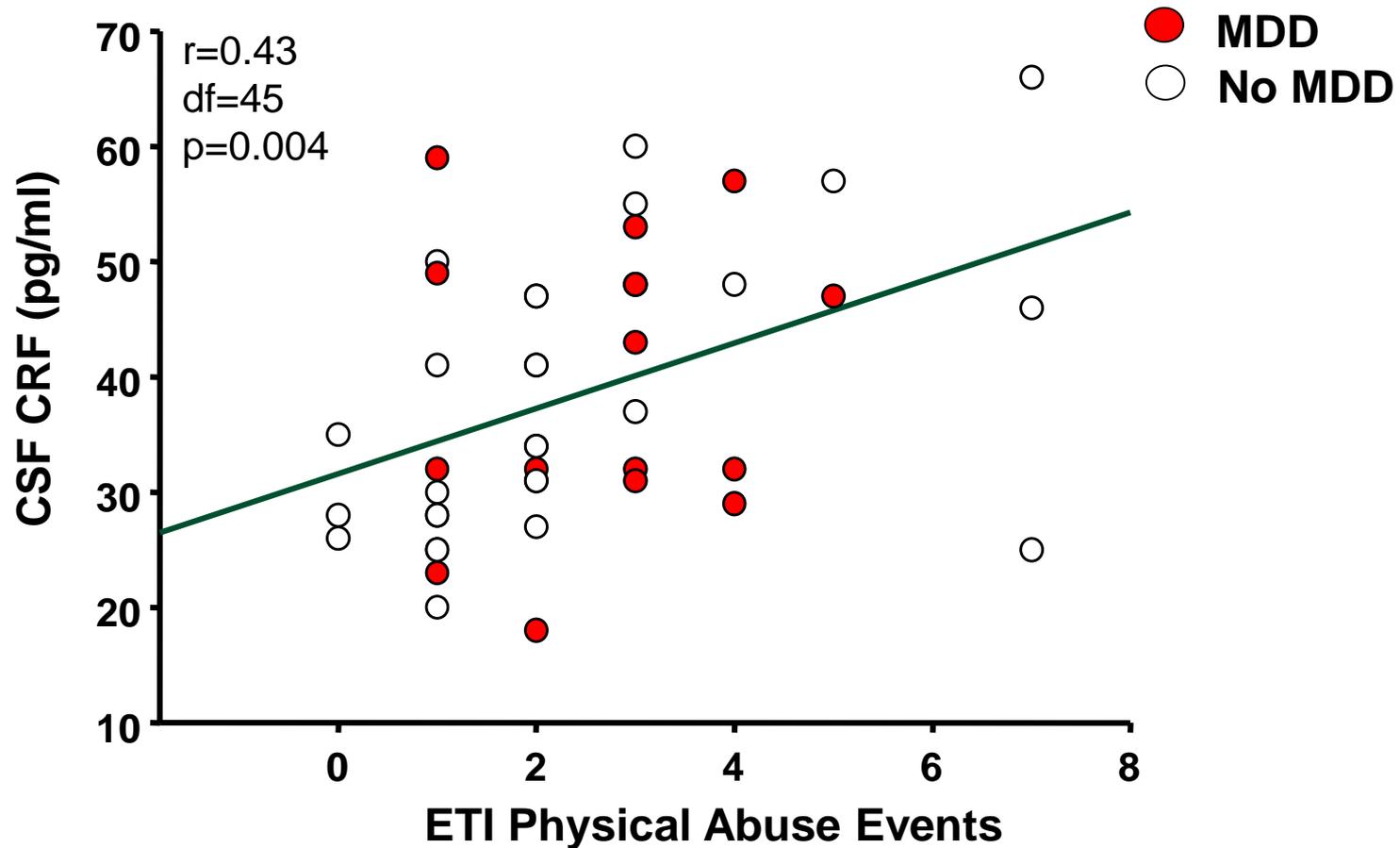
**ANTICIPATION  
PREPARATION**

**FREE SPEECH  
ARITHMETICS**

# Trier Social Stress Test: Plasma ACTH and Cortisol



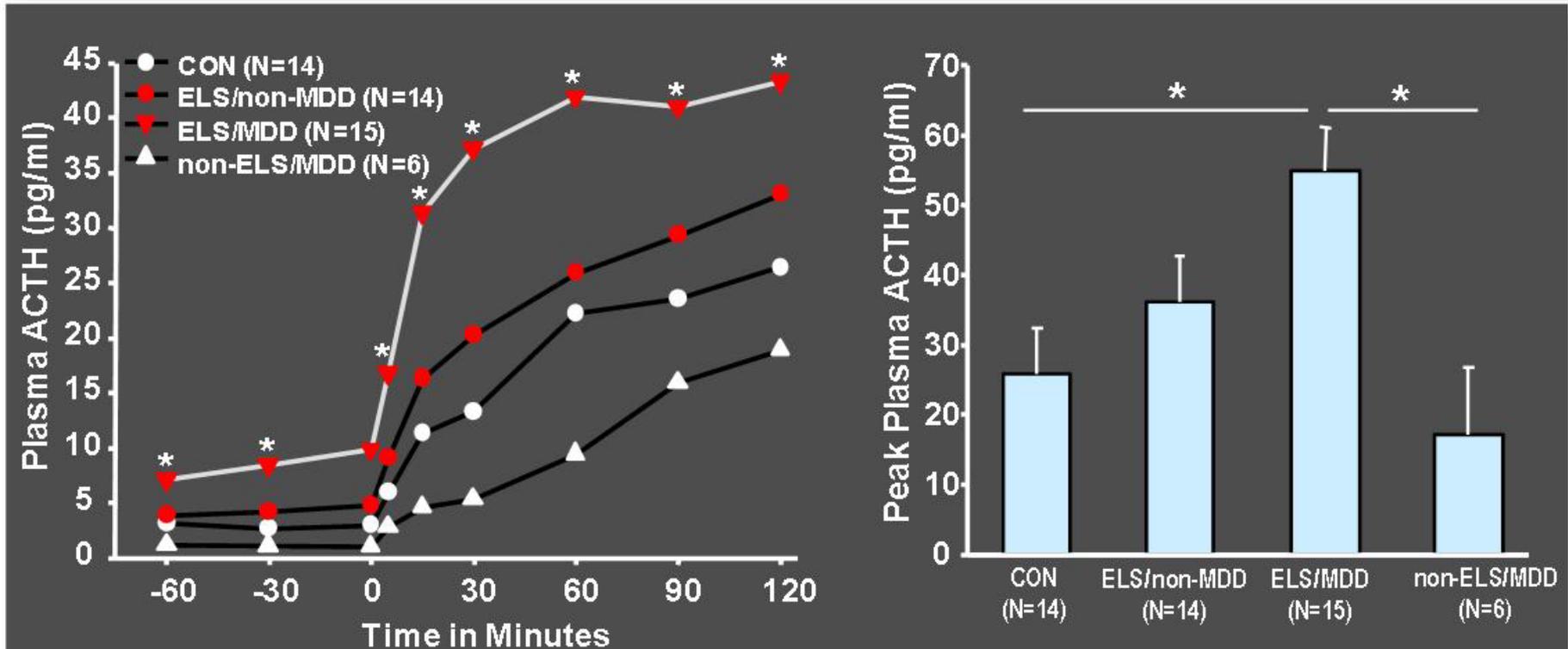
# CSF CRF concentrations are correlated with the severity of the abuse events



Heim, Newport, Mletzko, Bonsall, Miller, Nemeroff (in preparation)

# Abused men with current depression, but not depressed men without childhood abuse, demonstrate increased HPA axis responses

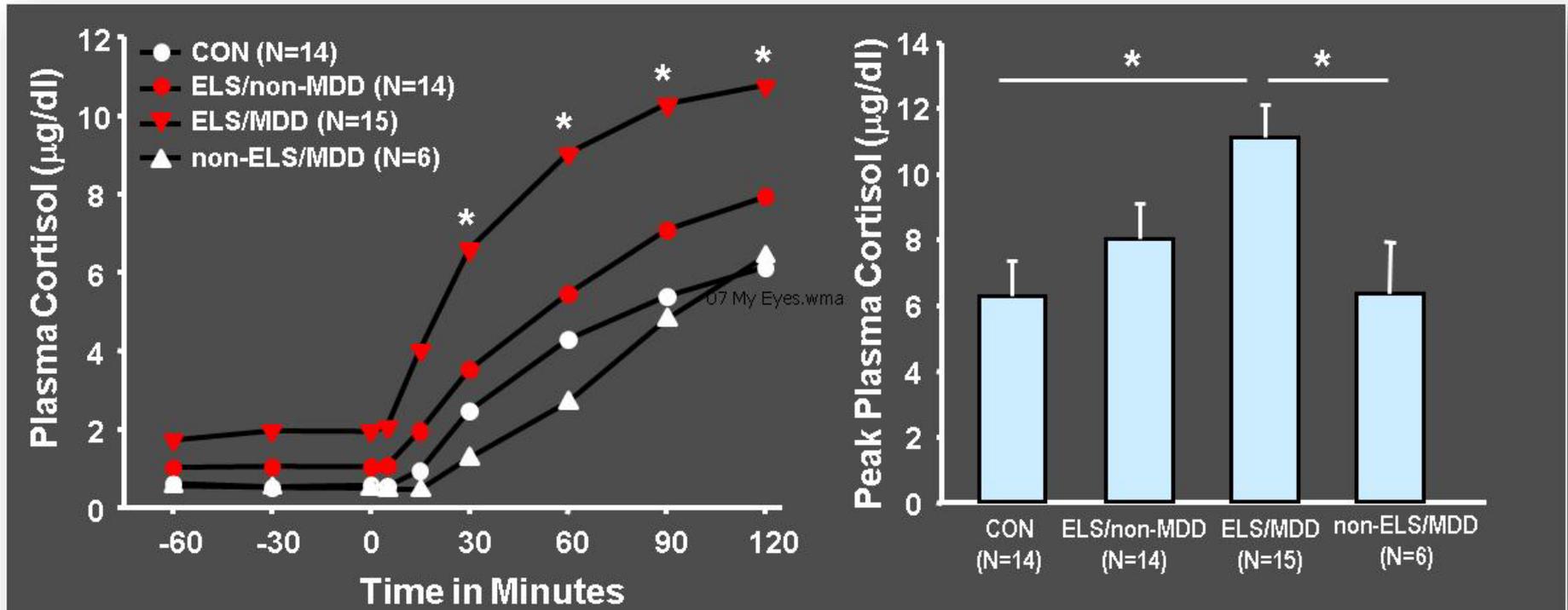
## ACTH



Heim et al (2008) *Biol Psychiatry* 63:398-405.

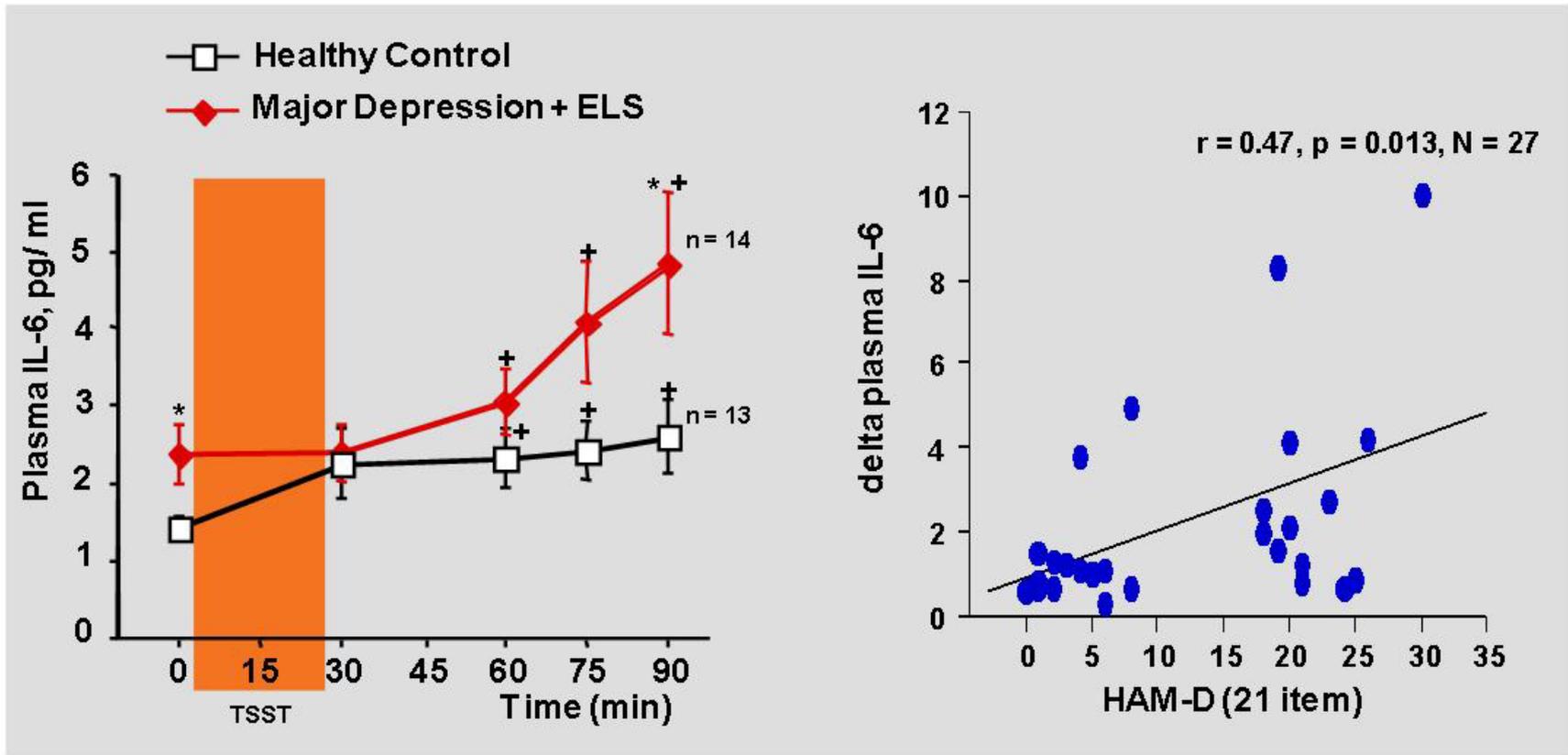
# Abused men with current depression, but not depressed men without childhood abuse, demonstrate increased HPA axis responses

## Cortisol



Heim et al (2008) *Biol Psychiatry* 63:398-405.

**Patients with major depression and early life stress exhibit greater baseline and TSST-induced plasma IL-6 levels compared to healthy controls; IL-6 responses are correlated with depression severity.**

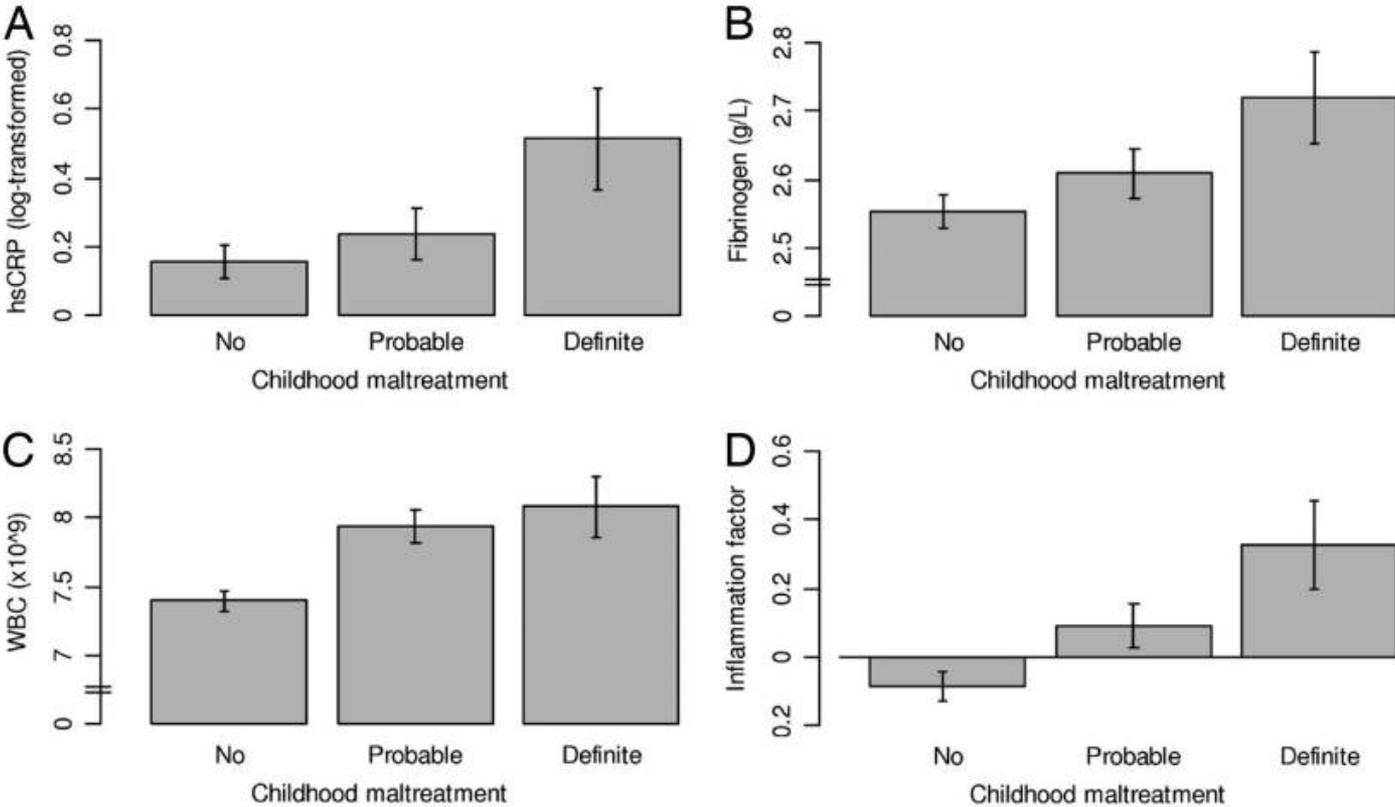


\* vs. controls at same timepoint,  $p < 0.04$ ;

+ vs. 0 min, same group,  $p \leq 0.017$

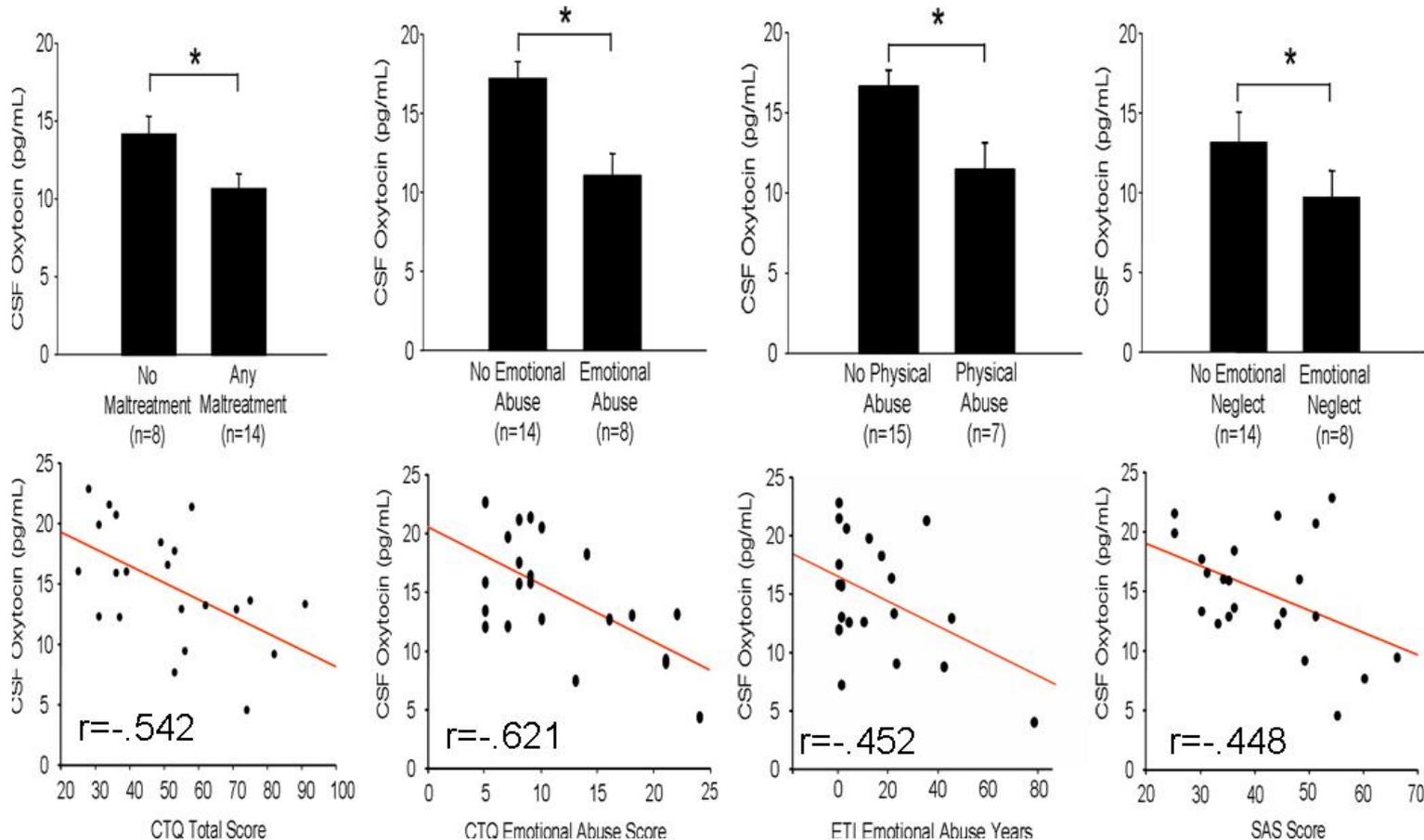
*Pace et al (2006) Am J Psychiatry 163:1630-1633.*

# The Association of Childhood Maltreatment with Biomarkers of Inflammation



Danese et al., (2007) *PNAS* 104(4):1319-1324

# CSF OT Concentrations



Heim et al (2008) *Mol Psychiatry*, epub ahead of print

# Variation in the oxytocin receptor gene is associated with increased risk for anxiety, stress and depression in individuals with a history of exposure to early life stress

Amanda J. Myers <sup>a,\*</sup>, Leanne Williams <sup>b,c</sup>, Justine M. Gatt <sup>b,d,e</sup>, Erica Z. McAuley-Clark <sup>e</sup>, Carol Dobson-Stone <sup>e,f</sup>, Peter R. Schofield <sup>e,f</sup>, Charles B. Nemeroff <sup>a</sup>

<sup>a</sup> University of Miami, Miller School of Medicine, Department of Psychiatry & Behavioral Sciences, Miami, FL, USA

<sup>b</sup> The Brain Dynamics Centre, Sydney Medical School, University of Sydney, and Westmead Millennium Institute, Westmead Hospital, Westmead, NSW 2145, Australia

<sup>c</sup> Department of Psychiatry and Behavioral Neuroscience, Stanford University, CA, USA

<sup>d</sup> School of Psychology, University of New South Wales, Randwick, NSW 2052, Australia

<sup>e</sup> Neuroscience Research Australia, Randwick, Sydney, NSW 2031, Australia

<sup>f</sup> School of Medical Sciences, University of New South Wales, Sydney, New South Wales, Australia

*Journal of Psychiatric Research 59 (2014) 93-100*

## A B S T R A C T

*Background:* Oxytocin is a neuropeptide that is involved in the regulation of mood, anxiety and social biology. Genetic variation in the oxytocin receptor gene (*OXTR*) has been implicated in anxiety, depression and related stress phenotypes. It is not yet known whether *OXTR* interacts with other risk factors such as early life trauma to heighten the severity of experienced anxiety and depression.

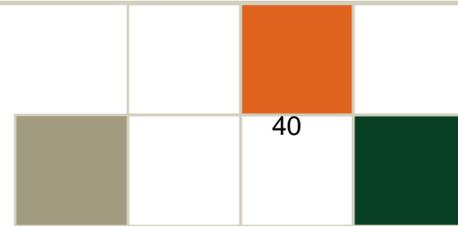
*Methods:* In this study, we examined genotypes in 653 individuals and tested whether SNP variation in *OXTR* correlates with severity of features of self-reported experience on the Depression Anxiety and Stress Scale (DASS), and whether this correlation is enhanced when early life trauma is taken into account. We also assessed the effects of *OXTR* SNPs on RNA expression levels in two separate brain tissue cohorts totaling 365 samples.

*Results:* A significant effect of *OXTR* genotype on DASS anxiety, stress and depression scores was found and ELS events, in combination with several different *OXTR* SNPs, were significantly associated with differences in DASS scores with one SNP (rs139832701) showing significant association or a trend towards association for all three measures. Several *OXTR* SNPs were correlated with alterations in *OXTR* RNA expression and rs3831817 replicated across both sets of tissues.

*Conclusions:* These results support the hypothesis that the oxytocin system plays a role in the pathophysiology of mood and anxiety disorders.

# Sample Characteristics

	ELS Group	Control Group
	<b>N</b>	<b>N</b>
Male	15	13
Female	45	20
Total	60	33
Emotional Abuse	43	
Physical Abuse	38	
Sexual Abuse	34	
Emotional Neglect	34	
Physical Neglect	29	
	<b>Mean(SD)</b>	<b>Mean(SD)</b>
Age	30.20(7.38)	29.15(7.88)
HAMD	13(11)	6.4(8.8)
WRAT-3	50.72 (3.87)	51.42(3.8)

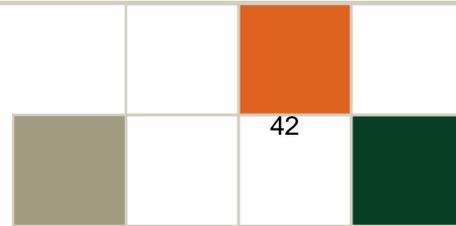


- First day of hospital admission, subjects completed the Cambridge Neuropsychological Testing Automated Battery (CANTAB)
- We utilized the following CANTAB modules
  - Psychomotor Coordination and Motor Speed
  - Reasoning and Planning Abilities
  - Memory (Spatial Working Memory, Pattern Recognition Memory, Spatial Recognition Memory)
  - Attention (Attention Shift and Sustained Attention)

# Results

## First Nonlinear Canonical Correlation

- Visual memory, executive functioning and spatial working memory deficits were associated with both abuse and neglect
- Emotional processing/ emotional inhibition deficits were associated with neglect, but not abuse



# Results

## Second Nonlinear Canonical Correlation

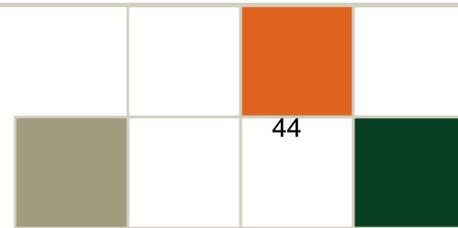
- Sexual abuse is associated with deficits in visual working memory
- Emotional processing and processing speed deficits are associated with neglect
- Executive functioning deficits are associated with sexual abuse

# Gene-Environment Interaction in Youth Depression: Replication of the 5-HTTLPR Moderation in a Diverse Setting

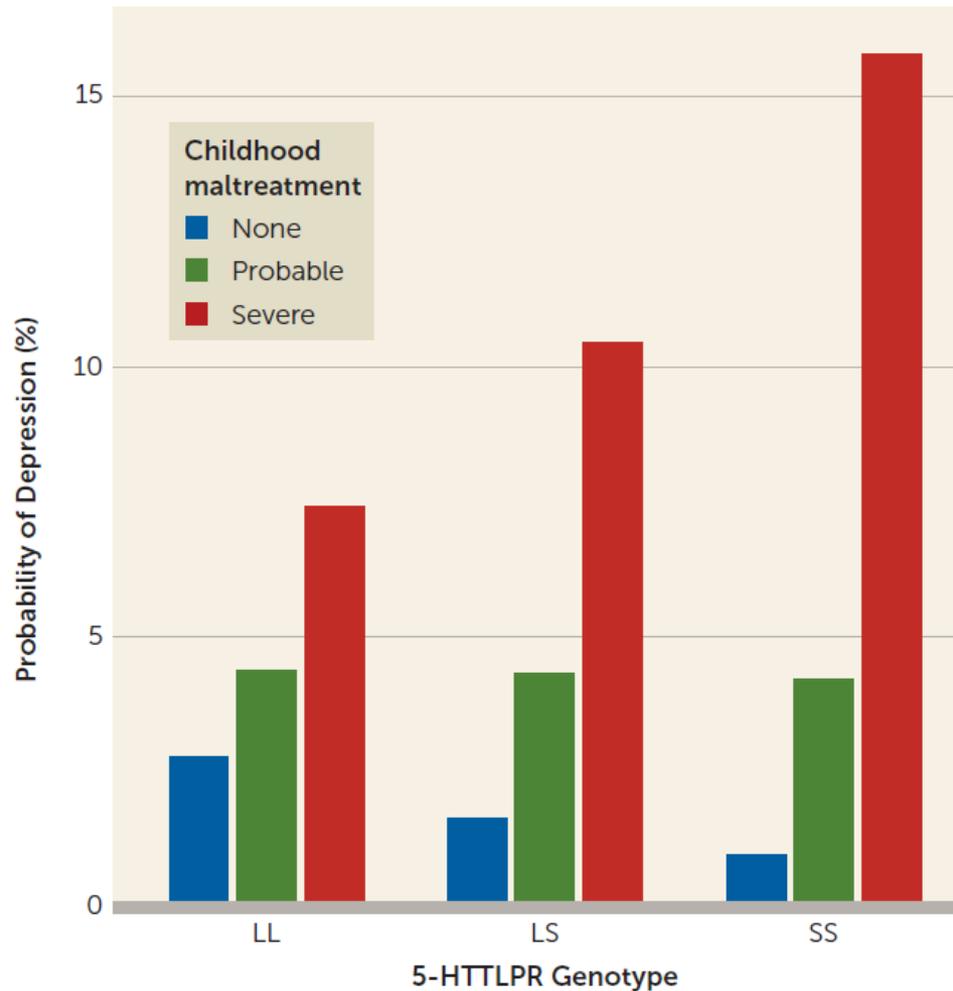
Thiago Botter-Maio Rocha, M.D., Mara H. Hutz, Ph.D., Angélica Salatino-Oliveira, B.S., Júlia P. Genro, Ph.D.,  
Guilherme V. Polanczyk, M.D., Ph.D., João Ricardo Sato, Ph.D., Fernando C. Wehrmeister, Ph.D.,  
Fernando C. Barros, M.D., Ph.D., Ana M.B. Menezes, M.D., Ph.D., Luis Augusto Rohde, M.D., Ph.D., Luciana Anselmi, Ph.D.,  
Christian Kieling, M.D., Ph.D.

*Am J Psychiatry* 2015; 172:978–985; doi: 10.1176/appi.ajp.2015.14070896

**Conclusions:** After following a research strategy as comparable as possible to that of the original study, the results corroborated the existence of a measured  $G \times E$ , now in a large sample from a different sociocultural context. These findings provide further evidence that a genetic variant in the 5-HTTLPR moderates the link between childhood maltreatment and youth depression.



**FIGURE 1. Probability of a Diagnosis of a Depressive Episode at Age 18/19 for Each Childhood Maltreatment Exposure Group, by 5-HTTLPR Genotype, Adjusted for Gender<sup>a</sup>**

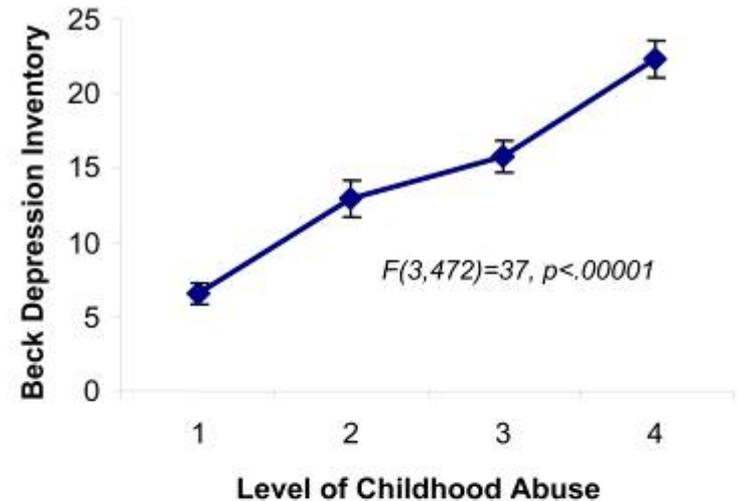


# Sample Demographics

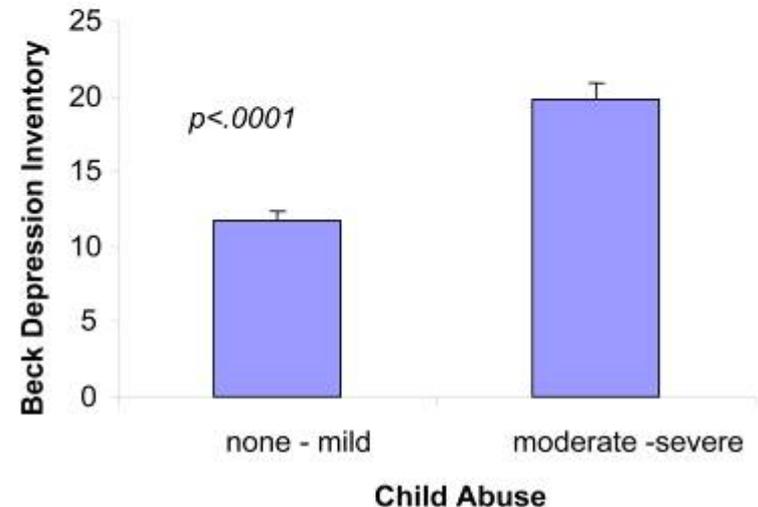
	<u>N</u>	<u>Percentage</u>
<u>Gender</u>		
Male	194	39%
Female	303	61%
<u>Self-Identified Race/Ethnicity</u>		
African American or Black	484	97%
Caucasian or White	4	.8%
Hispanic or Latino	2	.4%
Asian	1	.2%
Mixed	5	1%
Other	3	.6%
<u>Education</u>		
< 12 <sup>th</sup> Grade	153	31%
High School Graduate or GED	217	44%
Some College or Technical School	78	15%
Technical School Graduate	21	4%
College Graduate	21	4%
Some Graduate School	9	2%
<u>Employment Status</u>		
Currently Unemployed	338	68%
Currently Employed	162	32%
<u>Disability Status</u>		
Not Currently Receiving Disability	394	79%
Currently Receiving Disability	103	21%
<u>Household Monthly Income</u>		
\$0 – \$249	158	32%
\$250 – \$499	51	10%
\$500 - \$999	136	28%
\$1000 - \$1999	106	21%
\$2000 or more	158	9%

# Early Life Stress Significantly Enhances Risk for Depression in Adults

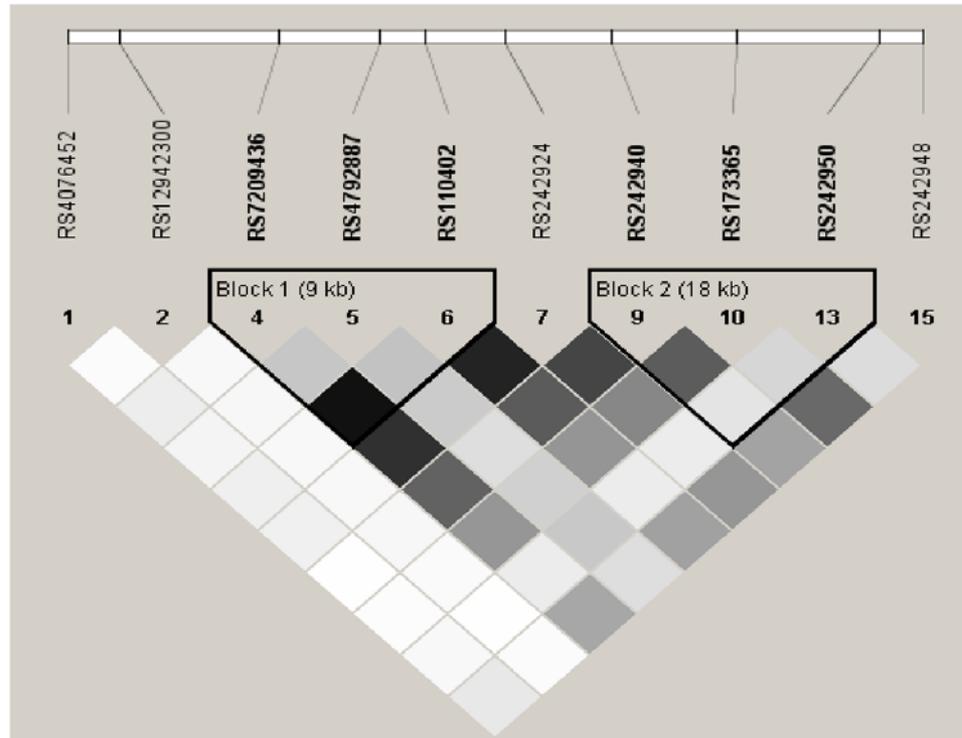
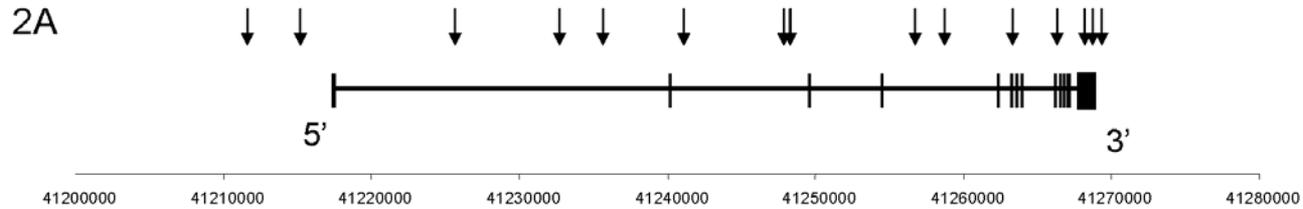
Beck Depression Inventory (BDI) scores are predicted by continuous scores on the childhood trauma questionnaire.



Depression is predicted by presence/absence of childhood trauma.

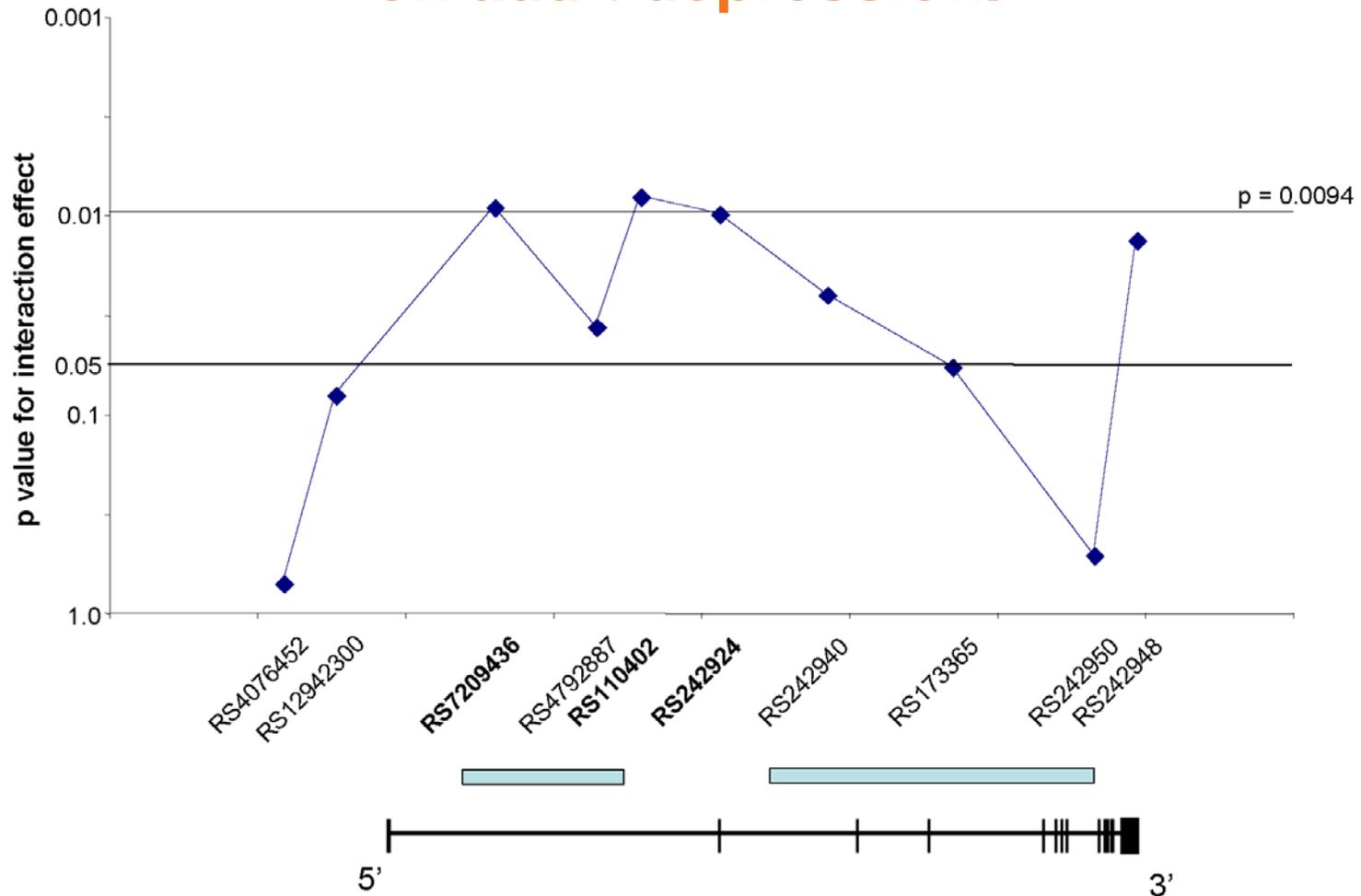


# CRHR1 Linkage Disequilibrium Map and Interaction with Early Life Stress and Depression



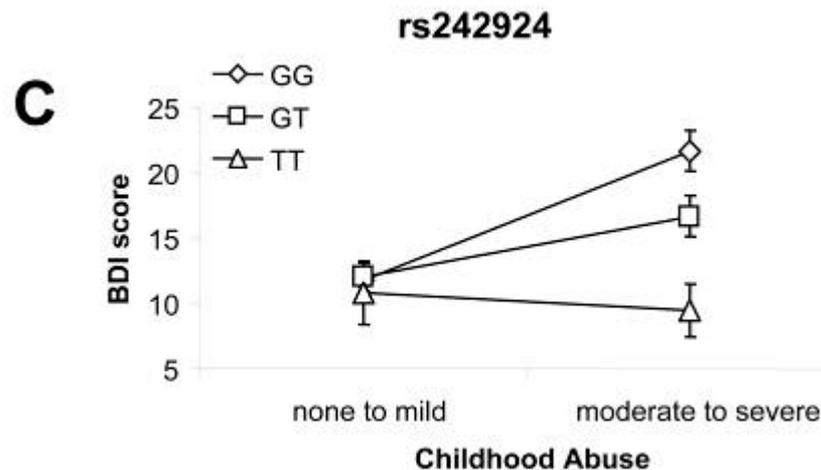
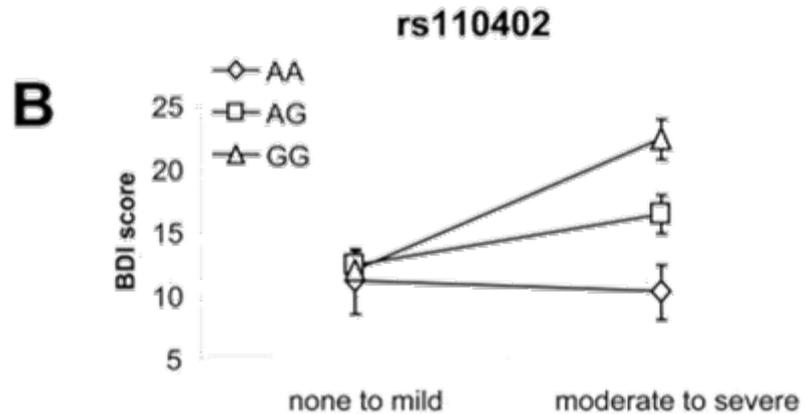
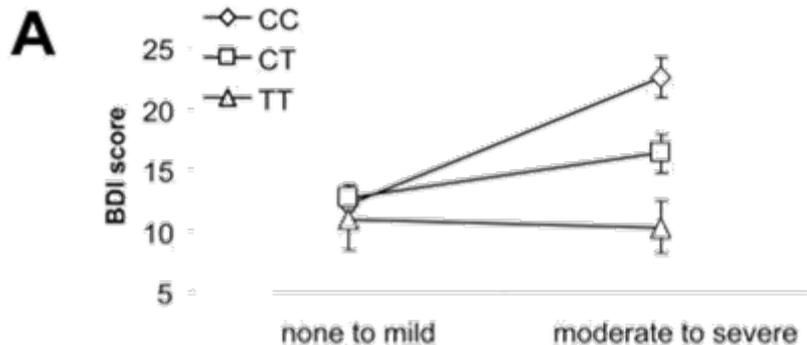
Bradley, Binder et al (2008) Arch Gen Psychiatry 65:190-200.

# Interaction effect of *CRHR1* SNPs with early life stress on adult depression.



Bradley, Binder et al (2008) Arch Gen Psychiatry 65:190-200.

# Effect of genotypes and childhood abuse on adult depression.



Similar interactive gene dosage patterns were seen across the other SNPs that were significant prior to correction.

Panels A and B. In individuals having experienced high levels of early life stress, the rare allele of two SNPs had a protective effect on the severity of adult depressive symptoms

Bradley, Binder et al (2008) Arch Gen Psychiatry 65:190-200.

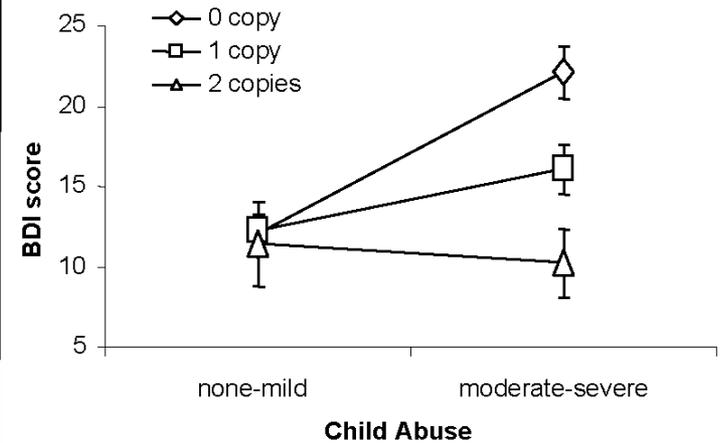
# Effect of estimated *CRHR1* haplotypes and childhood abuse on adult depressive symptoms.

## A Block 1 haplotypes

rs7209436	rs4792887	rs110402	Frequency %
C	T	G	34.1
C	C	G	34.0
T	C	A	30.4

frequencies of the estimated individual haplotypes within the first LD block

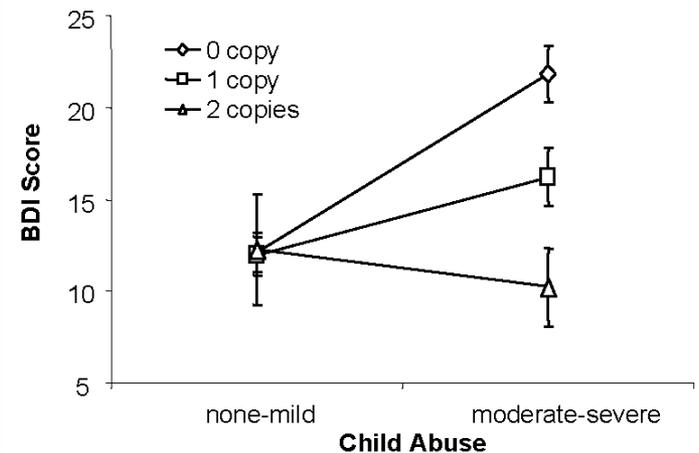
## B TCA Haplotype Block 1



## C 3 most significant SNPs haplotypes

rs7209436	rs110402	rs242924	Frequency %
C	G	G	66.5
T	A	T	28.8

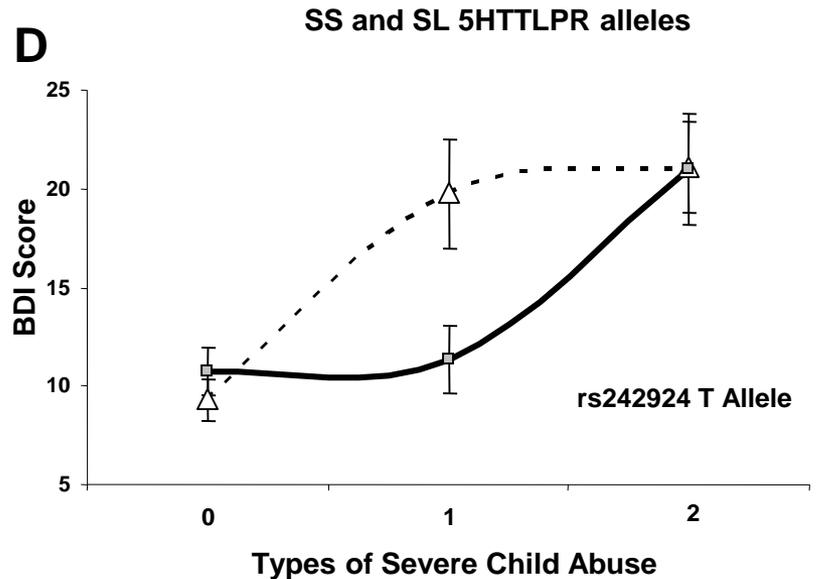
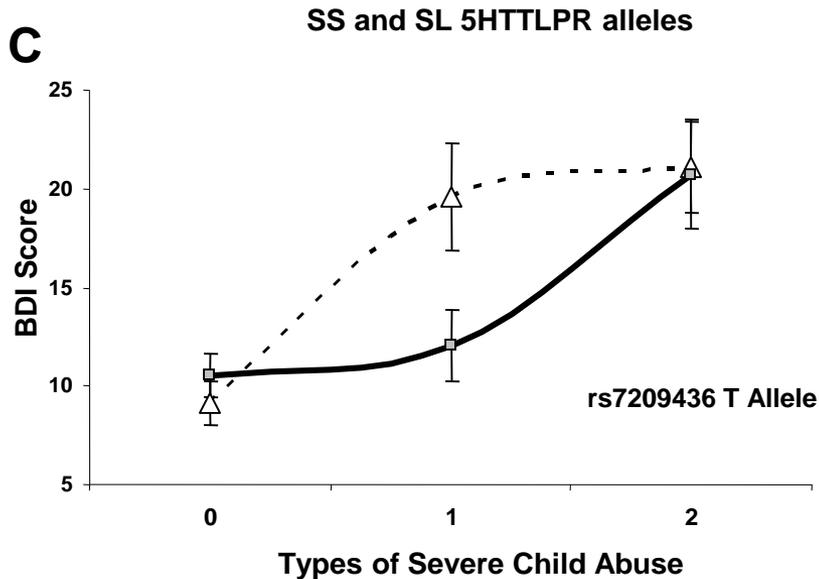
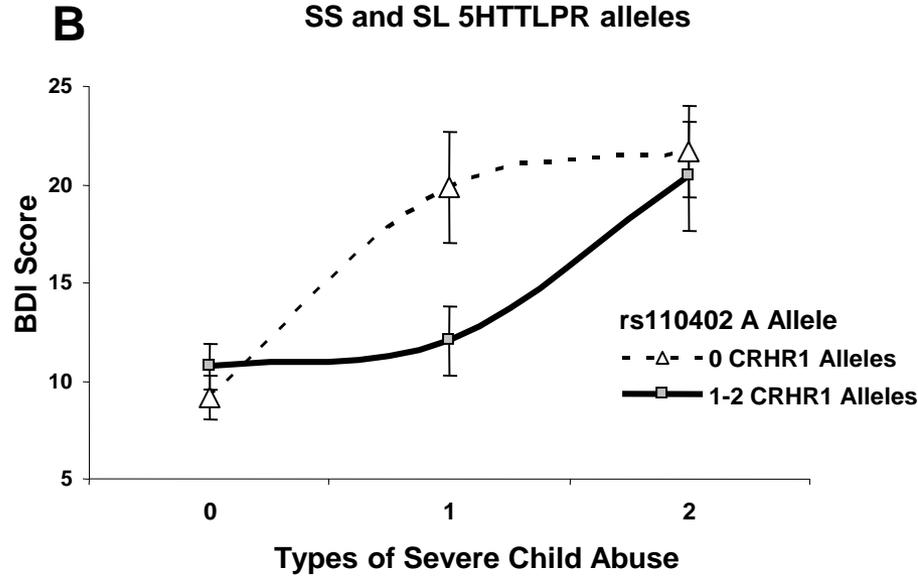
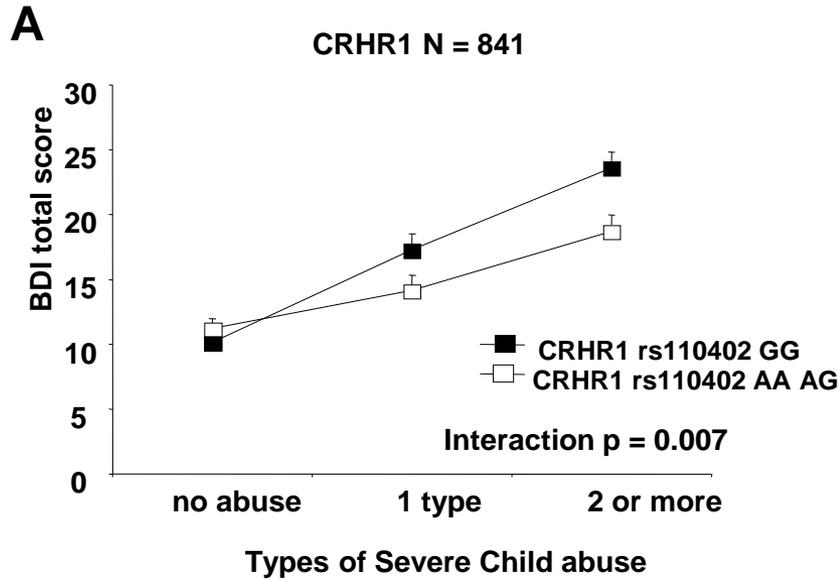
## D Protective Haplotype - TAT



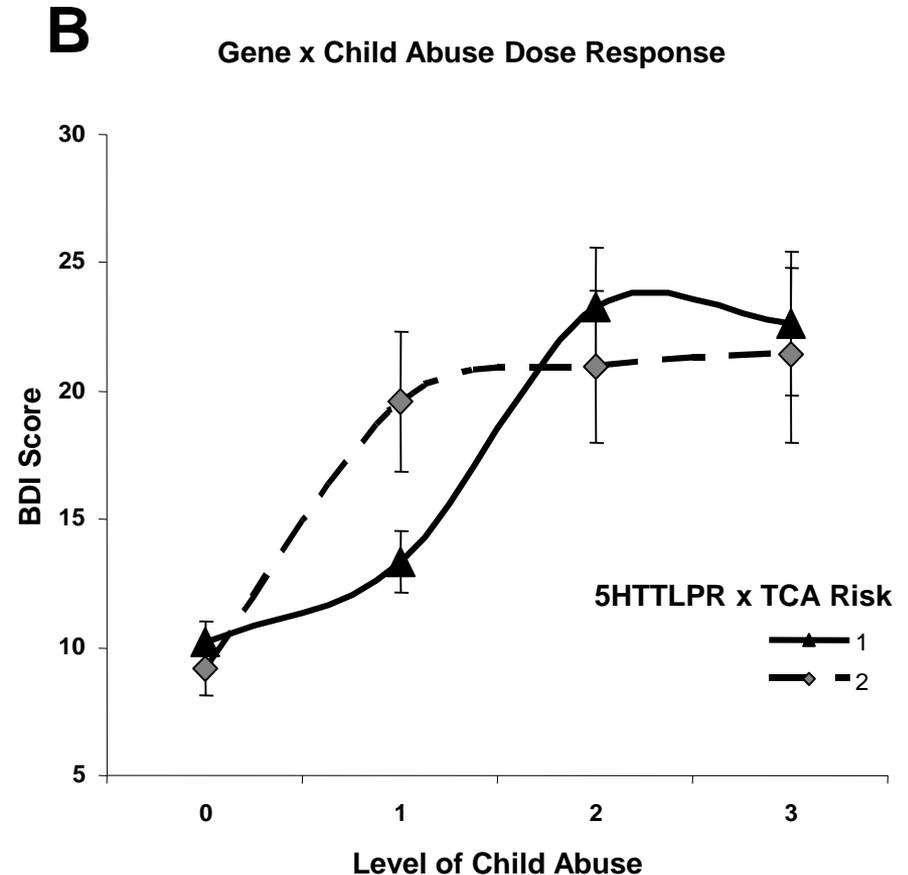
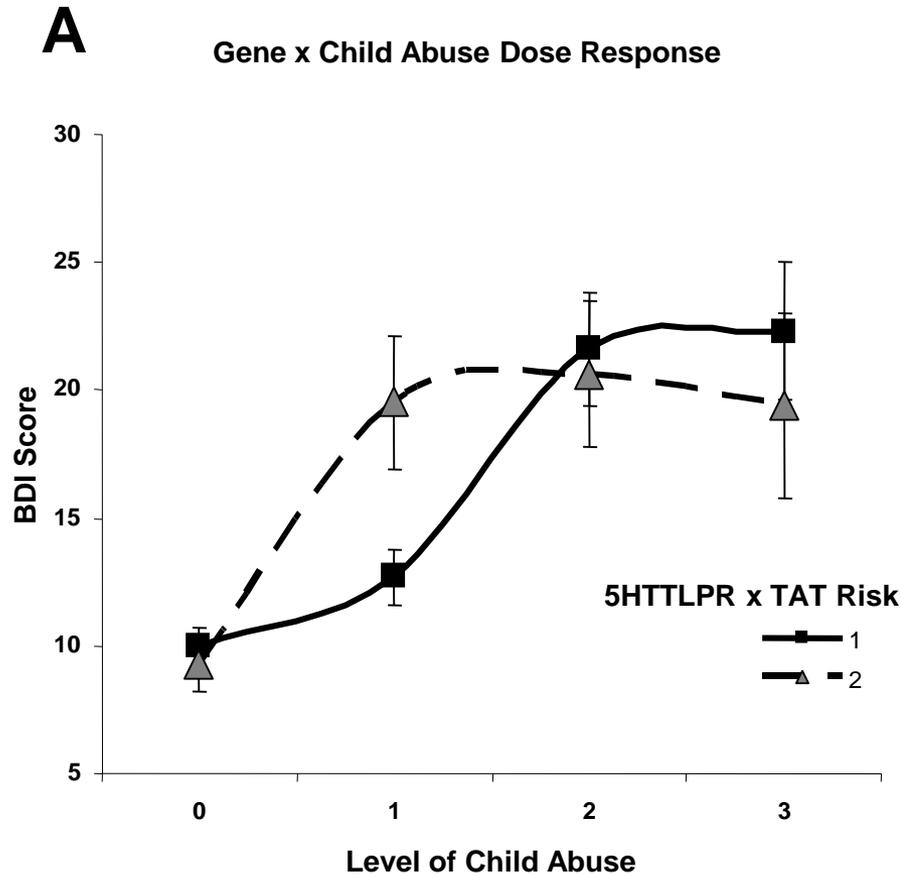
# Summary: Gene by environment effects of the CRHR1 gene

- Early results suggest that polymorphisms at the CRH R1 receptor may be involved in interaction of childhood trauma and developmental risk for depressive symptoms
- This may occur through developmental sensitization of the HPA axis, in part through the effects of early trauma and abuse, and their lasting effects on the CRH system.
- Initially, no effect was found with CRHR1 genotype, child abuse, and PTSD.
- Follow up data suggest that an 'anxious' subtype of depression may carry the primary effect

# Larger Cohort (N=800-900): 3-way 5HTTLPR x CRHR1 SNP x Child Abuse Interaction



# Figure 5: Combined Genetic Risk predicts Dose-Response Effect of Child Abuse on Depression

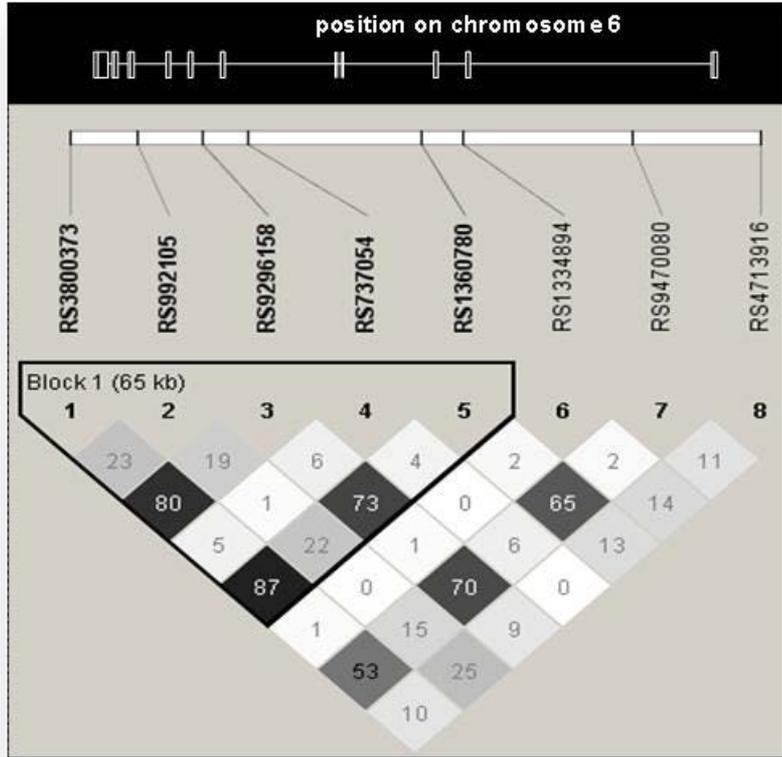
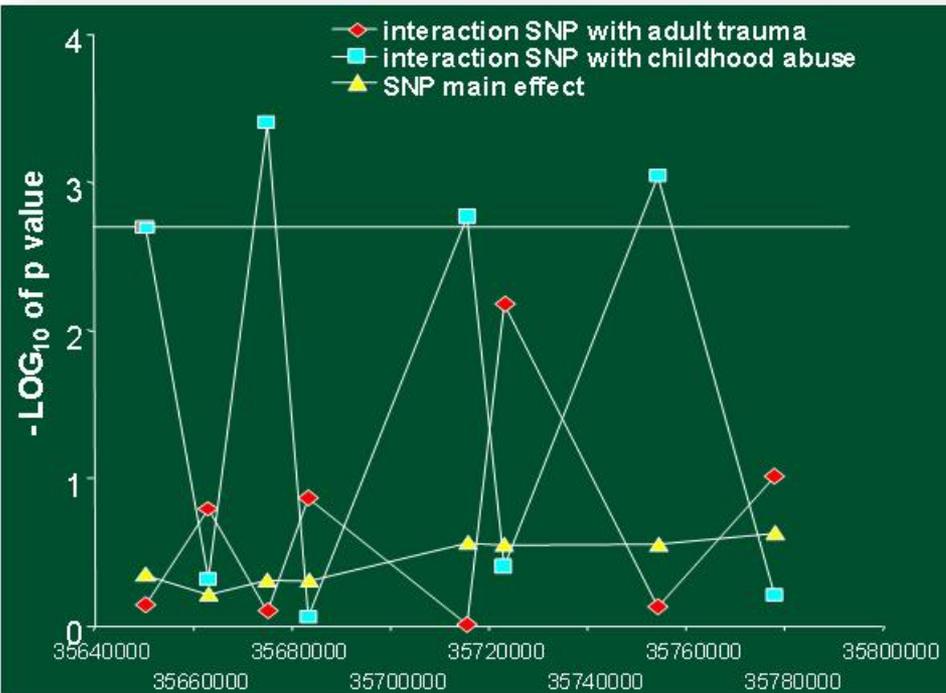


Ressler et al., Am J Hum Gen B

# Another HPA Axis Gene: FKBP5 and PTSD

- PTSD associated with GR super-sensitivity (Yehuda et al., 2004)
- FKBP5 chaperone protein is critically involved in the feedback regulation of GR sensitivity
- Evidence of FKBP5 in dissociation with trauma and in post-trauma prediction of later PTSD

# FKBP5 SNPs and main genetic effect on PTSD symptoms and interaction effects with adult trauma levels and child abuse

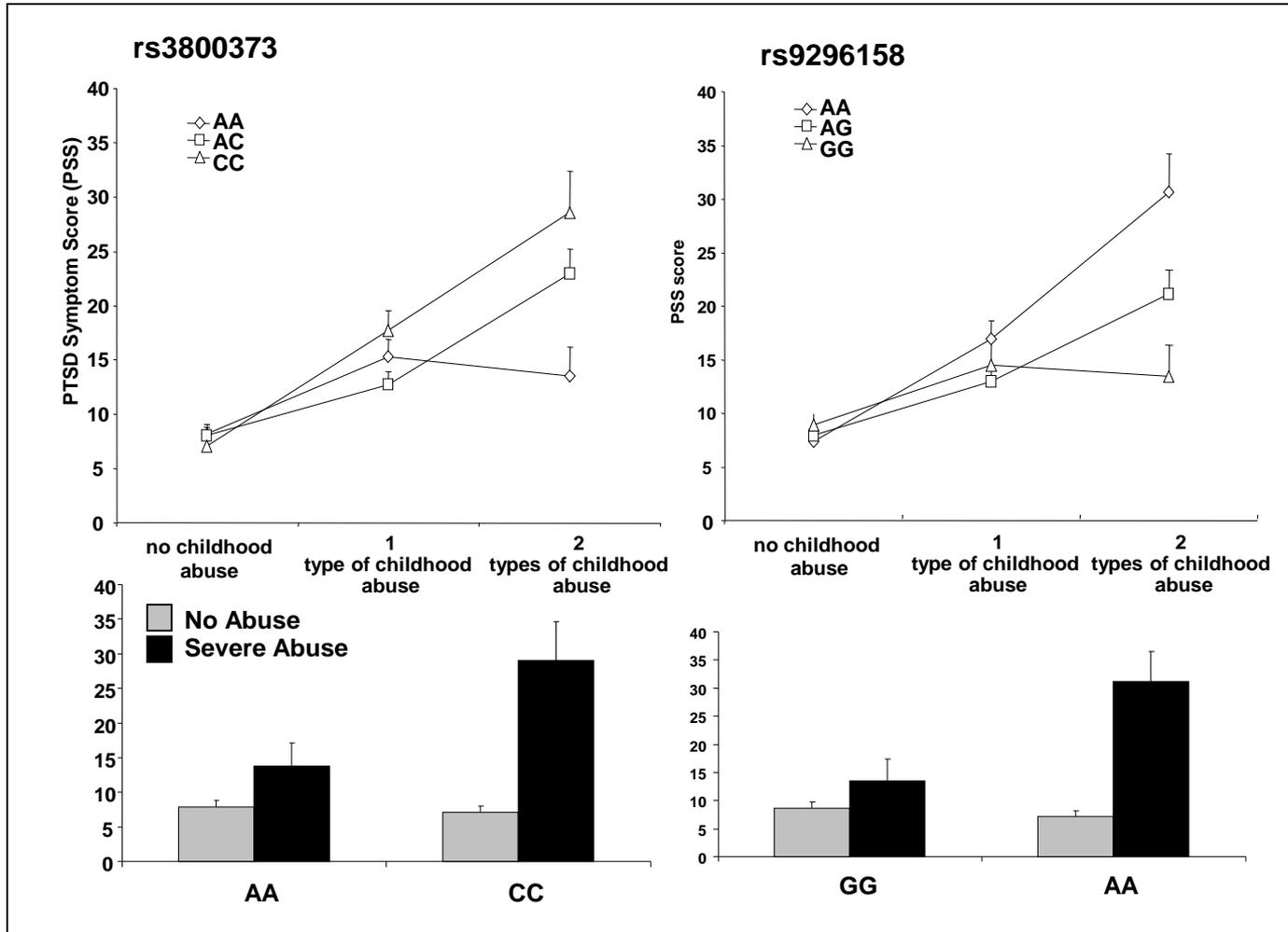


Binder et al (2008) JAMA 299:1291-1305.

# PTSD Severity, FKBP5 SNP Genotypes and child abuse

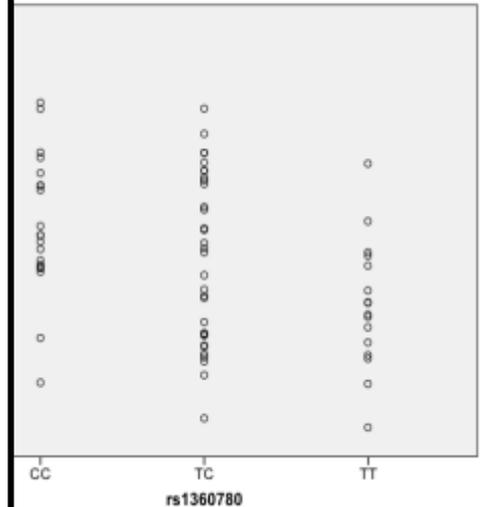
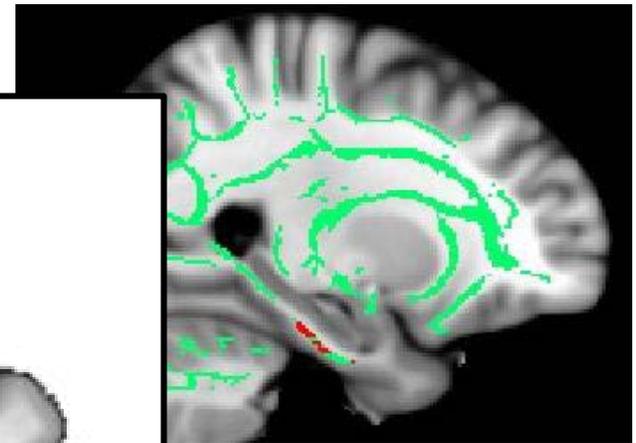
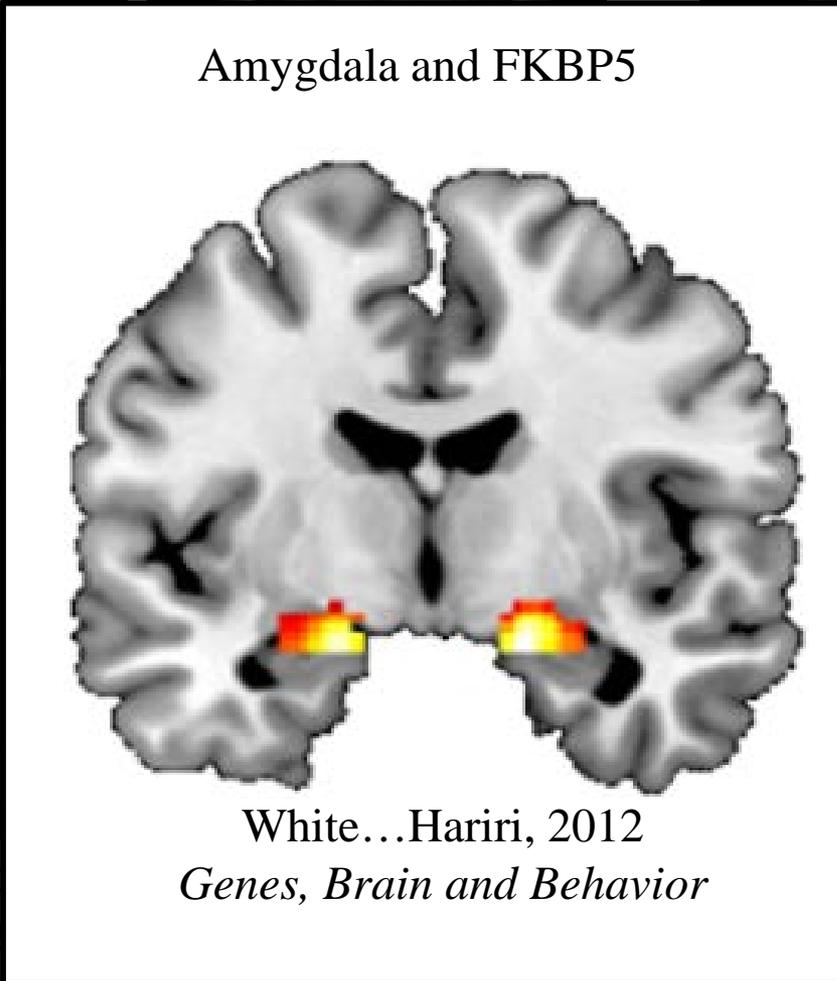
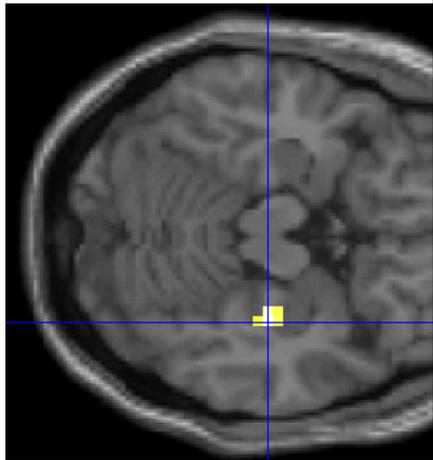
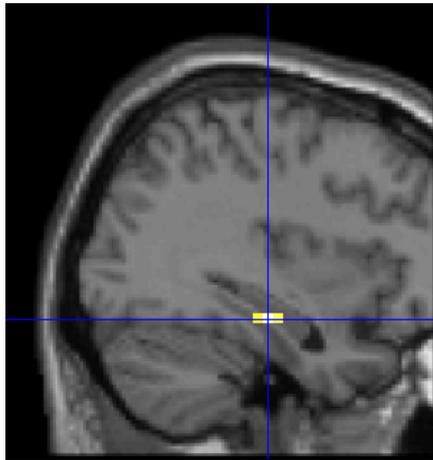
For all 4 SNPs (rs1360780 and rs9470080 not shown)

an additive interaction effect with child abuse on PSS score is observed



Binder et al (2008) JAMA 299:1291-1305.

# Hippocampal activation and structural differences in FKBP5 risk allele carriers



Statistical parametric maps of hippocampal activation during processing of threat incongruent faces in FKBP5 risk allele carriers

Genotype and Structural Integrity of Posterior Cingulum

Fani et al., 2013, *Neuropsychopharmac.*

Fani et al., 2013, *JAMA Psychiatry*

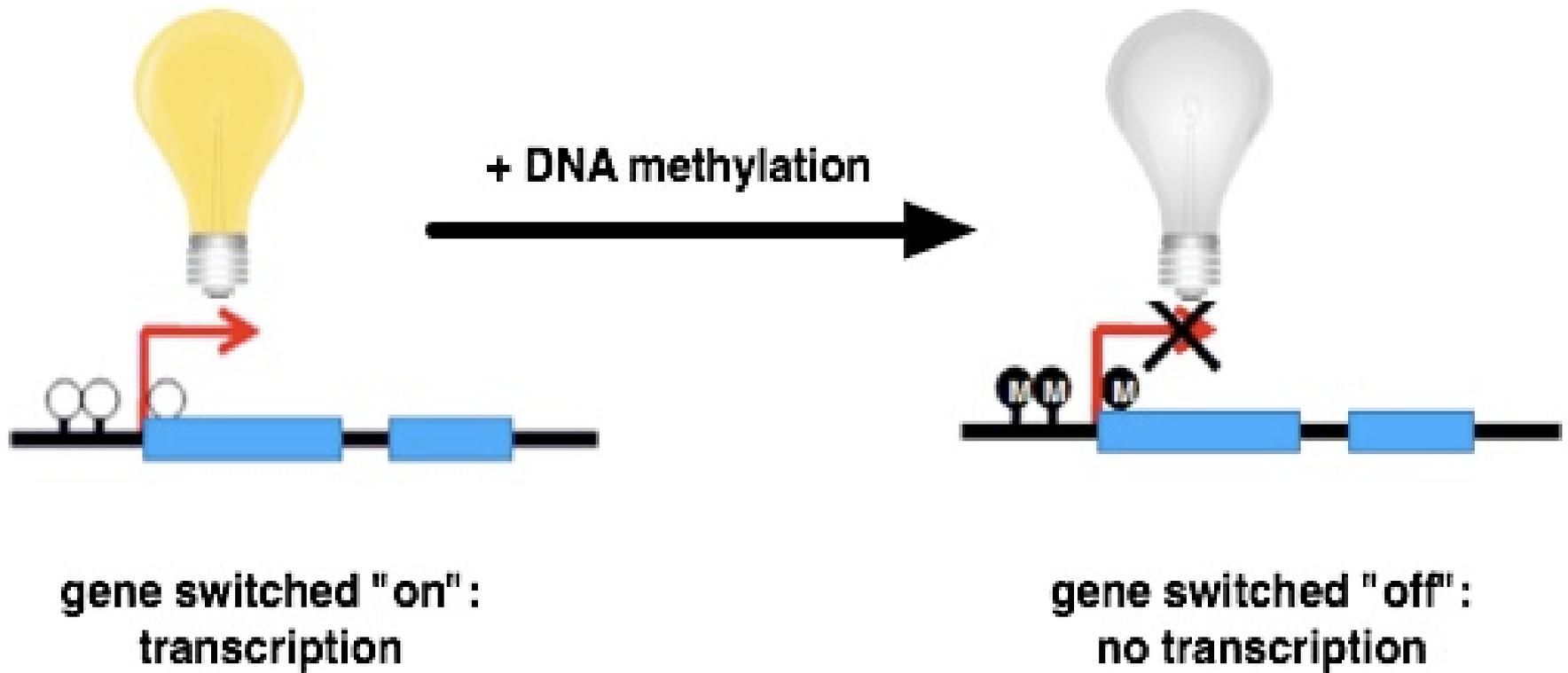
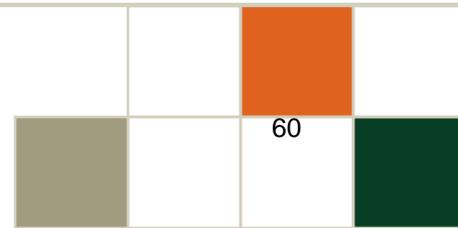


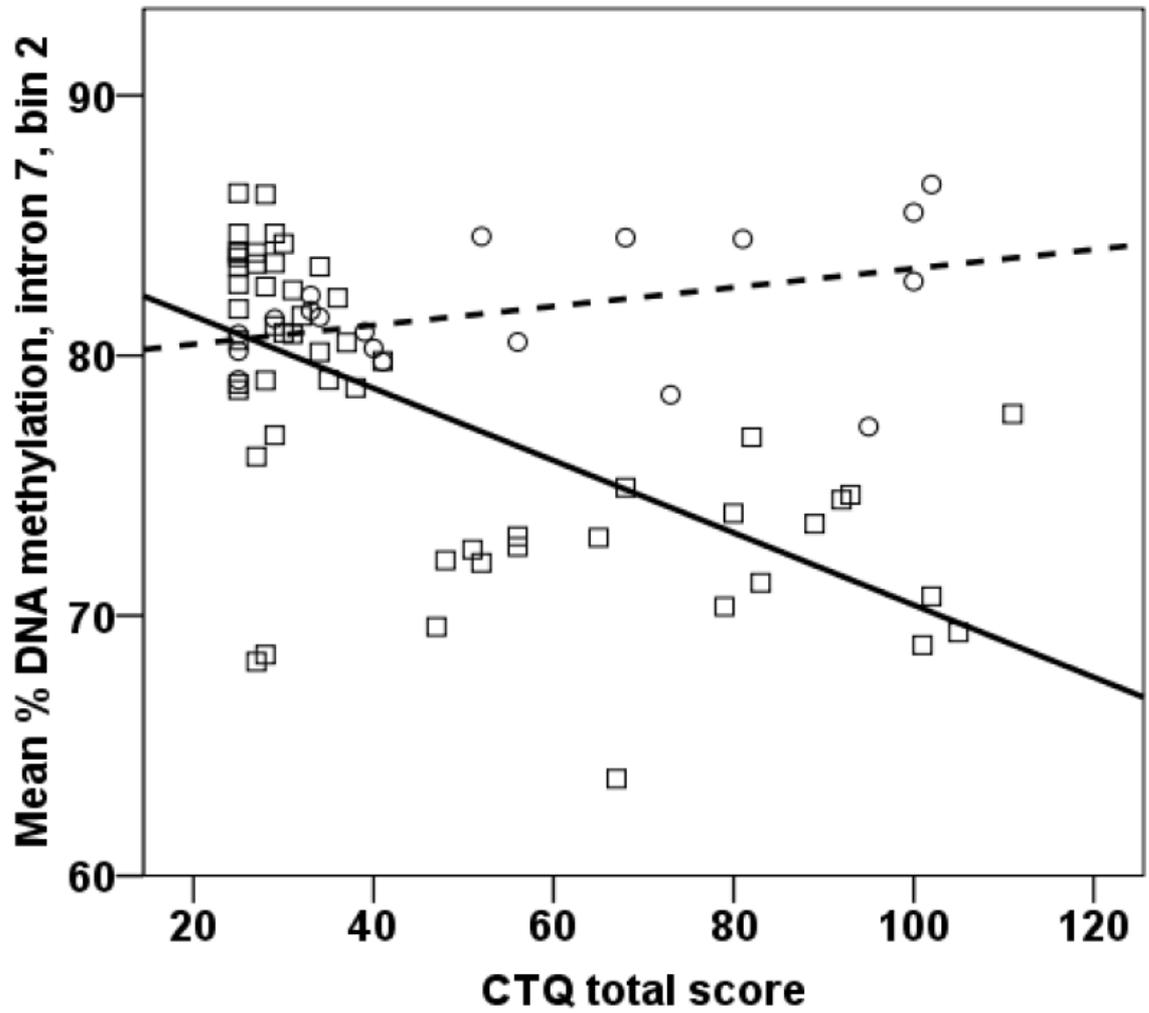
figure 1: Transcriptional silencing of gene promoters via DNA methylation

## ***Allele-specific DNA demethylation in FKBP5: a molecular mediator of gene x childhood trauma interactions***

Torsten Klengel, Divya Mehta, Christoph Anacker, Jens C. Pruessner, Carmine M. Pariante, Thaddeus W.W. Pace, Kristina B. Mercer, Helen S. Mayberg, Bekh Bradley, Charles B. Nemeroff, Florian Holsboer, Christine M. Heim, Kerry J. Ressler, Theo Rein, and Elisabeth B. Binder

A polymorphism in the FK506 binding protein 5 (FKBP5) gene, an important regulator of the stress hormone system, increase the risk of developing stress-related psychiatric disorders in adulthood by allele-specific, childhood trauma-dependent DNA demethylation in functional glucocorticoid response elements (GREs) of FKBP5. This demethylation is linked to increased stress-dependent gene transcription followed by a long-term dysregulation of the stress hormone system and a global impact on the function of immune cells and brain areas associated with stress regulation.





- FKBP5 protective allele
- FKBP5 risk allele
- - - FKBP5 protective allele
- FKBP5 risk allele

[VIDEO PLACE HOLDER]

Video also located @

<https://www.youtube.com/watch?v=3ZChSSw95Tg>

# Post-traumatic stress disorder is associated with PACAP and the PAC1 receptor

Kerry J. Ressler<sup>1,2,4</sup>, Kristina B. Mercer<sup>1</sup>, Bekh Bradley<sup>2,3</sup>, Tanja Jovanovic<sup>2</sup>, Amy Mahan<sup>4</sup>, Kimberly Kerley<sup>1</sup>, Seth D. Norrholm<sup>2,3</sup>, Varun Kilaru<sup>2</sup>, Alicia K. Smith<sup>2</sup>, Amanda J. Myers<sup>5</sup>, Manuel Ramirez<sup>5</sup>, Anzhelika Engel<sup>5</sup>, Sayamwong E. Hammack<sup>6</sup>, Donna Toufexis<sup>4,6</sup>, Karen M. Braas<sup>7</sup>, Elisabeth B. Binder<sup>2,8</sup> & Victor May<sup>7</sup>

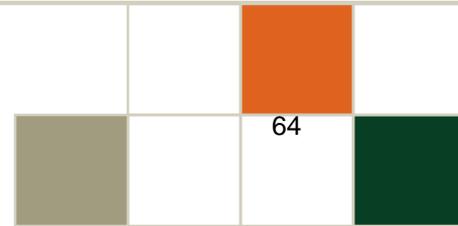
Pituitary adenylate cyclase-activating polypeptide (PACAP) is known to broadly regulate the cellular stress response. In contrast, it is unclear if the PACAP–PAC1 receptor pathway has a role in human psychological stress responses, such as post-traumatic stress disorder (PTSD). Here we find, in heavily traumatized subjects, a sex-specific association of PACAP blood levels with fear physiology, PTSD diagnosis and symptoms in females. We examined 44 single nucleotide polymorphisms (SNPs) spanning the PACAP (encoded by *ADCYAP1*) and PAC1 (encoded by *ADCYAP1R1*) genes, demonstrating a sex-specific association with PTSD. A single SNP in a putative oestrogen response element within *ADCYAP1R1*, rs2267735, predicts PTSD diagnosis and symptoms in females only. This SNP also associates with fear discrimination and with *ADCYAP1R1* messenger RNA expression in human brain. Methylation of *ADCYAP1R1* in peripheral blood is also associated with PTSD. Complementing these human data, *ADCYAP1R1* mRNA is induced with fear conditioning or oestrogen replacement in rodent models. These data suggest that perturbations in the PACAP–PAC1 pathway are involved in abnormal stress responses underlying PTSD. These sex-specific effects may occur via oestrogen regulation of *ADCYAP1R1*. PACAP levels and *ADCYAP1R1* SNPs may serve as useful biomarkers to further our mechanistic understanding of PTSD.

# Amygdala-Dependent Fear Is Regulated by *Oprl1* in Mice and Humans with PTSD

Raül Andero,<sup>1,2</sup> Shaun P. Brothers,<sup>3</sup> Tanja Jovanovic,<sup>2</sup> Yen T. Chen,<sup>1,\*</sup> Hasib Salah-Uddin,<sup>3</sup> Michael Cameron,<sup>5</sup> Thomas D. Bannister,<sup>3</sup> Lynn Almlil,<sup>3</sup> Jennifer S. Stevens,<sup>3</sup> Bekh Bradley,<sup>2</sup> Elisabeth B. Binder,<sup>2,6</sup> Claes Wahlestedt,<sup>3</sup> Kerry J. Ressler.<sup>1,2,7†</sup>

The amygdala-dependent molecular mechanisms driving the onset and persistence of posttraumatic stress disorder (PTSD) are poorly understood. Recent observational studies have suggested that opioid analgesia in the aftermath of trauma may decrease the development of PTSD. Using a mouse model of dysregulated fear, we found altered expression within the amygdala of the *Oprl1* gene (opioid receptor–like 1), which encodes the amygdala nociceptin (NOP)/orphanin FQ receptor (NOP-R). Systemic and central amygdala infusion of SR-8993, a new highly selective NOP-R agonist, impaired fear memory consolidation. In humans, a single-nucleotide polymorphism (SNP) within *OPRL1* is associated with a self-reported history of childhood trauma and PTSD symptoms (n = 1847) after a traumatic event. This SNP is also associated with physiological startle measures of fear discrimination and magnetic resonance imaging analysis of amygdala-insula functional connectivity. Together, these data suggest that *Oprl1* is associated with amygdala function, fear processing, and PTSD symptoms. Further, our data suggest that activation of the *Oprl1*/NOP receptor may interfere with fear memory consolidation, with implications for prevention of PTSD after a traumatic event.

*Science Translational Medicine* 5 June 2013 Vol 5 Issue 188 188ra73



# Fig 1. WHOLE HIPPOCAMPAL MEASUREMENT



## Boundaries

- Anterior: amy/hippunc.
- Posterior boundary
- Head, body, tail

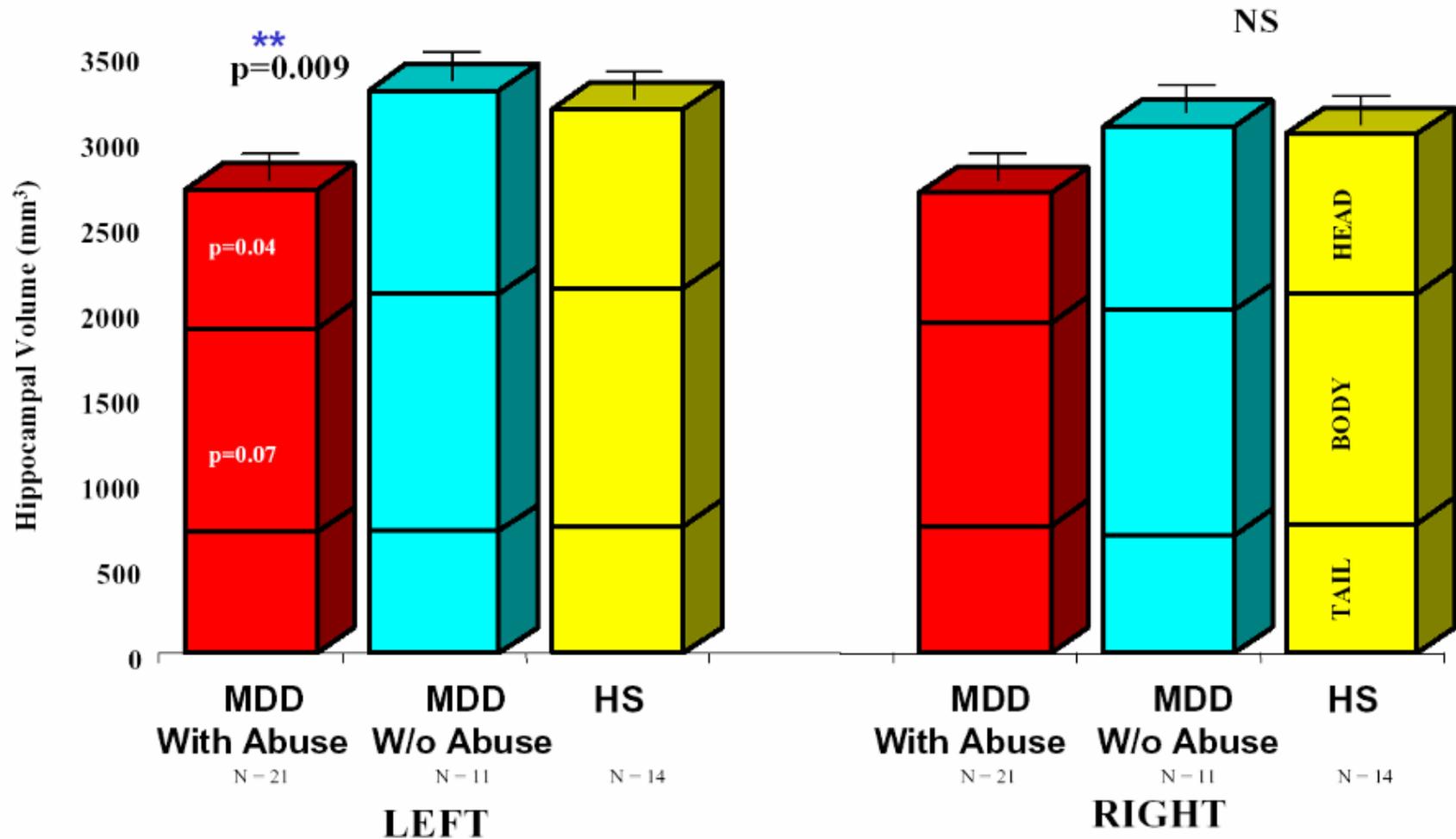
## Includes:

- Dentate Gyrus
- Subiculum
- Fimbria
- Grey matter

## Excludes:

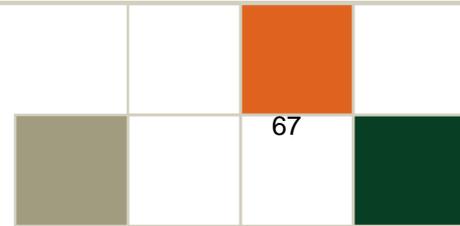
- Parahipp Gyrus
- Fornix
- Amygdala

# Smaller Left Hippocampal Volume in Abused Women with MDD\*

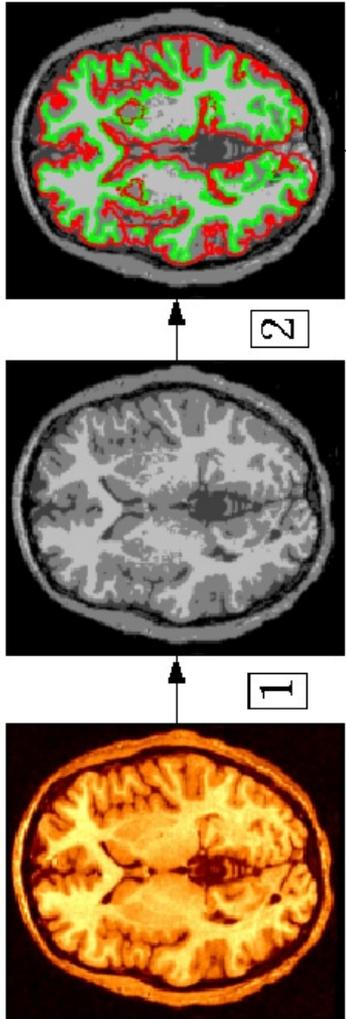


# Subjects

- CONTE Center study subjects (NIH MH-58922)
- N=56, 18-45 years of age, all female
- Recruited with and without histories of childhood trauma and/or current major depression
- For this analysis, Childhood Trauma Questionnaire (CTQ; Bernstein et al. 2003) total scores were regressed against cortical thickness

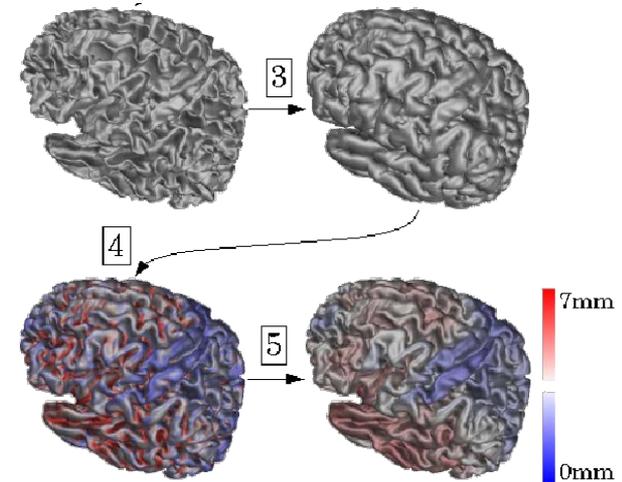


# Cortical Thickness Analysis



- Segmentation into gray / white / CSF using neural net classifier
- Surface deformation algorithm to fit individual's white matter surface and then expand outward to gray matter surface
- The individual distance between gray and white matter surface defines cortical thickness at each point (vertex) on the cortical mantle
- The number of surface points was set to 41,000 vertices in the current study
- The cortical thickness maps containing these vertices were then blurred using a 30 mm blurring kernel and resampled back into native space for statistical analyses

→ Regression analysis was used to examine the association between CTQ total score and cortical thickness, controlling for age.



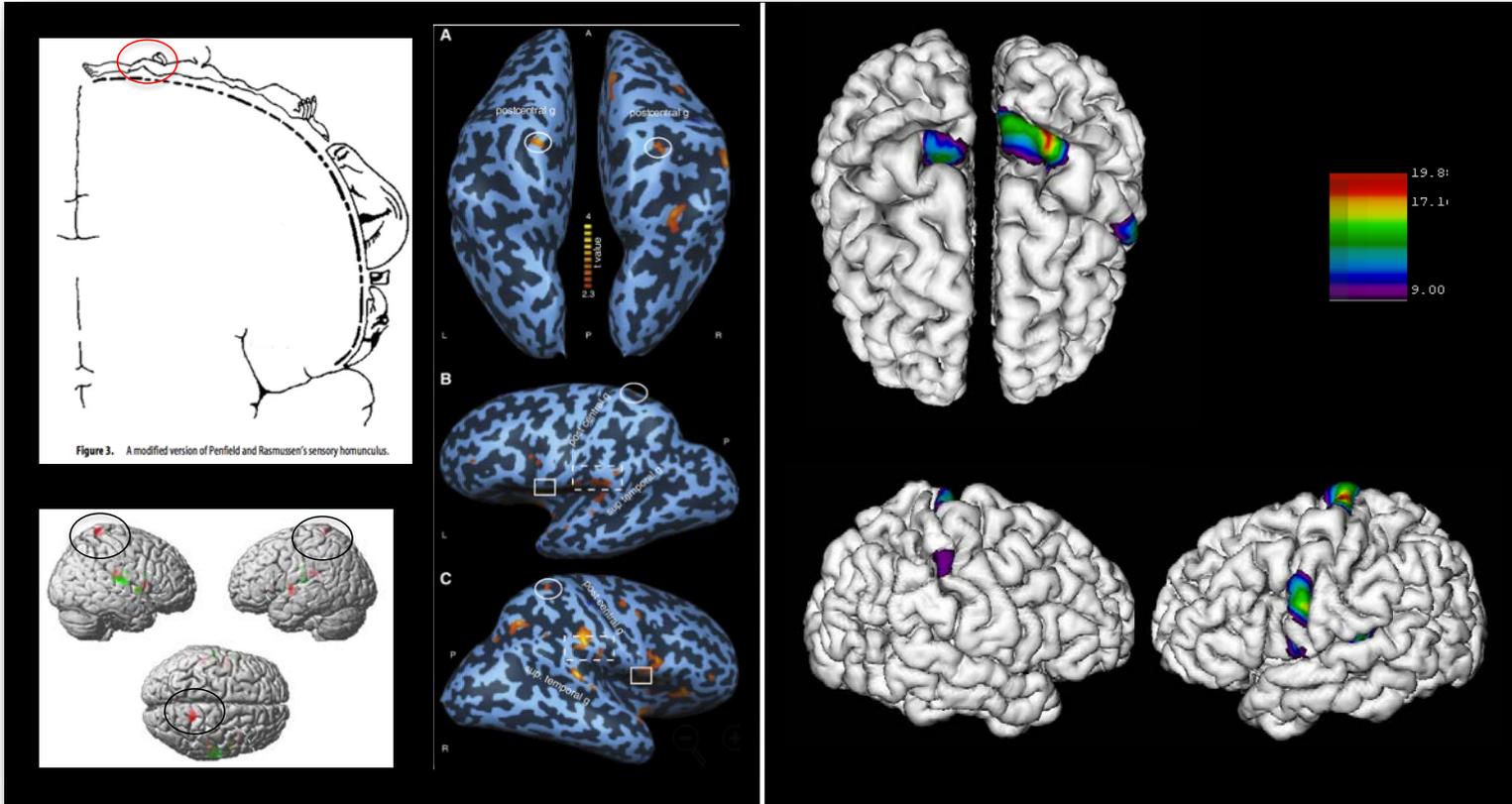
# Childhood Trauma Associated with Decreased Thickness of Somatosensory Cortex Genital Field

**Somatosensory Homunculus and fMRI studies showing somatosensory representation of the human genital area (circles and rectangles)**

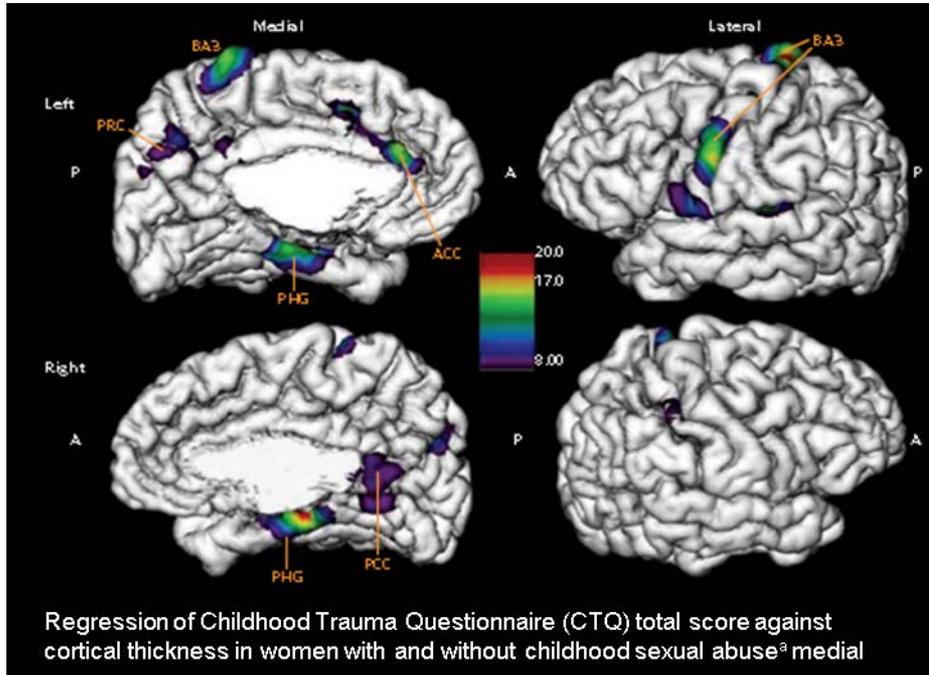
(Michels et al., 2010; Kell et al., 2005)

**Main effect of childhood trauma score (including physical, sexual and emotional abuse) on cortical thickness in 54 adult women**

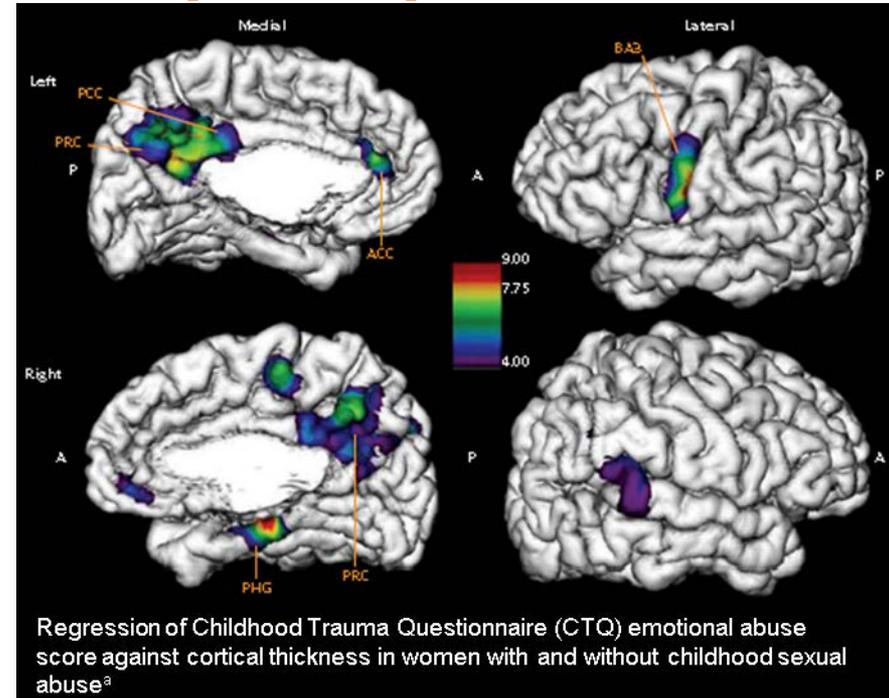
(Heim et al, in prep.)



# Regression of Childhood Trauma Questionnaire (CTQ)



<sup>a</sup> Cortical thickness analysis results after regressing CTQ total score against thickness across the entire cortex. Control variables included age and depression scores. Main effects are seen in the somatosensory cortex in the female genital and mouth area on the left, the parahippocampal gyrus (PHG) bilaterally, the left anterior cingulate cortex (ACC), and the precuneus (PRC) bilaterally. For the precise location of the genital sensory field as identified using functional MRI of neural response to stimulation, see references 22 and 23. BA3=Brodmann's area 3; PCC=posterior cingulate cortex; A=anterior; P=posterior. The color scale refers to the F values of the linear regression (significance threshold: F.4.33).



<sup>a</sup> Cortical thickness analysis results after regressing CTQ emotional abuse score against thickness across the entire cortex. Control variables included age, depression, and all other CTQ subscales. Main effects are seen in the left and right precuneus (PRC), left anterior cingulate cortex (ACC), right parahippocampal gyrus (PHG), and left somatosensory cortex in the area of the face. BA3=Brodmann's area 3; PCC=posterior cingulate cortex; A=anterior; P=posterior. The color scale refers to the F values of the linear regression (significance threshold: F.4.33).

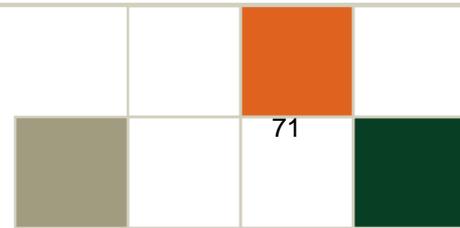
# An [ $^{15}\text{O}$ ]H<sub>2</sub>PET Study of Emotional Memory in Childhood Abuse-Related PTSD and Major Depression

## STUDY DESIGN

Women with Early Life Stress (ELS) histories with (+) or without (-) MD and PTSD, or women without ELS, MD or PTSD

[ $^{15}\text{O}$ ]H<sub>2</sub>PET scans acquired while viewing blocks of aversive, pleasant, interesting and neutral stimuli (IAPS)

Delayed recognition memory assessed 1 week later



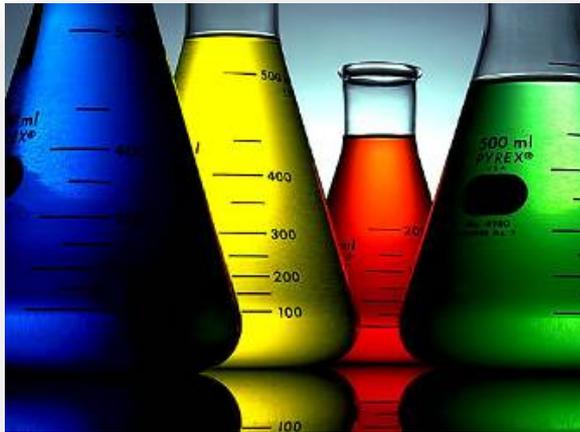
# Examples from the IAPS



Positive



Negative



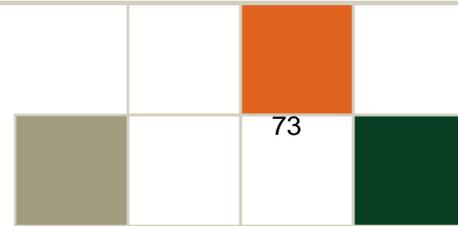
Interesting



Neutral

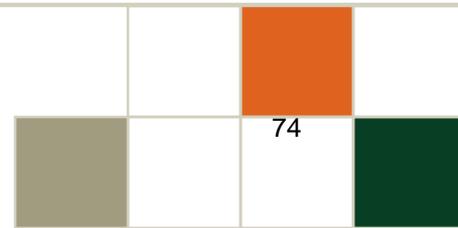
# d' for recognition 1 week post scan

		positive	negative	interesting	neutral
<b>Control Subjects</b>	Mean	1.82	1.92	1.84	1.20
	Std. Err.	0.12	0.21	0.19	0.09
<b>ELS Subjects</b>	Mean	1.57	2.11	1.63	1.06
	Std. Err.	0.19	0.18	0.14	0.22

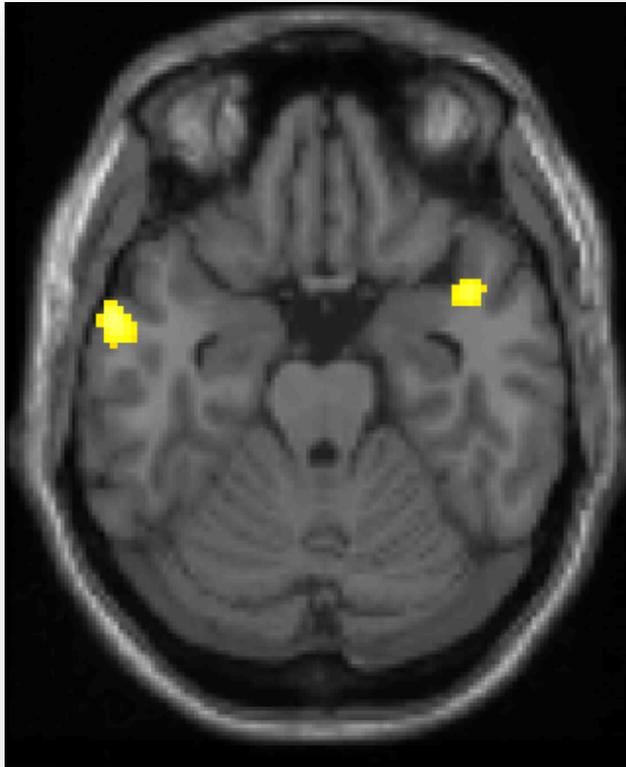


# d' for recognition 1 week post scan

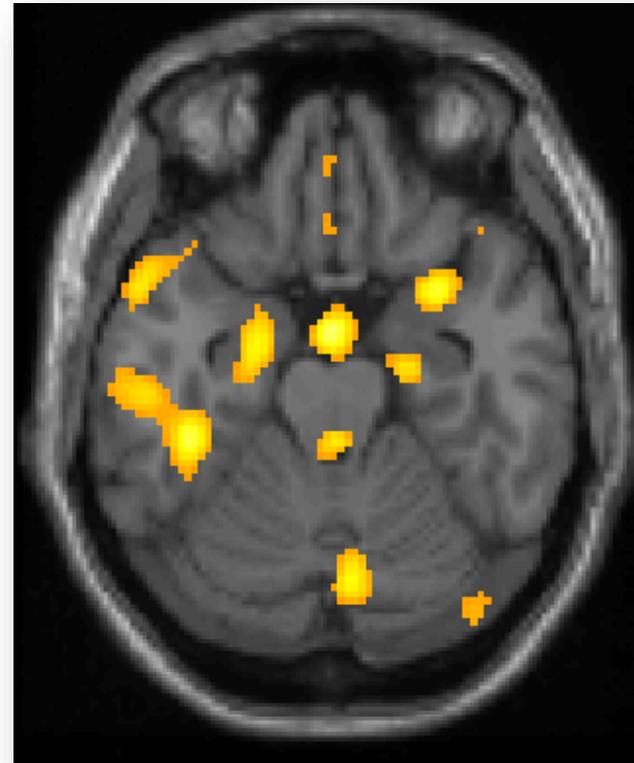
		positive	negative	interesting	neutral
<b>ELS Subjects +MD</b>	Mean	1.33	2.14	1.63	1.07
	Std. Err.	0.26	0.30	0.22	0.36
<b>ELS Subjects -MD</b>	Mean	1.77	2.07	1.63	1.06
	Std. Err.	0.26	0.22	0.22	0.32



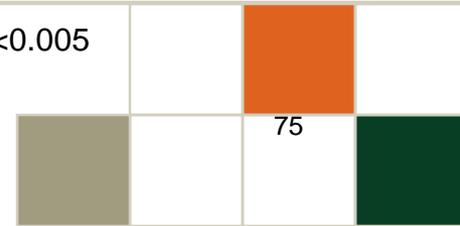
# Negative > neutral



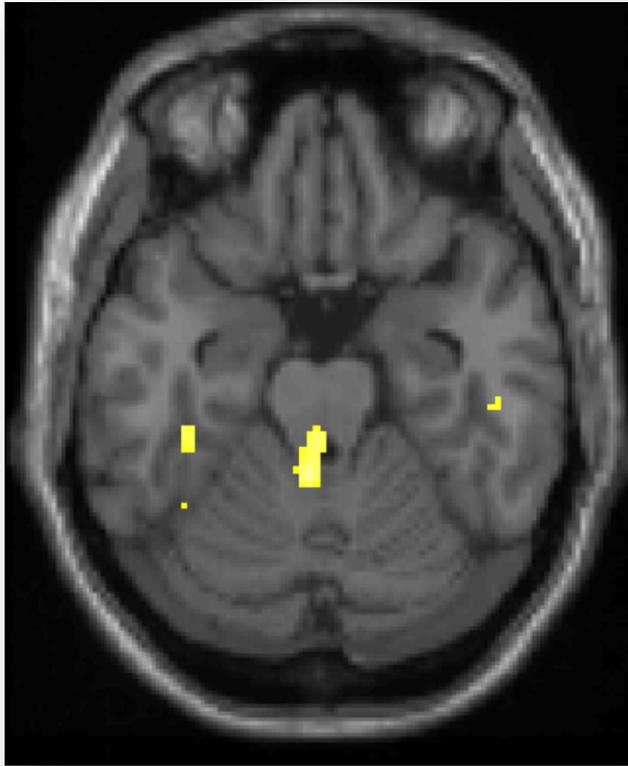
Control subjects



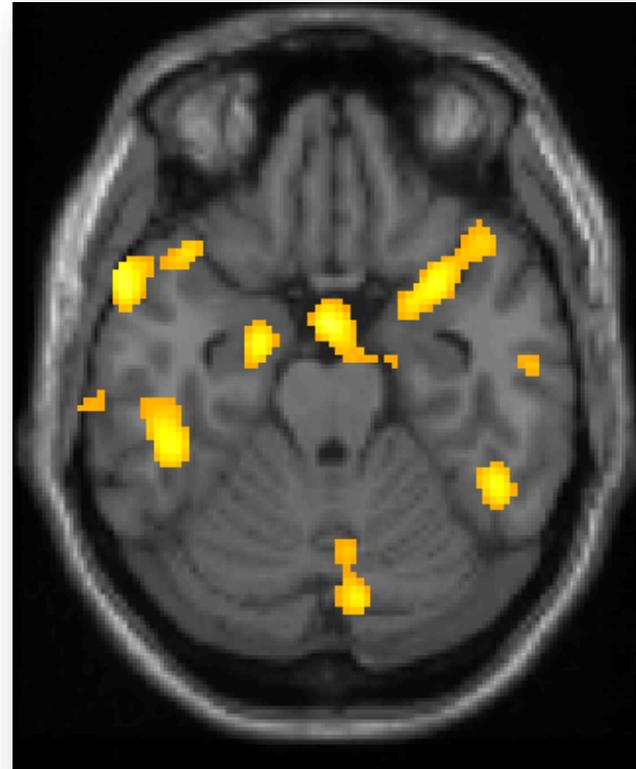
ELS subjects



# ELS subjects



ELS  
(-MD/PTSD)



ELS  
(+MD/PTSD)

Negative > neutral

$p < 0.005$

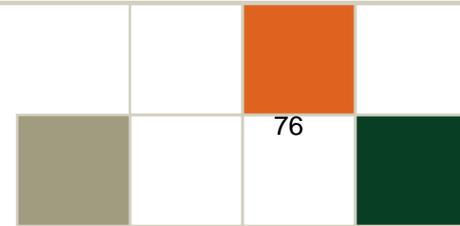


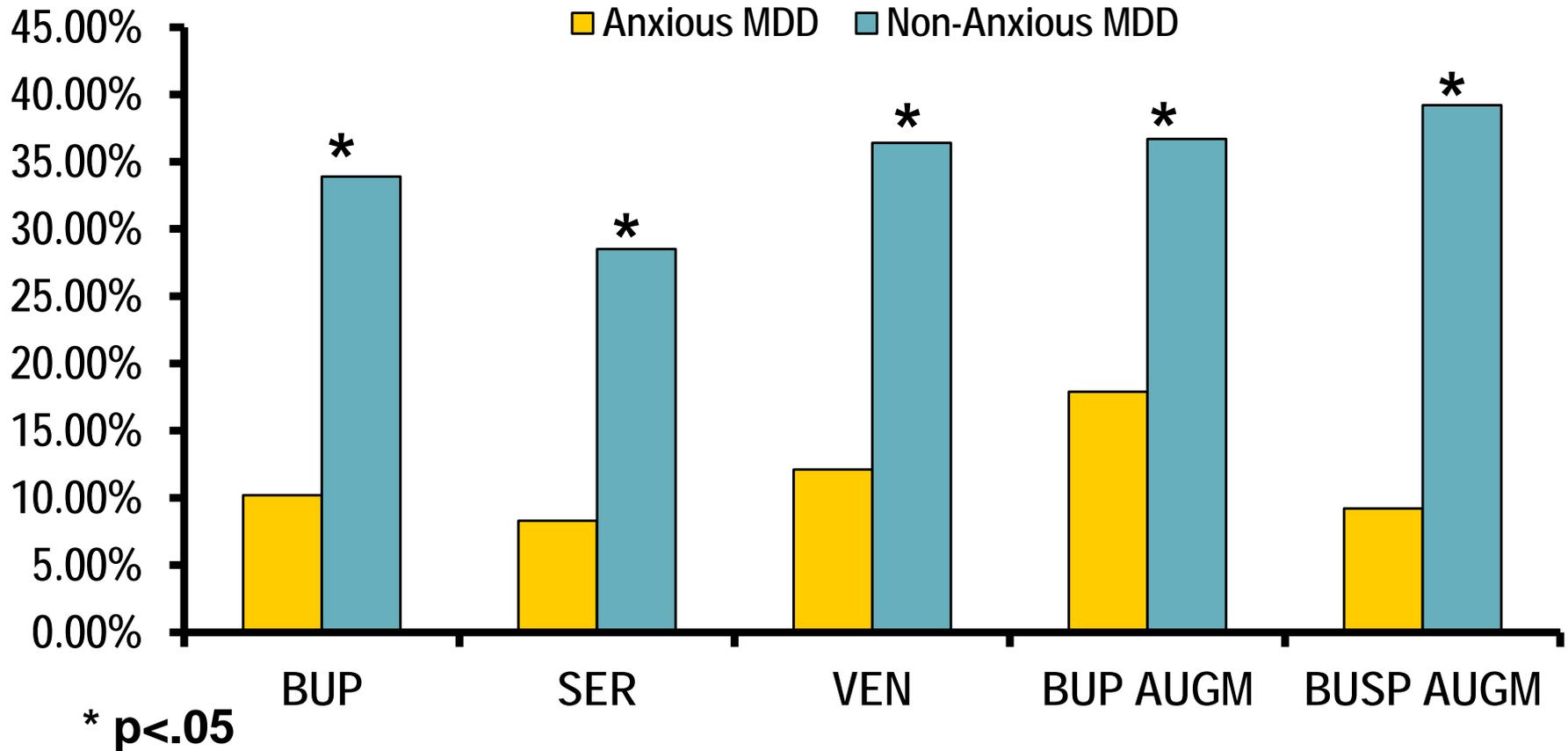
TABLE 2.

## Associations Between Adverse Early Life Experiences and Mental Health Outcomes, Odds Ratios, and 95% Confidence Intervals: Results from a Meta-Analysis of 124 Studies

	Depressive Disorders	Drug Use	Suicide Attempts	Sexually Transmitted Infections and Risky Sexual Behavior
Physical Abuse	1.54 (1.16-2.04)	1.92 (1.67-2.20)	3.40 (2.17-5.32)	1.78 (1.50-2.10)
Emotional Abuse	3.06 (2.43-3.85)	1.41 (1.11-1.79)	3.37 (2.44-4.67)	1.75 (1.49-2.04)
Neglect	2.11 (1.61-2.77)	1.36 (1.21-1.54)	1.95 (1.13-3.37)	1.57 (1.39-1.78)

*Adapted from Norman et al<sup>16</sup>*

# Remission Rates in Level 2 of STAR\*D: Anxious vs. Non-Anxious MDD



# Childhood Maltreatment Predicts Unfavorable Course of Illness and Treatment Outcome in Depression: A Meta-Analysis

Valentina Nanni, M.D.

Rudolf Uher, M.U.Dr., Ph.D.

Andrea Danese, M.D., Ph.D.

**Objectives:** Evidence suggests that childhood maltreatment may negatively affect not only the lifetime risk of depression but also clinically relevant measures of depression, such as course of illness and treatment outcome. The authors conducted the first meta-analysis to examine the relationship between childhood maltreatment and these clinically relevant measures of depression.

**Results:** A meta-analysis of 16 epidemiological studies (23,544 participants) suggested that childhood maltreatment was associated with an elevated risk of developing recurrent and persistent depressive episodes (odds ratio=2.27, 95% confidence interval [CI]=1.80–2.87). A meta-analysis of 10 clinical trials (3,098 participants) revealed that childhood maltreatment was associated with lack of response or remission during treatment for depression (odds ratio=1.43, 95% CI=1.11–1.83). Meta-regression analyses suggested that the results were not significantly affected by publication bias, choice of outcome measure, inclusion of prevalence or incidence samples, study quality, age of the sample, or lifetime prevalence of depression.

**Conclusions:** Childhood maltreatment predicts unfavorable course of illness and treatment outcome in depression.

*Am J Psychiatry* 2012; 169:141–151

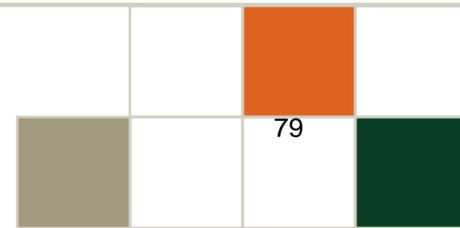
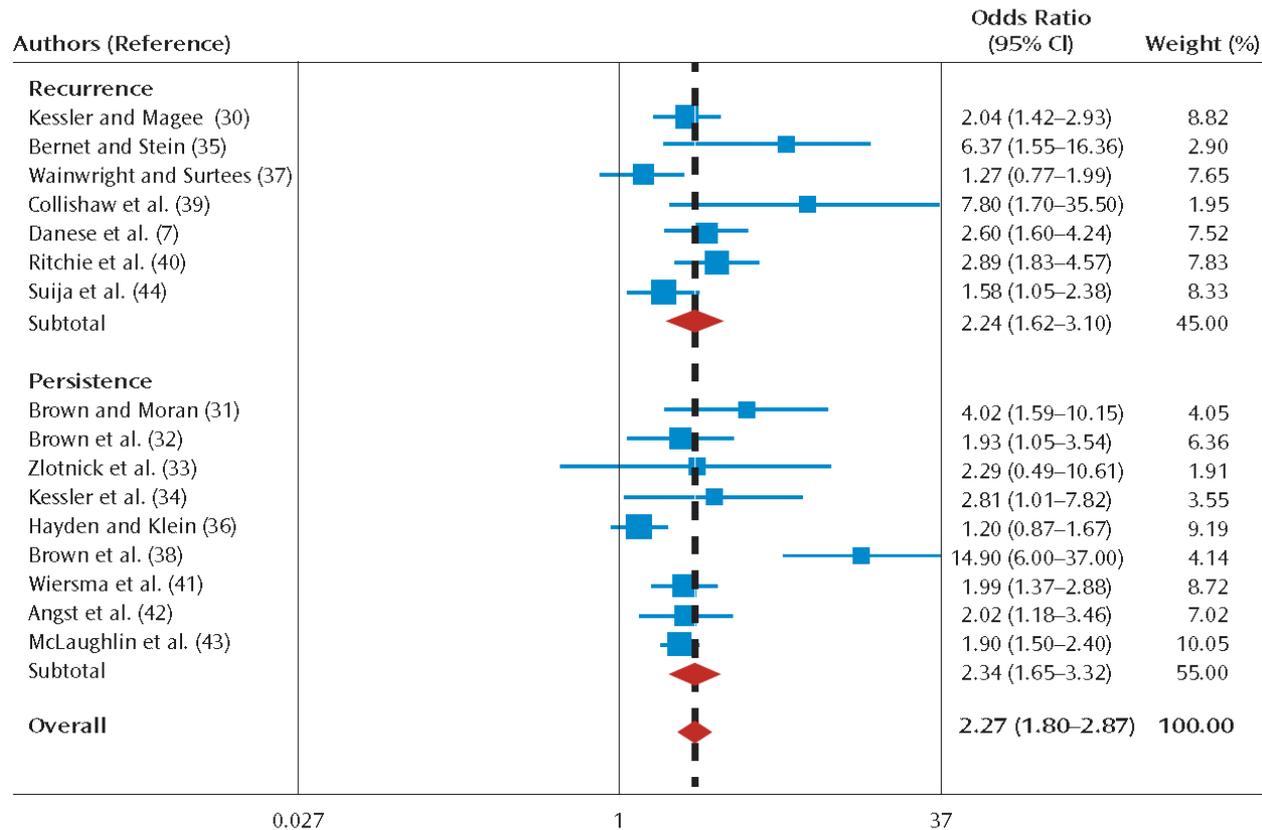
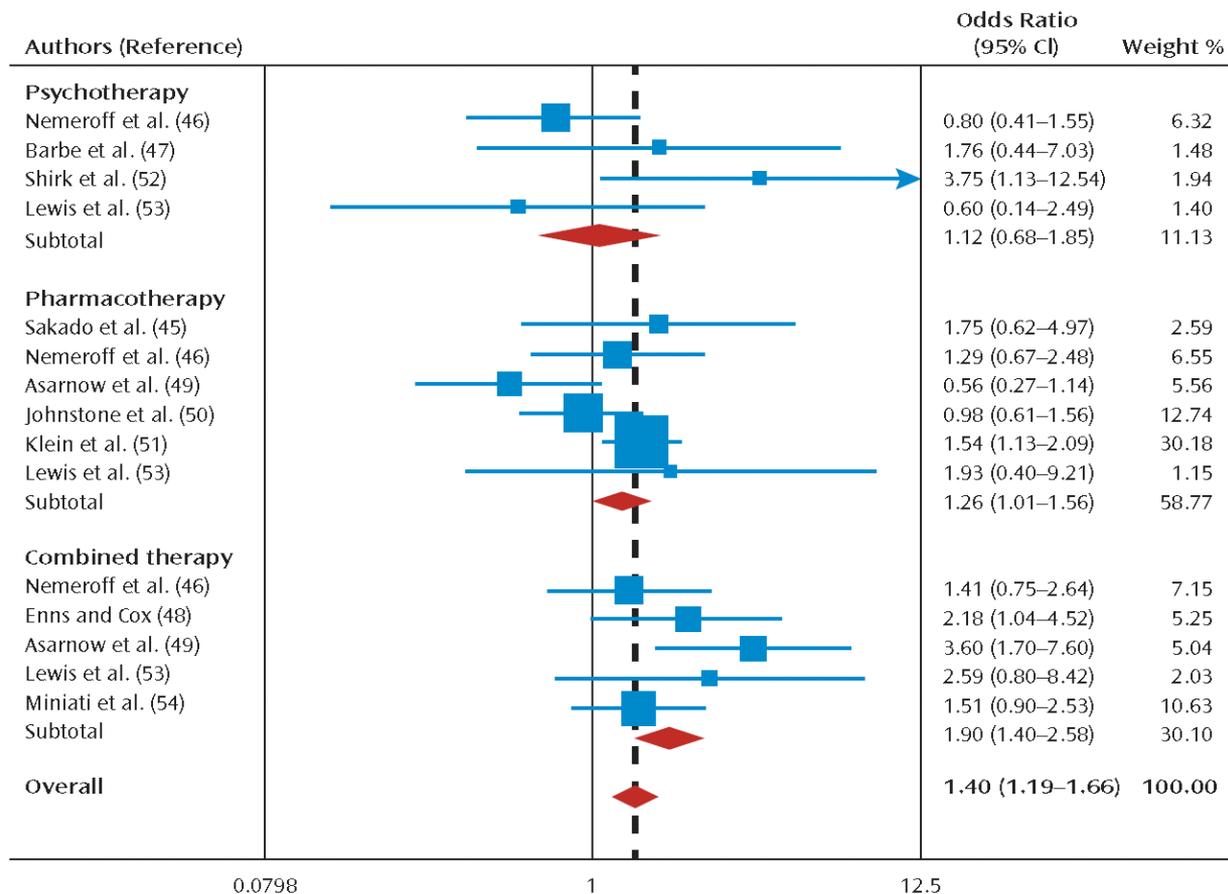


FIGURE 2. Meta-Analysis of Epidemiological Studies Investigating the Association Between Childhood Maltreatment and Depression Course (Random Effects)<sup>a</sup>



<sup>a</sup>The red diamonds show the combined effect sizes for studies concerned with depression recurrence and depression persistence as well as the overall effect size of the meta-analysis (top to bottom).

FIGURE 3. Meta-Analysis of Clinical Trials Investigating the Association Between Childhood Maltreatment and Treatment Outcome of Depression (Fixed Effects)<sup>a</sup>

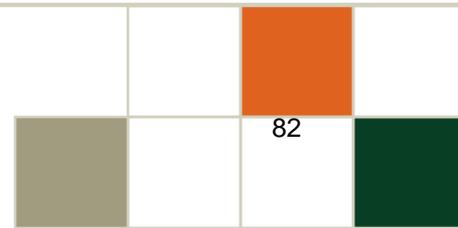


<sup>a</sup> Based on the evidence of homogeneous distributions of effect sizes within treatment groups, we present here the results of fixed-effects model meta-analyses for different treatment groups. The overall effect size across treatment groups was estimated with a random-effects model meta-analysis with the following study weights: Nemeroff (psychotherapy): 7.88; Barbe: 2.78; Shirk: 3.49; Lewis (psychotherapy): 2.65; Sakado: 4.36; Nemeroff (pharmacotherapy): 8.03; Asarnow (pharmacotherapy): 7.32; Johnstone: 10.96; Klein: 14.09; Lewis (pharmacotherapy): 2.25; Nemeroff (combined therapy): 8.42; Enns: 7.07; Asarnow (combined therapy): 6.90; Lewis (combined therapy): 3.61; Miniati: 10.18. The red diamonds show the combined effect sizes for studies concerned with psychotherapy, pharmacotherapy, and combined therapy, as well as the overall effect size of the meta-analysis (top to bottom).

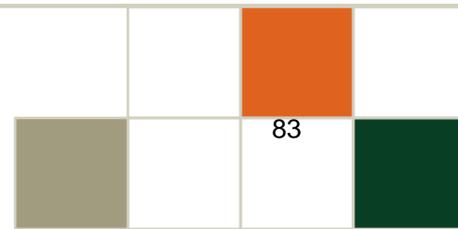
# Early Childhood Trauma and Antidepressant Response in Adults with Major Depression: Data from the Randomized International Study to Predict Optimized Treatment of Depression

Charles Debattista, MD Leanne M Williams PhD, Anne-Marie Duchemin, MD,  
Ana F Schatzberg, MD and Charles B Nemeroff, MD, PhD.

*Translational Psychiatry*



To evaluate the role of early life trauma in predicting acute response outcomes to antidepressants in a large sample of well-characterized patients with major depressive disorder (MDD). Randomized clinical trial at 8 academic and nine private clinical settings in five countries. Patients (n=1008) who met DSM-IV criteria for MDD and 336 matched healthy controls in the International Study to Predict Optimized Treatment for Depression. Randomization to 8 week's treatment with escitalopram, sertraline or venlafaxine with dose adjusted by participant's treating clinician per routine clinical practice. Exposure to 18 types of traumatic events before age of 18 was assessed using the Early Life Stress Questionnaire. Depressed participants were significantly more likely to report early life stress than controls; 62.5% of MDD participants reported more than two traumatic events compared to 28.4% of controls. Abuse and notably abuse occurring at  $\leq 7$  years of age predicted poorer outcomes after 8 weeks of antidepressants, across the three treatment arms.

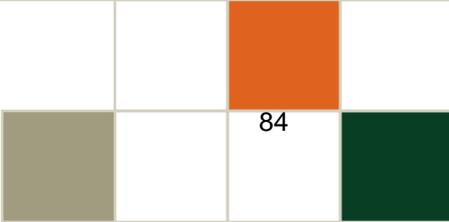


# Childhood maltreatment and unfavourable clinical outcomes in bipolar disorder: a systematic review and meta-analysis

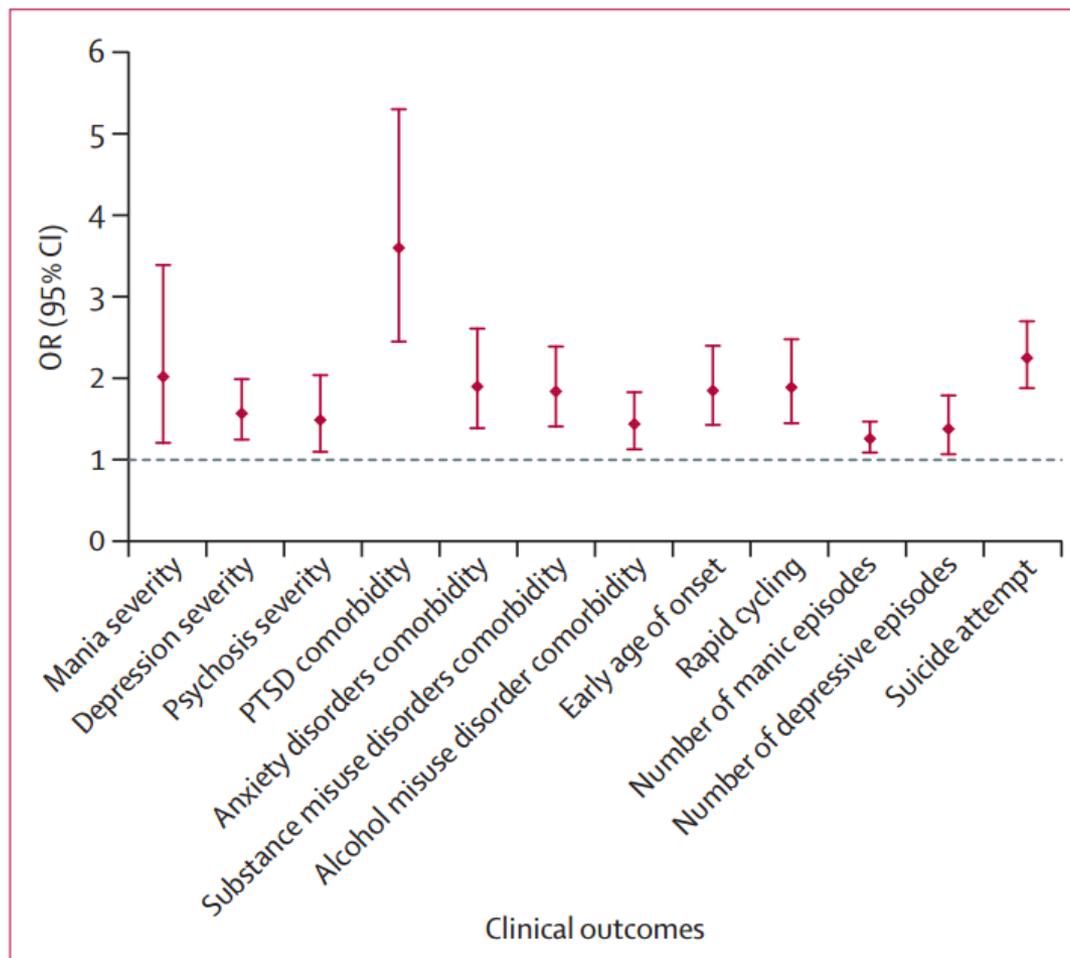
Jessica Agnew-Blais, Andrea Danese  
www.thelancet.com/psychiatry Vol 3 April 2016

## Summary

**Background** Bipolar disorder affects up to one in 25 individuals and identification of early risk indicators of negative outcomes could facilitate early detection of patients with greatest clinical needs and risk. We aimed to investigate the association between childhood maltreatment and key negative outcomes in patients with bipolar disorder.



**Findings** We initially identified 527 records and after unsuitable studies were removed, our search yielded 148 publications of which 30 were used in the meta-analysis. Patients with bipolar disorder and history of childhood maltreatment had greater mania severity (six studies, 780 participants; odds ratio [OR] 2.02, 95% CI 1.21–3.39,  $p=0.008$ ), greater depression severity (eight studies, 1007 participants; 1.57, 1.25–1.99,  $p=0.0001$ ), greater psychosis severity (seven studies, 1494 participants; 1.49, 1.10–2.04,  $p=0.011$ ), higher risk of comorbidity with post-traumatic stress disorder (eight studies, 2494 participants; 3.60, 2.45–5.30,  $p<0.0001$ ), anxiety disorders (seven studies, 5091 participants; 1.90, 1.39–2.61,  $p<0.0001$ ), substance misuse disorders (11 studies, 5469 participants; 1.84, 1.41–2.39,  $p<0.0001$ ), alcohol misuse disorder (eight studies, 5040 participants; 1.44, 1.13–1.83,  $p=0.003$ ), earlier age of bipolar disorder onset (14 studies, 5733 participants; 1.85, 1.43–2.40,  $p<0.0001$ ), higher risk of rapid cycling (eight studies, 3010 participants; 1.89, 1.45–2.48,  $p<0.0001$ ), greater number of manic episodes (seven studies, 3909 participants; 1.26, 1.09–1.47,  $p=0.003$ ), greater number of depressive episodes (eight studies, 4025 participants; 1.38, 1.07–1.79,  $p=0.013$ ), and higher risk of suicide attempt (13 studies, 3422 participants; 2.25, 1.88–2.70,  $p<0.0001$ ) compared with those with bipolar disorder without childhood maltreatment. Overall, these associations were not explained by publication bias, undue effects of individual studies, or variation in study quality.

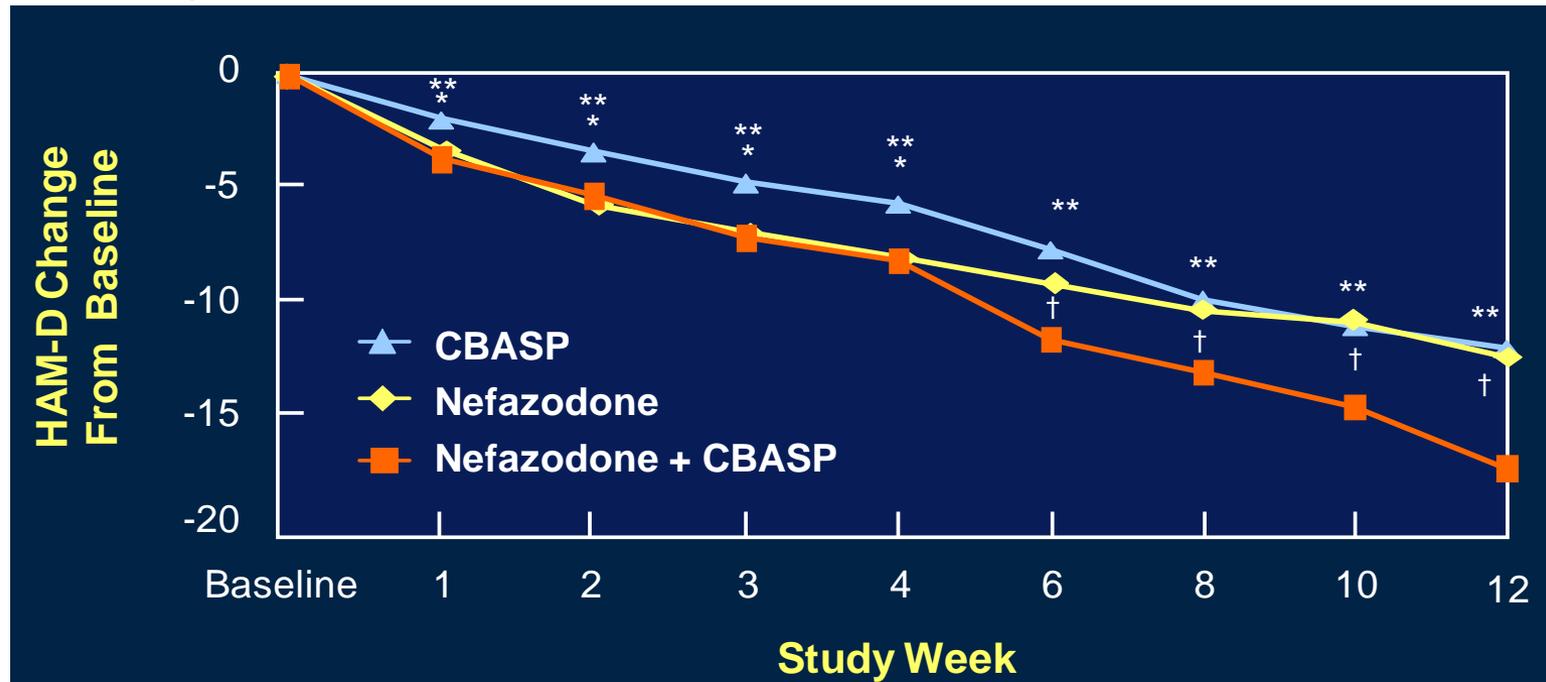


**Figure 2: Combined effect sizes and 95% CIs from 12 independent meta-analyses testing the association of childhood maltreatment with course of illness and clinical features in bipolar disorder**

Error bars show 95% CIs. OR=odds ratio. PTSD=post-traumatic stress disorder.

# Acute-Phase

## Change From Baseline in Mean HAM-D Scores



Observed cases, LS means.

\* $P < 0.05$  Nefazodone compared with CBASP.

\*\* $P < 0.01$  Nefazodone + CBASP compared with CBASP.

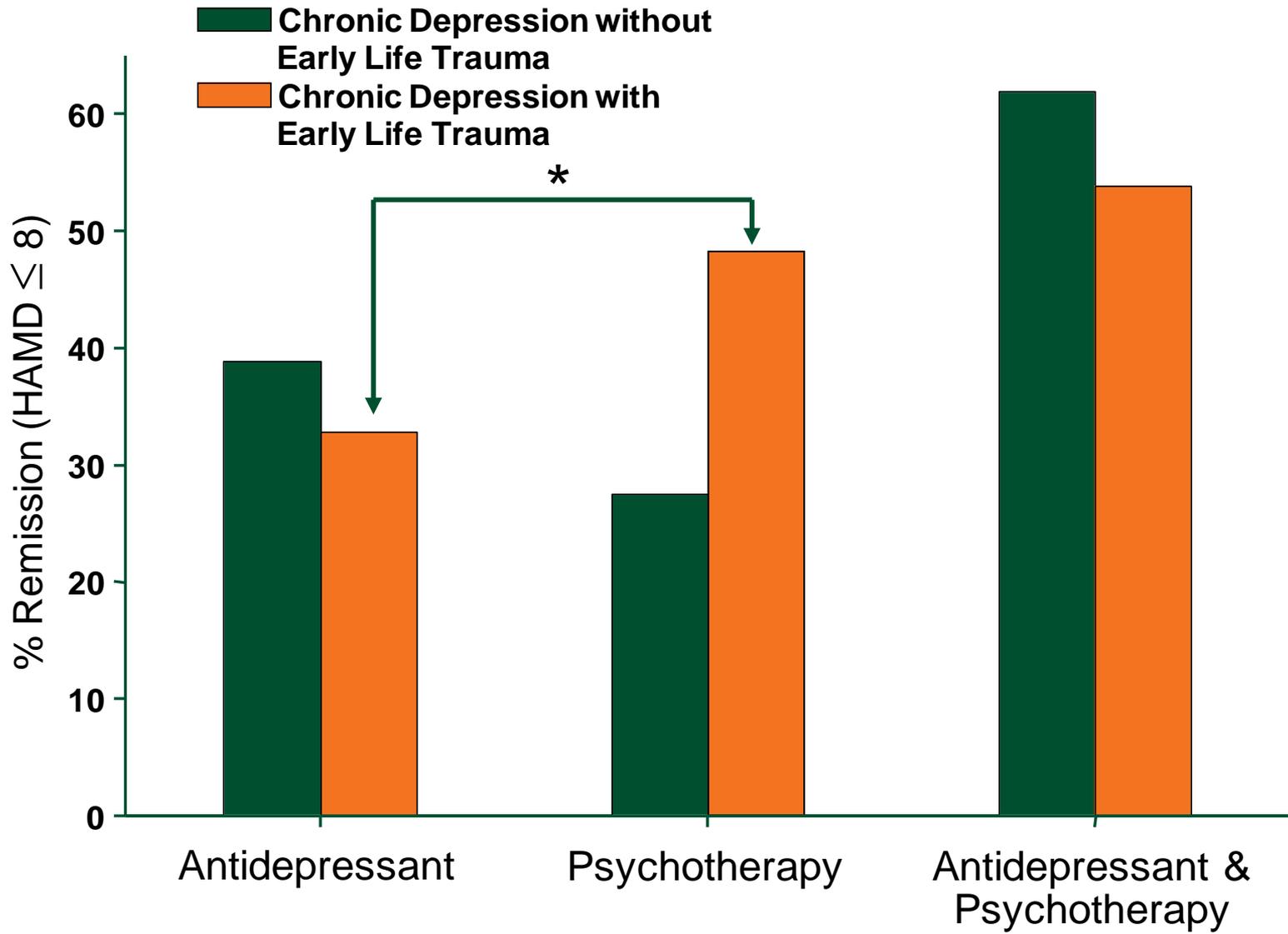
† $P < 0.01$  Nefazodone + CBASP compared with Nefazodone.

No statistical difference between Nefazodone compared with Nefazodone + CBASP through Week 4.

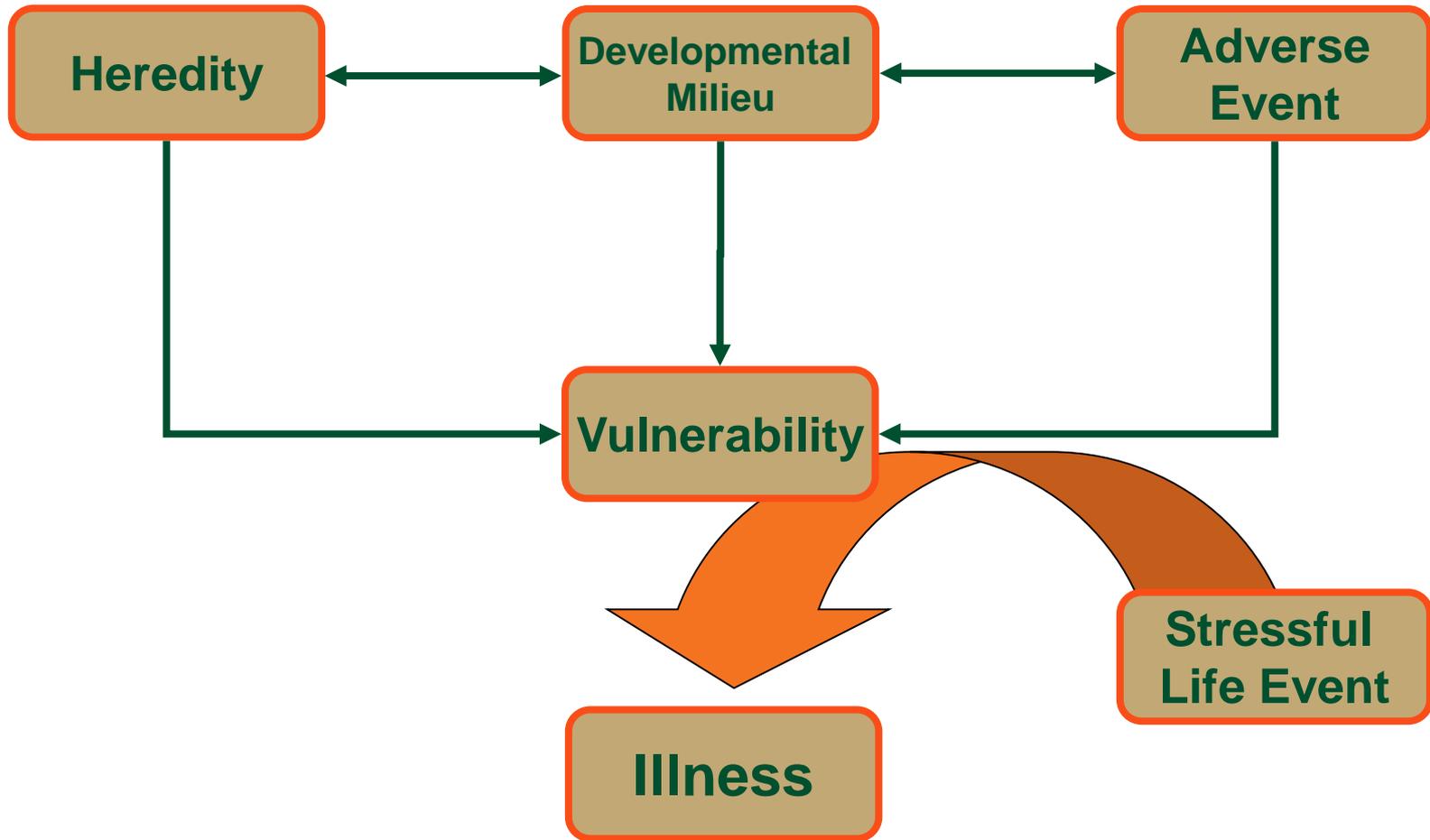
Keller MB et al. *N Engl J Med.* 2000;342:1462-1470.

# Description of Childhood Adverse Experiences of Subjects Stratified

Childhood Trauma Characteristic	Nefazodone (N=226)	Psychotherapy (N=228)	Nefazodone & Psychotherapy (N=227)	Statistics
Parental loss ≤ age of 15 yrs (%)	34.3	36.1	32.14	$\chi^2=0.77$ , df=2, NS
Physical Abuse (%)	40.9	41.7	47.8	$\chi^2=2.56$ , df=2, NS
Sexual Abuse (%)	15.0	15.3	18.8	$\chi^2=1.42$ , df=2, NS
Neglect (%)	11.8	7.9	10.3	$\chi^2=1.91$ , df=2, NS
Age at earliest loss (Yr)	6.9 ± 5.0	6.9 ± 4.7	6.9 ± 4.4	F=0.00, df=2,220, NS
Age at earliest physical abuse (Yr)	6.3 ± 3.1	6.1 ± 3.4	6.4 ± 3.4	F=0.13, df=2,201, NS
Age at earliest sexual abuse (Yr)	9.3 ± 3.2	8.4 ± 3.0	8.5 ± 3.6	F=0.91, df=2,133, NS
Age at earliest neglect (Yr)	6.7 ± 4.0	7.3 ± 4.2	6.6 ± 4.1	F=0.11, df=2,52, NS
Age at earliest trauma (Yr)	6.1 ± 4.0	6.4 ± 4.1	6.0 ± 3.9	F=0.24, df=2,379, NS
Duration of physical abuse (Yr)	7.5 ± 4.1	7.3 ± 5.6	7.9 ± 5.3	F=0.33, df=2,198, NS
Duration of sexual abuse (Yr)	1.2 ± 1.8	2.0 ± 2.9	2.7 ± 3.8	F=2.43, df=2,127, NS
Duration of neglect (Yr)	8.2 ± 5.2	6.2 ± 6.5	7.2 ± 5.5	F=0.61, df=2,52, NS
Duration of overall trauma (Yr)	7.2 ± 4.7	6.9 ± 5.7	7.4 ± 5.8	F=0.19, df=2,279, NS
Childhood trauma severity (%)				$\chi^2=5.39$ , df=8, NS
No trauma	38.4	36.1	32.1	
One trauma type	34.7	36.1	38.8	
Two trauma types	16.0	19.9	18.3	
Three trauma types	8.2	6.5	9.4	
Four trauma types	2.7	1.4	1.3	



# Developmental Psychopathology: Diathesis-Stress Model





# **APPENDIX B:**

## **CHILD FORENSIC INTERVIEW PRACTICES AND STRUCTURES**



## *Forensic Interview Practice*

### **American Professional Society on the Abuse of Children (APSAC) Guidelines**

#### *Components*

- Provides guidelines and recommends a phased approach;
- Recommends:
  - 1. Introductory phase** - Introductions, explanation of any documentation being used and of any observers, interview instructions/rules and narrative practice
  - 2. Information Gathering Stage** - Transition to the topic of concern followed by prompts to obtain details
  - 3. Closure Stage** - Clarification questions, opportunity for the child to ask questions, safety assessment and re-establishing child's equilibrium - end on a neutral topic
- Recommends for the interviewer to adapt to the child accordingly, i.e. if a child begins to make a disclosure before getting through the introductory phase, covering all components of the introductory phase may not be necessary

#### *Structured/Semi-Structured/Flexible*

- Feels structured and semi-structured formats can be effective and increase adherence to best practices
- Feels it is important for the interviewer to be flexible and adapt the interview to the individual child

#### *Evidence-Based*

N/A – only provides guidelines

#### *Differences with Other Models/Structures/Protocols/Guidelines*

- Offers guidelines and recommendations, but does not give a specific protocol or model

#### *Similarities with Other Models/Structures/Protocols/Guidelines*

- All models/structures/protocols/guidelines include an initial rapport building phase, a substantive phase (transitioning to the topic of concern and getting details) and a closure phase
- Updated based on best practices
- Includes practicum interviews
- Includes a Mock Court



## American Professional Society on the Abuse of Children (APSAC) Guidelines continued

### ***Additional Comments***

Last revision was in 2012

### ***Recorded/Not Recorded***

Video recording is recommended; If video recording is not possible, audio recording is recommended

### ***Written Report/No Report***

No recommendation regarding a report; Recommends that if video nor audio recording is available, written notes should be as close to verbatim as possible for both, the interviewer prompts and the child's responses

### ***Cost of Training***

**Members:** \$1199; **Non-Members:** \$1299

### ***National Children's Alliance (NCA) Approved***

Yes

#### Resources:

American Professional Society on the Abuse of Children (APSAC) Practice Guidelines. *Forensic Interviewing in Cases of Suspected Child Abuse*. APSAC. 2012.

American Professional Society on the Abuse of Children (APSAC). Retrieved from <https://www.apsacohio.org/forensic-interview-clinics>.

***For more information, please contact APSAC at 1-877-402-7722 or [www.apsac.org](http://www.apsac.org)***



## *Forensic Interview Practice*

**ChildFirst Forensic Interviewing Protocol/Gundersen National Child Protection Training Center**

### *Components*

- 1. Rapport** - Includes introduction of self to the child, family relationships and narrative practice
- 2. Transition to the Topic of Concern** - Uses open-ended invitations and questions; *for allegations of physical abuse, torture, sexual abuse, trafficking and witness to violence*, the interviewer uses anatomical diagrams; *for allegations of neglect, torture, psychological maltreatment and witnessing domestic violence*, the interviewer explores family relationships; **Decision tree:** If disclosure is made, interviewer moves to Phase 3 (Exploration of Details), and if no disclosure is made, interviewer moves to Phase 4, (Closure)
- 3. Exploration of Details** -Uses age appropriate questions; includes narrative elaboration, eliciting information about certain events, the use of media, exploring alternative hypotheses, inquiry about other forms of maltreatment (poly victimization and safety assessment)
- 4. Closure** - Includes inviting the child to ask questions, exploring safety options, ending respectfully and returning to a neutral topic

### *Structured/Semi-Structured/Flexible*

Flexible

### *Evidence-Based*

Yes

### *Differences with Other Models/Structures/Protocols/Guidelines*

- Train the Trainer trainings are for three (3) weeks over a period of twelve (12) months
- Uses anatomically correct diagrams when age appropriate for clarification purposes and for naming body parts



## ChildFirst Forensic Interviewing Protocol/Gundersen National Child Protection Training Center continued

### *Similarities with Other Models/Structures/Protocols/Guidelines*

- Geared toward children who have made a disclosure
- Provides ongoing technical assistance, including quarterly calls with other ChildFirst states, annual meetings and a voice in decision making regarding any updates to the training
- Training for participants is 40 hours

### *Additional Comments*

- Been around since 1998 --early on had a partnership with CornerHouse, but no longer has a partnership with CornerHouse
- Went through significant changes in 2011- 2013, taking more of a holistic approach; also, placed more emphasis on poly victimization
- Teaches Truth/Lie based on what local protocols require
- Ongoing support/technical assistance is available for ChildFirst states and all trainees
- Train the Trainer is within the states that are ChildFirst states --3-week training program

### *Recorded/Not Recorded*

Recordings - Gives recommendations based on best practices, and gears training toward what local protocols request

### *Written Report/No Report*

Written Report - Gives recommendations based on best practices, and gears training toward what local protocols request

### *Cost of Training*

- **National Training Registration Fee:** Varies based on agreement made with the state hosting the training
- Hosts a national training annually, coming up in Coral Springs, FL - possibly January, 2018
- If a state wants a week-long training, ChildFirst will do it
- Train the Trainer fees vary based on agreement made with the state



**ChildFirst Forensic Interviewing Protocol/Gundersen National Child Protection Training Center continued**

***National Children's Alliance (NCA) Approved***

Yes

Resources:

Farrell, Rita. Forensic Interview Specialist, Gundersen National Child Protection Training Center. Received from Jackie Sandefer-Gonsen, Sept. 5, 2017.

Farrell, Rita. Forensic Interview Specialist, Gundersen National Child Protection Training Center. Received from Jackie Sandefer-Gonsen, Sept. 11, 2017.

Gundersen National Child Protection Training Center. "ChildFirst Protocol." 2017. Retrieved from <file:///H:/CPT/FI%20Protocol%20Task%20Force/ChildFirst/ChildFirst-Protocol-outline-2017.pdf>. Sept. 13, 2017.

Gundersen National Child Protection Training Center. "The ChildFirst Forensic Interview Protocol." 2016. Retrieved from <file:///H:/CPT/FI%20Protocol%20Task%20Force/ChildFirst/ChildFirst-Forensic-Interview-Protocol.pdf>. Aug. 17, 2017.

***For more information please contact Rita Farrell, Forensic Interview Specialist, at 479-715-7975 or [rafarrel@gundersenhealth.org](mailto:rafarrel@gundersenhealth.org), or Michael Kohner, Digital Communications/ChildFirst Contact at 507-457-2897 or [mdkohner@gundersenhealth.org](mailto:mdkohner@gundersenhealth.org). You may also visit <http://www.gundersenhealth.org/ncptc/childfirst-forensic-interviewing-protocol/>***



## *Forensic Interview Practice*

### *Cognitive Interview/Modified Cognitive Interview*

#### *Components*

- 1. Rapport Building Phase**
- 2. Explanation of the Goals of the Interview**
- 3. Substantive Phase** - Includes:

**Cognitive Interview:** Consists of four main techniques to help memory recall and improve communication:

- i) Context Reinstatement** – A mental reinstatement of physical and personal contexts at the time of the event
- ii) Report All** - Give as much detail and disclosure as possible
- iii) Chronological Order and Changing Order** - Recount the event first in chronological order and then in a reversed (backwards) order
- iv) Change Perspective** - Describe the event

**Modified Cognitive Interview (ages 4 - 9):**

**Changing Perspective** is removed; **Changing Order** is removed and replaced with an instruction to repeat the event again in chronological order

- 4. Closure Phase**

#### *Structured/Semi-Structured/Flexible*

Flexible

#### *Evidence-Based*

Yes

#### *Differences with Other Models/Structures/Protocols/Guidelines*

- Used mostly by law enforcement personnel when questioning adult witnesses - later modified for interviewing children



## Cognitive Interview/Modified Cognitive Interview continued

### *Similarities with Other Models/Structures/Protocols/Guidelines*

- All models/structures/protocols/guidelines include an initial rapport building phase, a substantive phase (transitioning to the topic of concern and getting details) and a closure phase
- Training includes role play scenarios

### *Additional Comments*

No information

### *Recorded/Not Recorded*

No information

### *Written Report/No Report*

No information

### *Cost of Training*

**Online Course:** \$129

### *National Children's Alliance (NCA) Approved*

Yes

Resources:

E Learning for Law Enforcement. Retrieved from

<https://lawenforcementlearning.com/course/cognitive-interviewing-maximizing-information-from-victims-witnesses>. Aug. 28, 2017.

Fisher, Ronald P. and Geiselman, R. Edward. "The Cognitive Interview method of conducting police interviews: Eliciting extensive information and promoting Therapeutic Jurisprudence."

Retrieved from <http://www.sciencedirect.com/science/journal/01602527/33?sd=1>, August 30, 2017.



## Cognitive Interview/Modified Cognitive Interview continued

Forensic Interview Solutions (FIS). Cognitive Interviewing Courses. Retrieved from <https://www.fis-international.com/services/public-sector/police-courses/investigative-interviewing-courses/cognitive-interviewing-ci-eci-courses/>. Aug. 28, 2017.

Jaśkiewicz-Obydzińska, Teresa. "The Cognitive Interview of Children." Ewa Wach, Institute of Forensic Expert Opinions, Kraków. Retrieved from [www.canee.net/files/The%20Cognitive%20Interview%20of%20Children.pdf](http://www.canee.net/files/The%20Cognitive%20Interview%20of%20Children.pdf). Aug. 28, 2017.

***For more information please visit <https://www.fis-international.com/services/public-sector/police-courses/investigative-interviewing-courses/cognitive-interviewing-ci-eci-courses/> and <https://lawenforcementlearning.com/course/cognitive-interviewing-maximizing-information-from-victims-witnesses>.***



## ***Forensic Interview Practice***

### **CornerHouse aka Finding Words**

#### ***Components***

1. ***Build Rapport*** - Includes introduction of interviewer to the child, learning about the child and facilitating the child's best functioning; added ground rules, narrative practice and an open invitation to the topic of concern in 2012-2013
2. ***Seek Information*** - Includes giving the child a chance to report their experience
3. ***Explore Statements*** - Includes getting details
4. ***End Respectfully*** - Includes attending to the child's presentation, communicated experience and observed needs

#### ***Structured/Semi-Structured/Flexible***

Semi-structured; Developmentally flexible

#### ***Evidence-Based***

Yes

#### ***Differences with Other Models/Structures/Protocols/Guidelines***

No information

#### ***Similarities with Other Models/Structures/Protocols/Guidelines***

- All models/structures/protocols/guidelines include an initial rapport building phase, a substantive phase (transitioning to the topic of concern and getting details) and a closure phase
- Includes role play with trained actors

#### ***Additional Comments***

- Went through significant changes in 2012-2013 and did away with RATAAC (Rapport, Anatomy Identification, Touch Inquiry, Abuse Scenario, Closure)
- Has a separate training on the use of anatomical dolls
- Has training for vulnerable adults



<b>CornerHouse aka Finding Words continued</b>
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<b><i>Recorded/Not Recorded</i></b>
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Recorded
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<b><i>Written Report/No Report</i></b>
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Does not have specific recommendations about written reports
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<b><i>Cost of Training</i></b>
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<b><i>Early Registration:</i></b> \$1165; <b><i>W/in 30 days of Training:</i></b> \$1365; <b><i>On-site (at your facility):</i></b> \$7900 for up to 30 participants
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<b><i>National Children's Alliance (NCA) Approved</i></b>
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Yes
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Resources:

Henry, Melissa, Training Outreach Coordinator, CornerHouse. Received by Jackie Sandefer-Gonsen, Aug. 29, 2017.

Henry, Melissa, Training Outreach Coordinator, CornerHouse. Received by Jackie Sandefer-Gonsen, Sept. 14, 2017.

***For more information please contact Melissa Henry at 612-813-8310 or [melissa.henry@childrensmn.org](mailto:melissa.henry@childrensmn.org). You may also visit [www.cornerhouse.org](http://www.cornerhouse.org)***



## Forensic Interview Practice

### FI Model used in North Carolina

### Components

Uses mostly Recognizing Abuse Disclosure Types and Responding (RADAR), ChildFirst and National Children's Advocacy Center (NCAC) models

### Structured/Semi-Structured/Flexible

Dependent upon the model being used

### Evidence-Based

RADAR, ChildFirst and NCAC are evidence based

### Differences with Other Models/Structures/Protocols/Guidelines

No information

### Similarities with Other Models/Structures/Protocols/Guidelines

- RADAR, ChildFirst and NCAC include an initial rapport building phase, a substantive phase (transitioning to the topic of concern and getting details) and a closure phase
- RADAR, ChildFirst and NCAC review and update structure periodically

### Additional Comments

No information

### Recorded/Not Recorded

Mostly recorded - recommends recording



<b>FI Model used in North Carolina continued</b>
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<b>Written Report/No Report</b>
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Dependent upon the structure being used
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<b>Cost of Training</b>
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Varies
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<b>National Children's Alliance (NCA) Approved</b>
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RADAR, ChildFirst and NCAC are NCA approved
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Resources:

McCoy, Mary, ChildFirst North Carolina Coordinator. Received by Jackie Sandefer-Gonsen, Aug. 29, 2017.

***For more information please contact Mary McCoy at 910-677-2931 or [MaryMcCoy@ccdsnc.com](mailto:MaryMcCoy@ccdsnc.com)***



## Forensic Interview Practice

### Forensic Interview structure used in Texas

### Components

Uses a blended version of current best practices and guidelines:

1. Preparation
2. Rapport
3. Truth/Lie/Oath/Rules
4. Introduce the Topic of Concern
5. Detail Gathering
6. Closure

### Structured/Semi-Structured/Flexible

Semi-structured

### Evidence-Based

Yes, in some cases, also based on case law

### Differences with Other Models/Structures/Protocols/Guidelines

- Training model is a three-block model for their core curriculum in order to space out the time in between trainings: Block I – 3 days, Block II – 3 days, Block III – 2 days

### Similarities with Other Models/Structures/Protocols/Guidelines

- All models/structures/protocols/guidelines include an initial rapport building phase, a substantive phase (transitioning to the topic of concern and getting details) and a closure phase
- Similar to other semi-structured models

### Additional Comments

- Does not address tools to use when interviewing children with developmental delays



<b>Forensic Interview structure used in Texas continued</b>
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<b>Recorded/Not Recorded</b>
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No information
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<b>Written Report/No Report</b>
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No information
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<b>Cost of Training</b>
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No information
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<b>National Children's Alliance (NCA) Approved</b>
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Dependent upon protocol used
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Resources:

Bass, Catherine. Chief Strategy Officer, Children's Advocacy Centers of Texas. Received by Jackie Sandefer-Gonsen. Sept. 17, 2017.

Rauls, Joy. "Children's Advocacy Centers at 25 Years." *The Prosecutor*, Nov.-Dec. 2013, Volume 43, No.6.

***For more information please contact Catherine Bass, Chief Strategy Officer, Children's Advocacy Centers of Texas at 512-906-2909 or cbass@cactx.org***



## ***Forensic Interview Practice***

**Florida Department of Health (FL DOH)**

### ***Components***

Uses a blended version of current best practices and other recognized models/protocols/guidelines/structures, including American Professional Society on the Abuse of Children (APSAC), Recognizing Abuse Disclosure Types and Responding (RADAR), National Children's Advocacy Center (NCAC), CornerHouse and ChildFirst

### ***Structured/Semi-Structured/Flexible***

Flexible

### ***Evidence-Based***

APSAC Guidelines, RADAR, NCAC, CornerHouse and ChildFirst are evidence based

### ***Differences with Other Models/Structures/Protocols/Guidelines***

- Includes a critique of students' interviews after they have been in the field and practicing approximately three (3) months
- Includes cultural sensitivity
- Includes interviewing persons with disabilities

### ***Similarities with Other Models/Structures/Protocols/Guidelines***

- All models/structures/protocols/guidelines include an initial rapport building phase, a substantive phase (transitioning to the topic of concern and getting details) and a closure phase
- Reviewed/updated three (3) times a year for accuracy and to ensure current best practices and the latest research
- Training includes practicum interviews with onsite peer review
- Training includes Mock Court
- Provides ongoing support/technical assistance



<b>Florida Department of Health (FL DOH) continued</b>
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<b><i>Additional Comments</i></b>
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|--|
| ➤ Offers training to personnel in law enforcement and state attorneys' offices |
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<b><i>Recorded/Not Recorded</i></b>
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Recommends recording
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<b><i>Written Report/No Report</i></b>
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Written Report
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<b><i>Cost of Training</i></b>
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No cost
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<b><i>National Children's Alliance (NCA) Approved</i></b>
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Yes
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Resources:

Sandefor-Gonsen, Jackie, CPT Training and Quality Assurance/Quality Improvement Coordinator. Florida Department of Health (FL DOH).

***For more information please contact Jackie Sandefor-Gonsen@850-901-6344 or [Jackie.Sandefor-Gonsen@flhealth.gov](mailto:Jackie.Sandefor-Gonsen@flhealth.gov)***



**Forensic Interview Practice**

**National Children's Advocacy Center (NCAC)**

**Components**

**Stage 1 Rapport**

- 1. **Introductions** – Includes introduction of the interviewer to the child, an explanation of the interview and a chance for the child to ask questions or voice concerns
- 2. **Early Engagement** – Allows child to feel comfortable, engage in conversation about neutral topics interesting to the child and learn about the child’s likes/dislikes and everyday life
- 3. **Interview Instructions** – Explain the rules/expectations: correct the interviewer, don’t know/don’t guess, don’t understand and true/real
- 4. **Narrative Practice** – Includes an in-depth discussion of neutral topic(s); “Tell me all about...”; sets the stage for child to answer with narrative responses
- 5. **Family** – Talk about who lives with child

**Stage 2 Substantive Stage**

- 6. **Transition** - Includes open ended and non-leading or suggestive questions; Use more direct prompts if needed
- 7. **Narrative Description** – Elicit a narrative of events
- 8. **Follow-Up Questions** - Includes getting additional details
- 9. **Clarification** – Includes clarifying any previous statements made by the child
- 10. **Closure** - Conclude on a positive note, thank child for his/her effort, give child a chance to ask questions; Can also include a safety assessment for other maltreatment or safety concerns

**Structured/Semi-Structured/Flexible**

Flexible

**Evidence-Based**

Yes

**Differences with Other Models/Structures/Protocols/Guidelines**

- Has training for Spanish speaking forensic interviewers



## National Children's Advocacy Center (NCAC) continued

### *Similarities with Other Models/Structures/Protocols/Guidelines*

- All models/structures/protocols/guidelines include an initial rapport building phase, a substantive phase (transitioning to the topic of concern and getting details) and a closure phase
- Training is reviewed and updated annually
- Includes a Mock Court
- Supports second/extended multi session interviews
- Includes Practicum interviews and peer review

### *Additional Comments*

- Reviewed annually

### *Recorded/Not Recorded*

Recorded

### *Written Report/No Report*

No Report

### *Cost of Training*

- **Early Registration:** \$1149; **Standard:** \$1249 for onsite training in Huntsville
- \$1800 per day for up to 15 people for **5-day customized Training at your location** or \$2500 per day for up to 30 people plus travel expenses for trainer(s)
- Also, offer a 4-day training at your location without the legal training and a 3-day training at your location without the legal training and practicum interviews

### *National Children's Alliance (NCA) Approved*

Yes

Resources:

Garrison, Amy, Training Program Manager, National Children's Advocacy Center (NCAC), Huntsville, AL.  
Received by Jackie Sandefer-Gonsen. Aug. 30, 2017.



## National Children's Advocacy Center (NCAC) continued

National Children's Advocacy Center (NCAC). (2015). *Forensic Interview Structure*. Retrieved from <file:///H:/CPT/FI%20Protocol%20Task%20Force/NCAC/NCAC%202015-fi-structure.pdf>. Sept. 14, 2017.

National Children's Advocacy Center (NCAC). *NCAC Position Paper on the Use of Human Figure Drawings in Forensic Interviews*. Mar. 2017, Retrieved from <file:///H:/CPT/FI%20Protocol%20Task%20Force/NCAC/NCAC%20position-paper-human-figure-drawings.pdf>. Sept. 14, 2017.

***For more information, please contact Amy Garrison, Training Program Manager at 256-327-3748 or [agarrison@nationalcac.org](mailto:agarrison@nationalcac.org)***



## Forensic Interview Practice

National Institute for Child & Human Development (NICHD)/Revised NICHD Protocol

### Components

#### **Pre-Substantive Phase:**

- 1. Introductory Phase** - Includes introduction of self to child, telling the child to tell events in detail, to tell the truth (can include truth/lie ritual) and an explanation of ground rules (don't remember, don't understand, don't know and correct the interviewer if interviewer is wrong)
- 2. Rapport Phase** - Includes building rapport and narrative practice
- 3. Transitional Phase** - Includes non-leading and non-suggestive prompts to transition to the target topic

#### **Substantive Phase:**

- 1. Free Recall Phase** - Done after the child makes an allegation

**Closure Phase:** End respectfully

### Structured/Semi-Structured/Flexible

Structured

### Evidence-Based

Yes, it has the strongest evidence-based studies than any other forensic interview models/structures/etc.; research has also been done regarding the best ways to train people on how to use the protocol

### Differences with Other Models/Structures/Protocols/Guidelines

- Original protocol geared toward children who have already made a disclosure, or children who are in active disclosure; revised protocol includes same components but is geared toward reluctant children; revised protocol uses nonsuggestive support
- Supports using second interviews - Only field study to date that found that during a second interview using the NICHD protocol, children added 14% new pertinent details and 9% additional contextual details; since this was a field study, the accuracy of information children provided could not be assessed (Hershkowitz, I. and Terner, A. (2007). The Effects of Repeated Interviewing on Children's Forensic Statements of Sexual Abuse. Applied Cognitive Psychology, 21: 1131–1143.)



## National Institute for Child & Human Development (NICHD)/Revised NICHD Protocol continued

### Similarities with Other Models/Structures/Protocols/Guidelines

- All models/structures/protocols/guidelines include an initial rapport building phase, a substantive phase (transitioning to the topic of concern and getting details) and a closure phase
- Periodically reviews and updates training

### Additional Comments

- Does not address tools to use when interviewing children with developmental delays

### Recorded/Not Recorded

Recorded

### Written Report/No Report

Feels written reports will be based on unreliable memory reconstructions

### Cost of Training

Protocol is freely available at no cost; Basic training cost is unknown

### National Children's Alliance (NCA) Approved

NCA has been very supportive of protocol

#### Resources:

Cyr, Mireille. NICHD Protocol: Cutting Edge Practice for Investigative Interviews with Children. Presentation given at the Child Advocacy Centres Knowledge Exchange. Feb. 2011.

Hershkowitz, I. and Turner, A. "The Effects of Repeated Interviewing on Children's Forensic Statements of Sexual Abuse." *Applied Cognitive Psychology*, 21: 1131–1143. 2007.

Malloy, Lindsay. Received by Jackie Sandefer-Gonsen. Sept. 19, 2017.



## National Institute for Child & Human Development (NICHD)/Revised NICHD Protocol continued

National Institute for Child & Human Development (NICHD). Revised Investigative Interview Protocol, Version 2014. 2014.

*For more information please contact the following individuals:*

*Dr. Yael Orbach, Adjunct Scientist, NICHD at [yaelorbach1@hotmail.com](mailto:yaelorbach1@hotmail.com)*

*Professor Thomas Lyon, USC University of Southern California at [tlyon@law.usc.edu](mailto:tlyon@law.usc.edu) or <http://works.bepress.com/thomaslyon/>*

*Dr. Lindsay C. Malloy, Assistant Professor of Psychology, Florida International University at [lmalloy@fiu.edu](mailto:lmalloy@fiu.edu)*

*Dr. Stephanie D. Block, Assistant Professor of Psychology, University of Massachusetts Lowell at [stephanie\\_block@uml.edu](mailto:stephanie_block@uml.edu) or <http://www.uml.edu/FAHSS/Psychology/faculty/Block-Stephanie.aspx>*



## ***Forensic Interview Practice***

### ***Recognizing Abuse Disclosure Types & Responding (RADAR) - A modification from the National Child & Human Development (NICHD) protocol***

#### ***Components***

- 1. Introduction and Engagement** - Includes introduction of interviewer to the child and rapport building
- 2. Questions about Interviewer** - Invites the child to ask questions of the interviewer
- 3. Orientation** - Includes explanation of any note-taking, video or audio recording
- 4. Rules** - Don't understand, don't know/don't guess, correct the interviewer if interviewer is wrong, truth/lie ritual and eliciting a promise to tell the truth
- 5. Narrative Practice and Narrative Sequencing** - With a neutral topic
- 6. Exploration of Barriers** - Includes asking how the child feels about talking with the interviewer and if the child or someone else is worried about something
- 7. Contract** - Get the child to agree to try and do his/her best while talking to interviewer
- 8. Transition Decision Tree** - Helps to decide what the interviewer's next step should be
- 9. Transition Questions** – Done after assessing possible disclosure; includes open ended, nonleading/nonsuggestive questions, direct abuse focused questions and body safety questions
- 10. Eliciting Details** - Getting detailed information
- 11. Break** – Taking a break
- 12. Additional questions or clarification of prior statements**
- 13. Closure** - Includes giving the child an opportunity to ask questions or to tell more, asking the child about any worries and offering the child the interviewer's contact information
- 14. Neutral Topic** – Ends interview on a neutral topic

#### ***Structured/Semi-Structured/Flexible***

Structured - provides partial scripting for inexperienced interviewers and scaffolding for more experienced interviewers

#### ***Evidence-Based***

No information

#### ***Differences with Other Models/Structures/Protocols/Guidelines***

- Provides partial scripting for inexperienced interviewers and scaffolding for more experienced interviewers



***Recognizing Abuse Disclosure Types & Responding (RADAR) - A modification from the National Child & Human Development (NICHD) protocol continued***

***Similarities with Other Models/Structures/Protocols/Guidelines***

- All models/structures/protocols/guidelines include an initial rapport building phase, a substantive phase (transitioning to the topic of concern and getting details) and a closure phase
- Supports second interview

***Additional Comments***

- An outbranch of NICHD
- For children 5 years old and older, but also has a RADAR JR version for children aged 3 - 5
- Places significant emphasis on forensic balance to help prevent interviewer errors that could lead to false outcomes

***Recorded/Not Recorded***

No information

***Written Report/No Report***

No information

***National Children's Alliance (NCA) Approved***

No information

Resources:

Everson, Mark. Received by Jackie Sandefer-Gonsen, August 29, 2017.

***For more information please contact Mark Everson at [Mark\\_Everson@med.unc.edu](mailto:Mark_Everson@med.unc.edu)***



## *Forensic Interview Practice*

### *Step-Wise Approach to Interviewing Children: The Next Generation*

#### *Components*

- 1. Rapport Building Phase** - Interviewer puts the child at ease, i.e. asks questions about the child's interests; includes interview rules, assessment of cognitive functioning and narrative practice
- 2. Transition to the Topic of Concern** - Begins with open-ended general questions aimed at getting a narrative free recall from the child and is followed by more direct focused questions, as necessary
- 3. End** - Thank the child for participating, allow the child to ask questions and explain to the child what will happen next

#### *Structured/Semi-Structured/Flexible*

Semi-structured - allows adaptations to the child, topic and context

#### *Evidence-Based*

Yes

#### *Differences with Other Models/Structures/Protocols/Guidelines*

- Has a child version, an adult version and a suspect version
- Has an advanced course for adapting it to persons with special needs

#### *Similarities with Other Models/Structures/Protocols/Guidelines*

- All models/structures/protocols/guidelines include an initial rapport building phase, a substantive phase (transitioning to the topic of concern and getting details) and a closure phase
- Provides peer review
- Updated with new tools that surface from their clinical practice
- Training includes practical exercises



## Step-Wise Approach to Interviewing Children: The Next Generation continued

### *Additional Comments*

- First protocol to be developed and empirically tested
- Has similarities with National Institute for Child and Human Development (NICHD), but is a little more scripted
- Offers a variety of training programs - 2.5-day basic interview training, 3.5-day child version and 5-day investigation course, course for adults, suspects and persons with special needs

### *Recorded/Not Recorded*

Strongly supports recording interviews

### *Written Report/No Report*

No information

### *Cost of Training*

**Fees:** Varies depending on the relationship being developed

### *National Children's Alliance (NCA) Approved*

No

Resources:

Hugues, Hervé, Step-Wise Child Interview – Next Generation, Received by Jackie Sandefer-Gonsen, Aug. 31, 2017.

Yuille, John C. Ph.D., Cooper, Barry S. Ph.D. & Hervé, Hugues H.F. Ph.D. “The Step-Wise Guidelines for Child Interviews: The New Generation.” The Pacific Alliance of Forensic Scientists and Practitioners, Ltd., Department of Psychology, University of British Columbia Forensic Psychiatric Services Commission, Simon Fraser University, Burnaby, BC, In M. Casonato & Pfafflin (Eds.), Handbook of pedosexuality and forensic science. (in press).

**For more information please contact Hervé Hugues at [hherve@theforensicpractice.com](mailto:hherve@theforensicpractice.com)**



## ***Forensic Interview Practice***

### **Ten Step Investigative Interview Process - Adapted from National Institute for Child and Human Development (NICHD)**

#### ***Components***

**Initial Rapport Building Phase** followed by:

- 1. Don't Know Instruction** - Don't know something, tell the interviewer
- 2. Don't Understand** - Don't understand something, tell the interviewer
- 3. You're Wrong Instruction** - If the interviewer says something wrong, tell the interviewer
- 4. Ignorant Interviewer Instruction** – “I (interviewer) don't know what happened to you (child) and can't answer my questions”
- 5. Promise to tell the truth** - Illicit a promise from the child
- 6. Practice Narratives** - Includes things the child likes to do and doesn't like to do, as well as child's last birthday
- 7. Allegation** - Open ended questions transitioning to the allegations
- 8. Allegation Follow up** - Open ended requests for more information
- 9. Follow up** - "Tell me more" and "What happened next" questions
- 10. Multiple Incidents** - First time, last time, a time the child remembers the most and another time.

**Closure Phase.**

#### ***Structured/Semi-Structured/Flexible***

No information

#### ***Evidence-Based***

Yes, adapted from NICHD

#### ***Differences with Other Models/Structures/Protocols/Guidelines***

No information

#### ***Similarities with Other Models/Structures/Protocols/Guidelines***

- All models/structures/protocols/guidelines include an initial rapport building phase, a substantive phase (transitioning to the topic of concern and getting details) and a closure phase



**Ten Step Investigative Interview Process - Adapted from National Institute for Child and Human Development (NICHD) continued**

***Additional Comments***

No information

***Recorded/Not Recorded***

No information

***Written Report/No Report***

No information

***Cost of Training***

No information

***National Children's Alliance (NCA) Approved***

Yes

Resources:

Thomas D. Lyon, J.D., Ph.D. "Adaptation of the NICHD Investigative Interview Protocol" (version 2).

From the SelectedWorks of Thomas D. Lyon, BePress, Jan. 2005, Available at

<https://works.bepress.com/thomaslyon/5/>

***For more information please visit <https://works.bepress.com/thomaslyon/5/>***



## Forensic Interview Practice

### The Wisconsin Forensic Interview Guidelines

#### Components

Uses American Professional Society on the Abuse of Children (APSAC) Guidelines

Consists of the following components:

1. **Brief Introduction**
2. **Rapport Building**
3. **Rules**
4. **Agreement**
5. **Narrative Event Practice**
6. **Introduction to the Topic of Concern**
7. **Free Narrative** – Using “funneling” questions
8. **Concluding Interview**

#### Structured/Semi-Structured/Flexible

Structured in regards to having the eight (8) specific components listed above

#### Evidence-Based

APSAC Guidelines are based on experience and empirical research

#### Differences with Other Models/Structures/Protocols/Guidelines

No information

#### Similarities with Other Models/Structures/Protocols/Guidelines

- All models/structures/protocols/guidelines include an initial rapport building phase, a substantive phase (transitioning to the topic of concern and getting details) and a closure phase

#### Additional Comments

No information



## The Wisconsin Forensic Interview Guidelines continued

### Recorded/Not Recorded

Interviews should be recorded

### Written Report/No Report

Law enforcement personnel and child protection personnel may write a report if present for the interview

### Cost of Training

Training is free and presented by the Wisconsin Department of Justice at least twice per year, and it is only available to law enforcement personnel and social workers

### National Children's Alliance (NCA) Approved

Unknown

#### Resources:

Schwantes, Travis, Assistant State Public Defender, Wisconsin State Public Defenders Office.  
Received by Jackie Sandefer-Gonsen, September 26, 2017.

Stilke, Kirsten and Schwantes, Travis. "Interviewing Children" Retrieved from  
<file:///H:/CPT/FI%20Protocol%20Task%20Force/Wisconsin%20Protocol/Wisconsin%20FI%20Protocol.pdf>. Aug. 27, 2017.

***For more information please contact Kirsten Stilke, Senior Investigator, Wisconsin State Public Defenders Office at [StilkeK@opd.wi.gov](mailto:StilkeK@opd.wi.gov) or 262-723-3212. You may also contact Travis Schwantes, Assistant State Public Defender, Wisconsin State Public Defenders Office at [SchwantesT@opd.wi.gov](mailto:SchwantesT@opd.wi.gov) or 414-227-5056.***

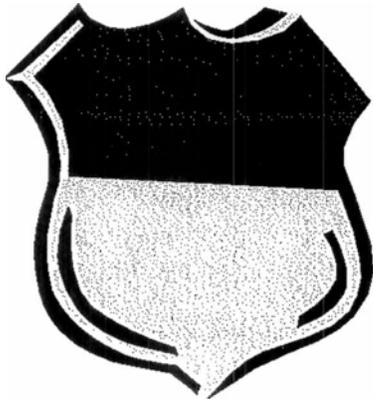
# **APPENDIX C:**

Palm Beach County Child Abuse Protective  
Investigations Protocol

# **Palm Beach County**

## **Child Abuse**

### **Protective Investigations Protocol**



A collaborated countywide protocol implemented to protect the children of Palm Beach County - Originally released November 2002 by the Law Enforcement Planning Council, District 9 - Department of Children and Families, Palm Beach County's Sheriff Office, Child Protection Team, and the Office of the State Attorney  
15<sup>th</sup> - Judicial Circuit

Revised – August 2014

**PALM BEACH COUNTY**  
**CHILD ABUSE PROTECTIVE INVESTIGATIONS PROTOCOL**  
(revised August 2014)

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**PALM BEACH COUNTY**  
**CHILD ABUSE PROTECTIVE INVESTIGATIONS PROTOCOL**  
(revision August 2014)

**INTRODUCTION/OVERVIEW**

The purpose of the Palm Beach County Child Abuse Protective Investigations Protocol is to coordinate services to the families of Palm Beach County through cooperation, collaboration, and the sharing of appropriate information by agencies within this jurisdiction. This Palm Beach County Child Abuse Protective Investigations Protocol was revised with updates in August 2014.

To the extent set forth in this written protocol that was established by the Community Alliance of Palm Beach County in the *Child Abuse Protective Investigation Protocol Final Report*, revised July 2002, all parties assume partial or full responsibility for conducting certain components of protective investigations. Specifically, the Child Abuse Protective Investigations Protocol establishes operational procedures for the joint investigation of child abuse reports in Palm Beach County, Florida in order to:

1. Provide standard, consistent and thorough investigations,
2. Maximize the resources through a joint investigative process,
3. Minimize the number of interviews for children who are victims of abuse or neglect,
4. Allow for the orderly collection of evidence in the criminal investigative process,
5. Ensure the provision of appropriate services when deemed necessary for children and their families, and
6. Provide a forum for on-going communication and resolution of issues involving family safety in this community and foster an effective collaboration among:
  - Law Enforcement
  - Office of the State Attorney
  - Judiciary
  - Domestic Violence providers
  - Child Protection Team
  - Local school system
  - Department of Juvenile Justice (DJJ)
  - Department of Children and Families (DCF)
  - Medical Examiner

Key elements of the Palm Beach County Abuse Protective Investigations Protocol include the following:

1. A countywide policy (General Order) – Memorandum of Understanding between the Law Enforcement Planning Council, the Palm Beach County Sheriff’s Office, the State Attorney’s Office, the Department of Children and Families, Community Alliance, and others on an as needed basis.

2. An Administrative Order covering interviews of young victims in child and sexual abuse cases was updated by the Chief Judge.
3. Mandatory protocol training of law enforcement and DCF personnel.
4. Countywide agreement that all law enforcement agencies must:
  - a. Classify and respond to Child Abuse calls as 'Priority Calls'.
  - b. Adopt and implement the Palm Beach Child Abuse Protective Investigations Protocol.
  - c. Actively investigate the criminal aspects of a child abuse report specifically pursuant to Florida Statutes, Chapters 39 and 827.
  - d. Designate a Law Enforcement Liaison within their agency.
  - e. Agree to cross jurisdictions to investigate/interview, when appropriate.
  - f. Request mutual-aid, when needed.
5. DCF will provide access to their database, known as the Florida Safe Families Network (FSFN), to all PBC Law Enforcement Agencies. The FSFN captures child abuse investigations and information. The DCF database will serve as a means for Law Enforcement to retrieve information pertinent to their cases for criminal prosecution and prior histories of involvement with DCF.
6. The regular protocol meetings for law enforcement and DCF protocol liaisons, the regular protocol meetings for law enforcement liaisons and DCF team members and the protocol oversight team.
7. A designated staff, contributed by the Office of the State Attorney, to coordinate and facilitate the operations of the protocol teams and overall protocol communications.

## **HISTORICAL BACKGROUND**

On January 14, 2002, the Community Alliance of Palm Beach County established a collaborative community workgroup to research and develop a better delivery system for child abuse protective investigations in Palm Beach County. The Community Alliance stipulated that any new delivery system developed by the workgroup must involve best practices and a single management structure to ensure accountability.

The Community Alliance formed a Protective Investigations System Design Workshop and directed the workgroup to develop a:

1. Program model/design that includes clear and specific roles and responsibilities for all parties.
2. Wiring diagram, which outlines specific detail of the system.
3. Management system that has specific and clear accountability, responsibility, and integrates data for oversight.
4. Model where the police chiefs, the sheriff, and designated players work together within the same system.
5. Integrated database for protective investigations accessible to both law enforcement and DCF Child Protective Investigators.
6. Specific training design and training structure for all parties.
7. Budget and funding resources to support system.
8. Plan for independent evaluation process and outcomes.

The Protective Investigations System Design Workgroup was comprised of individuals with decision-making authority from the Law Enforcement Planning Council, the Palm Beach County Sheriff's Office, the Department of Children and Families, the State Attorney's Office, the Child Protection Team, the Children's Services Council, and Child & Family Connections. Community Alliance members chaired and facilitated the workgroup process. The workgroup met approximately twelve times (2-3 hours sessions) from January 24, 2002 to June 7, 2002.

Direct-line staff members (i.e., patrol officers, detectives, dispatch, protective investigators) were brought into the design process on April 8, 2002 to review and critique the system design and collaborative response procedures. Input received during the critique session was incorporated into the system design.

The outcome products produced by the Protective Investigations System Design Workshop included:

1. A detailed wire diagram outlining a collaborative protocol for child abuse investigations in Palm Beach County;
2. Detailed response procedures for both law enforcement officers and DCF Protective Investigators;
3. Training timelines and competencies needed by cadets/trainees, first responders, and child abuse specialists;
4. An integrated countywide database for child abuse investigations (i.e., Child Safety Review Database);
5. A three-tier management and oversight structure for the new child abuse investigation system;
6. Accountability measures needed and required for a quality collaborative countywide child abuse investigative system;
7. Key elements needed for system implementation; and
8. Acknowledgements for workgroup members.

The outcome protocol document was submitted to the Community Alliance for Palm Beach County on June 17, 2002 (revised July 2002) and served as the final report from the Protective Investigations System Design Workgroup and protocol implementation manual.

During the year 2013, members of the protocol oversight committee discussed the need to update the protocol to reflect the current system and create a more effective document to train law enforcement and DCF staff.

### **CHILD ABUSE INVESTIGATIONS PROTOCOL INITIAL RESPONSE CHECKLIST**

The following checklist outlines the response protocol for a child investigation requiring or involving (a) the Rapid Response Team, (b) an immediate response by a law enforcement officer and a child protective investigator, (c) a 24-hour response by a law enforcement officer and child protective investigator, or (d) a 911 or administrative call to law enforcement.

**\*\*See Checklist on Page 23\*\***

## LAW ENFORCEMENT PROTOCOL INVESTIGATING CHILD ABUSE IN PALM BEACH COUNTY

### Initial Response

- A. When the child abuse call comes in through dispatch or 911:
1. Communications (dispatch) will not alter the reported child abuse classification.
  2. The responding officer should collect dispatch information.
  3. Dispatch should secure the 911 recording for 90 days.
  4. Once the officer arrives on the scene and assesses the complaint, he/she shall make a determination whether an investigation is warranted. If an investigation is warranted, the officer must contact the Florida Abuse Hotline at 1-866-LE ABUSE, pursuant to s. 39.201(1).
- B. When the call comes from the Florida Abuse Line or a Child Protective Investigator, an officer shall be dispatched to conduct a criminal investigation. Dispatch shall not classify call as Assist Other Agency.
1. Upon notification of a report of abuse from the Hotline, DCF shall immediately confirm the venue of the crime and then forward allegations of criminal conduct to the appropriate law enforcement agency in which the alleged conduct has occurred s. 39.301(2)(a).
  2. Law enforcement agency shall await telephonic contact from DCF prior to dispatching law enforcement officer.
  3. DCF and law enforcement shall coordinate their response. Law enforcement dispatch shall classify the call as a “priority call”.
  4. If DCF investigative interview is outside jurisdiction and law enforcement cannot respond, the law enforcement agency will seek assistance from other agencies utilizing Mutual Aid Agreement.
  5. Law enforcement will notify the agency with jurisdiction.
- C. Obtain recent and historical protective investigative reports from the Department of Children and Families. The name of any person reporting child abuse, abandonment, or neglect may not be released to any person other than employees of the Department responsible for child protective services, the central abuse hotline, law enforcement, the Child Protection Team, or the appropriate state attorney, without the written consent of the person reporting s. 39.202(1).
- D. Upon arriving at the scene the officer and the Child Protective Investigator (CPI) shall immediately assist each other to assess and secure the alleged crime scene.
- When the alleged abuse and neglect has resulted in a child’s death, the initial responder shall report such death and circumstances forthwith to the district medical examiner pursuant s. 406.12.
  - The law enforcement designee shall call out the Rapid Response Team.
  - Identify the victims, suspects and witnesses, including other children and third parties.
  - Secure control of any weapons present.
  - Determine extent of injuries.
  - Provide medical first responder treatment and request emergency medical assistance if needed.
  - Conduct preliminary interview of victim and witnesses. Children should not be interviewed in the presence of parent or guardian unless and until the perpetrator has been determined.
  - Evaluate the welfare and safety of the victim.

- E. Survey the crime scene for physical evidence of abuse and neglect. Photograph all relevant evidence.
- F. Observe and note injuries to household members who may be victims of some degree of domestic violence or other criminal offenses and take appropriate and necessary action. Photograph all relevant evidence.
- G. Separate people on scene from evidence.
- H. Determine if other assistance is needed, i.e., a translator, victim advocate, crime scene investigator, other specialized officer or detective, or other services.
- I. Document any utterances or statements made by the child victim or other children at the scene in relation to the case. Document any utterances or statements made by the parent or other guardian/responsible adult at the scene in relation to the case.
- J. Conduct a criminal history check on address, and potential suspect and warrants checks on suspects and witnesses. Law enforcement should share the results with DCF when appropriate.
- K. Law enforcement on the scene shall have primary responsibility in collecting and preserving evidence.
- L. Both the law enforcement officer and the Child Protective Investigator (CPI) shall prepare a report. The CPI will use FSFN as their document of record. The initial report is crucial to the post-investigation process, any potential prosecution, the protective investigation by the Department of Children and Families, and any related cases arising from the incident being investigated. In accordance with the individual law enforcement agency's directives and procedures the initial responder shall prepare a written report of actions and findings. That information shall then be made available for the follow-up investigation. Upon completion of the investigation a written supplemental report shall be prepared.

The written report should:

- Identify the child abuse and/or neglect crime.
- State date, time and place crime occurred.
- Determine existence of any 911 call, or any call on other recorded police lines, and document accordingly.
- State information provided by the dispatcher.
- Document any custody issues disclosed during interviews.
- Document probable cause.
- Document all verbal and written statements.
- Document the names, dates of birth, social security numbers, addresses, phone numbers, and statements of all victims, suspects and any relevant household members.
- Reference prior incident reports.
- List names and addresses of victim's contact persons.
- Identify the suspect.
- Show the relationship between the victim and suspect.
- Describe victim and suspect appearance including their demeanor at time of arrival at scene.
- Document all injuries, physical conditions and medical treatment rendered. Observable or reported injuries shall be preserved by photography and documented in the written report. Photographs must be taken with a measurable guide, whenever possible, and persons photographed must be identified in the photos. The officer should always consider the privacy of the victim, witnesses when photographing injuries.
- Document name of medical treatment provider and other health care providers such as Emergency Medical Services (EMS) personnel.

- Document evidence collected, from where, when and by whom including chain of custody.
  - Identify other children present and living in the home and what action was taken to provide for their safety.
  - Describe indicators of future threats to safety of family members.
  - Reference any special needs such as language barriers or disabilities of parties involved.
  - Document criminal history information.
  - Complete a narrative of the officer's observations and description of the alleged incident.
  - Identify all witnesses, by name, date of birth, address, and contact phone numbers; if interviewed, document the statement.
- M. Law enforcement and the Department shall agree on the future course of the investigation. In the event of a disagreement, law enforcement and the Department shall initiate a consultation with their respective chain of command.
- N. Drug Dependent Newborns. A CPI is not required to call law enforcement on a case involving drug dependent newborns.

### **Follow-up Investigation**

Steps A through C are conducted when the initial responder does not continue with the in-depth investigation. Agencies requiring that the responding officer also conduct the in-depth investigation may skip steps A through C and begin at D.

- A. Determine through contact with first responder and his/her supervisor, or by reviewing the initial report what emergency action has been taken, what is being initiated, and allegations that have been reported.
- B. Determine what notifications have been made and need to be made.
- C. Obtain names with all identifying information of suspects remaining at the scene from the first responding officer and document all persons who left the scene prior to your arrival.
- D. Collect and preserve additional evidence.
- E. In consultation with the Child Protective Investigator (PI) recommend or coordinate the medical examination of victims and siblings or other children in the home with the Department of Health Child Protective Team (CPT) or other medical facility designated in the local Memorandum of Agreement.
- F. In consultation with the Child Protective Investigator (PI) recommend to the Department of Children and Families or Department of Health Child Protection Team that psychological evaluations be conducted when the victim exhibits evidence of severe emotional abuse, physical abuse, sexual abuse and/or neglect.
- G. When the alleged abuse and neglect has led to a child's death, obtain the results of the medical examination of all children residing with the victim.
- H. Interview victim, witnesses and suspect. Prior to conducting interviews the law enforcement investigator shall, with the assistance of a Department of Children and Families Child Protective Investigator, determine interview strategies. Whenever possible, the child interviews should be conducted at a C.P.T. interview facility utilizing a C.P.T. Case Coordinator in consultation with the law enforcement investigator. The Chief Judge shall provide by order reasonable limits on the number of interviews that a victim of child abuse under the age of 13 years must submit to for law enforcement or discovery purposes s. 914.16. See copy of the updated Admin. Order attached.

1. Interview the victim.

- Any token gifts given to the child, i.e., dolls, small badges, stickers, should be done after the interview and without promising the child anything in exchange for testimony.
- Audio taping or videotaping of the victim statement should be conducted in accordance with local law enforcement procedure or administrative order. If the interviewer chooses to only use an audiotape, the interviewer must document the non-verbal responses of the victim and non-verbal behavior of the other witnesses present. Although presence of persons other than the interviewer is discouraged, when videotaping the victim, any persons in the interview room should be in view of the video camera.
- When the initial interview with the child is conducted at school, the law enforcement agency may allow a school staff member who is known by the child to be present during the initial interview if:
  - (a) Law enforcement agency believes that the school staff member could enhance the success of the interview by his or her presence; and
  - (b) The child requests or consents to the presence of the school staff member at the interview. School staff may be present only when authorized by law. s. 39.301(18).
- Interview victim in a location that is comfortable, non-distracting and provides privacy and a sense of safety for the child. When possible, the officer should interview the child away from the scene where the incident occurred.
- Children are often portrayed as unreliable witnesses, susceptible to suggestive and leading questions. The interviewer must be trained and experienced in conducting child interviews. It is strongly suggested that a C.P.T. interview facility be utilized, as well as a C.P.T. case coordinator to conduct the interview. The child should also be questioned as to whether prior incidents of abuse have occurred.
- The interviewer must either qualify or obligate the child as a witness in an age appropriate manner.
- Document the child's words exactly in identifying body parts and distinguish between contact/union or non-contact/non-union when gathering information on sexual acts.
- When a child draws or makes notes for the interview, document on the drawings or notes the date, time and the names of persons present during the interview. The drawings or notes should be retained as items of evidence.
- Review the child-victim's statement line by line and seek to corroborate each and every element of information provided in order to enhance the child's credibility.

2. Interview non-offending witnesses.

- Caution should be taken to ensure that the non-offending parent or care-giver is not provided information that can be passed on to the suspect.

3. Interview suspects.

- Law enforcement takes the lead and controls when, where and how the suspect is to be interviewed.

4. Interview other witnesses.

- When recent or historical victims have been identified as part of the case, they should be interviewed as witnesses. Prosecutors may use the Williams Rule of Evidence to submit the statements of historical victims in court (similar fact evidence).

I. Document all statements.

- J. Prepare any search warrants that would be required to secure further evidence not yet collected. When the investigator is able to obtain documented consent to search the scene from individuals with the right to authorize a consensual search, a warrant is not required. Use extreme caution when proceeding without a search warrant.
- K. Final determination.
- Upon gathering the necessary information, evaluate and compare the suspect's prior criminal history, relationship to the child, statements of the suspect, victim and witnesses, and the collected evidence to determine probable cause for which offenses, if any, have been committed. Officers or detectives may consult with the Division Chief of the State Attorney's Office Special Victims Unit for guidance.
  - If the decision made is to not make an arrest, law enforcement shall document their findings and reasons in a final report.

## PALM BEACH COUNTY RAPID RESPONSE TEAM PROTOCOL

The Palm Beach County *Rapid Response Team* (RRT) consists of the State Attorney's Office (SAO), Child Protection Team (CPT), Department of Children and Families (DCF), Medical Examiner's Office (ME) and local law enforcement agencies.

The RRT provides investigative assistance and inter-agency collaboration regarding serious crimes against children. All Palm Beach County law enforcement agencies shall immediately activate the RRT when investigating any of the following incidents:

- Unexpected death or potentially life threatening injury to a child under 13 years of age
  - Includes physical abuse, drowning, murder/suicide or co-sleeping
  - Does not include vehicle crashes unless neglect is suspected
- Sexual Battery of a Child Under 13 years of age, which occurred within the past 24 hours, involving serious bodily injury
- Any multiple victim / suspect case of child abuse

Law enforcement shall obtain preliminary information (names, DOB's, incident location, home addresses, brief synopsis of the incident, etc.) and activate the RRT as soon as possible, while still on the scene, by calling each of the following:

- **DCF** – Liaison at cell 561-315-5841
- **CPT** – Liaison at cell 561-329-1114
- **SAO** - All deaths contact the Homicide Investigator at cell 561-346-1907
  - Abuse or sex crimes, call Special Victims Unit Duty Phone 561-309-1821
- **ME** - 561-688-3000 and ask for the Medical Examiner regarding a RRT case. A representative from the ME will contact you for details (death or near death cases)

These calls shall result in the dispatch of all, or parts, of the RRT depending upon the request and needs of the law enforcement agency with jurisdiction. The law enforcement agency with jurisdiction is in charge of the case and investigation.

Within 24 hours, a representative from the lead law enforcement agency shall complete the RRT "Information Sheet" and fax to the Palm Beach County Criminal Justice Commission at 561-242-7382 or email to [CJCRPU@pbcgov.org](mailto:CJCRPU@pbcgov.org). (SEE ATTACHMENT).

Note: The RRT Committee meets three times a year to review cases, process issues, and discuss outcomes or training. LE agencies that activate the RRT are expected to attend.

Administrative Order NO. 4.501 – 7/12

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT IN  
AND FOR PALM BEACH COUNTY, FLORIDA

ADMINISTRATIVE ORDER NO. 4.501-7/12\*

IN RE: INTERVIEWS OF YOUNG VICTIMS  
IN CHILD AND SEXUAL ABUSE CASES

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Section 914.16, Florida Statutes (2012), authorizes the chief judge to establish limits on the number of interviews that a minor victim must submit to for law enforcement or discovery purposes.

NOW, THEREFORE, pursuant to the authority conferred by Florida Rule of Judicial Administration 2.215, it is ORDERED as follows:

1. This order shall apply to investigation and prosecution of all cases of abuse under Sections 794.011, 800.04 or 827.03 when the victim is under thirteen years of age or a victim of a violation of Sections 794.011, 800.02, 800.03 or 825.102 who is a person with mental retardation as defined in Section 393.063(42), at the time the interviews are sought.
2. For purpose of this order the term “interview” is defined as any procedure in which the child victim is required to provide a factual recitation of the circumstances surrounding the allegations of abuse. The term “interview” does not include the following:
  - a. Information obtained for the purpose of medical or psychological diagnosis for treatment.
  - b. An initial contact with the victim by law enforcement and/or Florida Department of Children and Families to assess validity of complaint or need to take protective measures on behalf of the victim.
  - c. Contacts with DCF legal, victim services (sexual assault/domestic violence) counselors, guardian ad litem, or assistant state attorneys seeking to carry out responsibilities as designated by statute.
  - d. Actual court testimony of victim.
  - e. Re-contact with the victim for the purpose of expanding/clarifying a previous statement prior to the filing of formal charges.

In accord with the foregoing and the need to act in the best interest of child victims of abuse, it is ordered that no child victim of abuse shall be subject to more than four interviews in the course of the investigation and prosecution of an incident of abuse except upon order of the court.

These interviews shall be as follows:

- a. The first interview shall be conducted within a reasonable time for the validation of the complaint. The interview when feasible shall be held at a Child Protection Team Facility in Palm Beach County. When applicable, this interview will be attended by law enforcement, a representative from DCF, Victim Services (sexual assault/domestic violence), the State Attorney’s Office, and the Child Protection Team. When applicable, DCF shall, prior to

scheduling a forensic interview, contact the law enforcement agency of jurisdiction and coordinate a mutually agreeable date and time for both law enforcement and DCF to attend the forensic interview. All attending agencies shall meet prior to the interview and make reasonable efforts to coordinate and produce all necessary information in the course of that interview. To minimize the traumatic effects to the child, all interviews shall be conducted by no more than two persons. This interview shall be recorded whenever possible to ensure that other parties have the opportunity to hear the child's statement.

- b. The second interview by law enforcement, with the State Attorneys approval, may occur prior to the filing of formal charges and may include DCF, Victim Services (sexual assault/domestic violence) or the Child Protection Team.
- c. The third interview will be conducted under the rules governing depositions. The deposition shall be conducted in a setting and manner intended to minimize the traumatic effects of the interview on the victim. Defense counsel shall notice all parties including the guardian ad litem consistent with Crim. Proc. Rule 3.220(h).
- d. If necessary, law enforcement may meet with the victim for the purpose of expanding/clarifying any facts necessary. Additional interviews shall be allowed only by order of the court upon motion for good cause shown. Additional interviews shall be limited in scope to assure minimal impact on the victim.

DONE and SIGNED in Chambers at West Palm Beach, Palm Beach County, Florida, this 2<sup>nd</sup> day of July, 2012.



Peter D. Blanc, Chief Judge

\*supersedes admin. Order 4.501-09/08

## **DEPARTMENT OF CHILDREN AND FAMILIES CIRCUIT 15 SPECIFIC PROTOCOL INVESTIGATING CHILD ABUSE IN PALM BEACH COUNTY**

### **Investigative Response**

The Department of Children and Families will be responsible for assessing the immediate safety of the child and taking the necessary actions that will ensure the continued safety of the child. The Department will also be responsible for determining and implementing necessary services to support the family.

All allegations of suspected child abuse, neglect, or abandonment are reported to the Florida Abuse Hotline at 1-800-96-ABUSE by either citizens or by law enforcement through dispatch of 911 calls or directly from law enforcement at phone number 1-866-532-2873.

Based on the allegation stated in the report and the potential risk to the victim or the family members, Central Florida Abuse Hotline counselors assign response priority to the reports and forward them to the county where the alleged victim is located. In Palm Beach County all reports are received by the Analytical Unit and assigned to a Child Protective Investigator.

- All reports requiring an immediate on-site face to face commencement to conduct a Present Danger Assessment shall be immediately forwarded by the Hotline to the appropriate child protective investigative staff in the county where the victim is located.
- Reports not requiring an immediate on-site protective assessment will be forwarded by the Hotline to the appropriate circuit staff in time to allow for a face to face commencement to conduct a Present Danger Assessment within 24 hours.
- When the alleged abuse and neglect has resulted in a child's death, the responding law enforcement agency shall notify the Rapid Response Team, which includes the district medical examiner per FS. 406.12.
- Reports must be assigned to the county where the victim is located. If the abuse occurs or the child resides in a different county, that county must assist the lead county when requested. However, if a criminal proceeding is commenced in the county of residence, the residential county must take the lead with the county of location assisting.
- Hotline staff shall accept calls on child-on-child sexual abuse that do not meet the criteria for an investigation. This information is entered into the Florida Abuse Hotline Information System solely for statistical purposes and no circuit response is required. The caller is then electronically transferred to the appropriate county sheriff's office. The written report is sent from the Hotline to the sheriff's office within 24 hours.
- All reports for Circuit 15, Palm Beach County, are received at a central location. The receiving staff is responsible to forward the report electronically to law enforcement, the Child Protection Team and the appropriate DCF Investigations unit.

Law enforcement and DCF Child Protective Investigator shall provide each other with background information relating to the subjects of the reports, as permitted by law.

Upon receiving a report from the Florida Hotline, the designated law enforcement officer and the Department of Children and Families Child Protective Investigator will jointly conduct an investigation.

The investigation is commenced when the Child Protective Investigator or other designated responder attempts to make the initial on-site, face-to-face contact with the victim.

Upon arriving at the scene, the law enforcement officer and the Child Protective Investigator shall immediately assist each other to assess and secure the alleged crime scene.

- Identify the victims, suspects, and witnesses, including other children and third parties.
- Determine extent of injuries.
- Provide medical first responder treatment and request emergency medical assistance if needed.
- Conduct preliminary interview of victim and witnesses.
- Children should not be interviewed in the presence of the parent or guardian unless and until the perpetrator has been determined.
- Evaluate welfare and safety of the victim.

## **CHILD PROTECTION TEAM PROTOCOL**

### **Child Protective Investigations Required Notifications**

Upon commencement of an investigation, but not necessarily before the face-to-face contact with the child, the parent, guardian or other person responsible for the child's welfare, including an adult household member identified as having allegedly mistreated a child, shall be informed of the following:

1. That a report has been received by the central abuse hotline alleging child abuse, neglect, or abandonment.
2. The name of the person responding, the name of that individual's supervisor and information on how to contact each person.
3. The purpose of the investigation.
4. The right to review the Department's records 30 days after the commencement of the investigation and anytime thereafter prior to the destruction of the record.
5. The right to have an attorney present during any interviews. However, the Department may proceed with other inquiries to determine the safety of the child and veracity of the report.
6. General information about outcomes and services related to the Department's response/investigation that would assist the family to better understand what they may expect.
7. The commitment of the Department to the safety of the child and the involvement of the family to the fullest extent possible in decisions regarding service planning and provision.
8. The right of the parent or legal custodian to be involved to the fullest extent possible in determining the nature of the allegation and the nature of any identified problem.
9. The notification required above will be accompanied by delivery of brochure CF/PI 175-32. The individual receiving the notice must be given the opportunity to ask questions to ensure understanding. The case file must reflect that the notification occurred. This will be accompanied by a notation in the chronology showing the name of the person to whom the brochure was given and the date it was given.

When an investigator suspects that a false report has been made, the investigator must advise the reporter of the potential administrative fines, civil and/or criminal penalties, which may result if a false report has occurred.

Licensing staff shall be advised of a report involving a licensed home or facility. If the facility is unlicensed, the owner/operator shall be advised of the report. If the report is on a child who has an active open dependency case with the community based case agency, the CPI must immediately notify the CBC and all efforts to conduct a joint commencement should be attempted.

## **Child Protective Investigator**

- Shall commence that case within the required time frames.
- Daily attempts and diligent efforts must occur to locate the victim and family until they are found using all known data bases available to the Department. If it is not feasible or prudent to make daily attempts that fact must be documented in FSFN as required. The CPI Supervisor will also be notified and assist in locating family. The date, time, and location of all attempted visits must be documented in the case file.
- Shall make face-to-face contact with the victim/child, other children, caretaker responsible and all other adult household members.
- Shall observe and document the conditions, appearance, and development of each child named in the report and all other children who reside in the same household.
- When age appropriate, each child named in the report and all other children who reside in the household must be interviewed, separate from their parents whenever possible.
- Child Protective Investigator must be sensitive to the social, economic, and cultural environment of the family including their response to the Department's presence in their lives
- If the person responsible for the child will not allow observation of the child, for whatever reason, the Child Protective Investigator shall immediately contact their supervisor for guidance and document in the case file as to both the caretaker's refusal and the supervisor's directions.
- Shall remove a child when conditions warrant as dictated in Florida State Statute 39.301 and determine if there are available relatives or non-relatives that are willing and able to provide care for the child.
- Complete a Present Danger Assessment and enter it into FSFN within 24 hours of the Victim Child being seen.
- The Child Protective Investigator will evaluate all relevant Danger Threats and Possible Impending Danger to Children.
- The Child Protective Investigator will be responsible for validating and reconciling conflicting information.
- Shall make all necessary notifications.
- Shall assess child safety issues. Staff must use the allegation matrix and the Child Protective Investigator will complete both a Risk Assessment Instrument and Family Functioning Assessment within 60 days in accordance with Florida State Statute and enter into FSFN.
- The Child Protective Investigator will engage families and develop either Impending Danger or Safety Plans in collaboration, focusing on the parents Protective Capacities and available resources.
- The Child Protective Investigator will be responsible for initiating timely service referrals for families.
- The Child Protective Investigator will be responsible for documenting all investigative activities into FSFN in accordance with Department Operating Procedures.
- Shall follow prescribed protocol.
- Shall confer with law enforcement on the scene.
- Shall reach a mutual agreement as to when both parties leave the scene.
- If warranted, shall make a removal decision.
- Shall document in FSFN.

## **If a disagreement exists or clarification is warranted between Law Enforcement and Child Protective Investigators**

### Law Enforcement

- The patrol officer will call the law enforcement liaison from their agency.
- The liaison will call the DCF Criminal Justice Coordinator to make a coordinated decision.

### Child Protective Investigator

- The Child Protective Investigator will call the DCF liaison.
- The DCF Criminal Justice Coordinator will call the municipality's designated liaison.
- DCF may also call local dispatch and ask for a line supervisor to respond, if needed.

## **Completing the Initial Investigation**

### Child Protective Investigator:

- Shall remove a child if warranted. The person taking a child into the Department's custody must request information from the child's parent or custodian regarding parents, proposed parents, and possible relatives or non-relatives available for placement.
- Shall determine need for services.
- Shall make immediate referral for services, if warranted.
- Shall close case if no services are needed and there is no indication of child abuse/neglect.

## **Recording data from Investigation**

### DCF/Child Protective Investigator:

Child Protective Investigator shall update report information on FSFN within 24 hours of the first contact. Under no circumstances shall anyone delete any maltreatment from the report. All reported maltreatments require appropriate documentation prior to closure of the case. If applicable, Child Protective Investigator shall enter report information into FSFN.

## **Follow-up on Investigation**

Child Protective Investigator shall complete the Department required Present Danger and Family Functioning Assessment within the specific time period and ensure all relevant safety factors are documented.

Child Protective Investigator shall make all required collateral contacts and document the contacts in the investigative file. To be relevant, this person(s) needs to have had contact with the child, alleged perpetrator or the family. The person(s) contacted must have had direct knowledge or information regarding the family situation.

Once the investigation is completed, the Child Protective Investigator shall document and upload all pertinent case information into FSFN and propose the findings of his/her investigation for final review by the supervisor within 60 days of commencement. Child death cases may remain open past 60 days pending consultation with the responding LEO agencies, review by the Departments Child Fatality Specialist and the Regional Family Community Services Director.

## **Referral to Child Protection Team**

The reports that include one or more of the following allegations must be referred to Child Protection Team

- Injuries to the head, bruises to the neck or head, burns or fractures in a child of any age
- Bruises anywhere on a child 5 years of age or under
- Any report alleging sexual abuse of a child
- Any sexually transmitted diseases in a prepubescent child
- Reported malnutrition of a child and failure to thrive
- Reported medical neglect of a child
- Any family in which one or more children have been pronounced dead on arrival at health care facility or have been injured and later died, as a result of suspected abuse, abandonment, or neglect when any other sibling or child remains at home
- Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment or neglect is suspected

Section 39.303, Florida Statutes, authorizes the Children's Medical Services Program in the Department of Health to develop, maintain, and coordinate Child Protection Team services through contracts with local community-based programs.

CPT services provided upon acceptance of a referral from DCF or LE are: medical evaluation, medical consultation, forensic interviews, specialized interviews, psychosocial assessments, psychological evaluations, psychological consultations, CPT staffing, and court testimony.

## MANAGEMENT/OVERSIGHT STRUCTURE

The following section describes the Rapid Response Team and Specialist and Training Team membership, purpose, frequency of meetings, the quality assurance focus, and staffing resources needed for each management structure.

### Specialist and Training Team

<b>Membership</b>	<b>Purpose Frequency of Meeting</b>	<b>QA Focus</b>	<b>Staff / Resource</b>
<ul style="list-style-type: none"> <li>• Law enforcement agency liaison (every municipality will have a liaison)</li> <li>• DCF Representatives</li> <li>• State Attorney's Office</li> <li>• Dispatch personnel</li> <li>• LEPC Child Abuse Protocol Liaison</li> <li>• Child Protection Team</li> </ul>	<ul style="list-style-type: none"> <li>• System refinement &amp; improvement process meetings</li> <li>• 3 times per year</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor agencies' response to ensure compliance</li> <li>• Ensure child abuse reports are responded to by 1<sup>st</sup> responders</li> <li>• Coordinate data / ensure data is entered into FSFN</li> <li>• Lead person to coordinate and schedule training within agency</li> <li>• On call / contact person for child abuse issue, rapid response, interagency disagreements between 1<sup>st</sup> responders and when clarification is needed</li> <li>• Attend system refinement &amp; improvement meetings</li> <li>• Trainer for agency during roll out</li> <li>• All information will be documented and available for review</li> </ul>	<ul style="list-style-type: none"> <li>• Existing personnel in each agency who have specialized (or are willing to become specialized) in child abuse</li> <li>• Florida Statutes (Chapter 39)</li> <li>• Criminal Statutes / MOU</li> <li>• Rapid Response / Child Death Investigations</li> <li>• Specialized Training as needed</li> </ul>

**Rapid Response Team**

<b>Membership</b>	<b>Purpose Frequency of Meeting</b>	<b>QA Focus</b>	<b>Staff / Resource</b>
<ul style="list-style-type: none"><li>• DCF Representatives</li><li>• Law enforcement agency liaison (every municipality will have a liaison)</li><li>• Child Protection Team</li><li>• State Attorney's Office</li><li>• Medical Examiner</li></ul>	<ul style="list-style-type: none"><li>• 3 times per year</li><li>• Review rapid process</li></ul>	<ul style="list-style-type: none"><li>• Review all rapid response cases and process of response</li></ul>	<ul style="list-style-type: none"><li>• Membership</li><li>• Criminal Justice Commission</li></ul>

## DCF Notification Protocol for Domestic or Dating Violence Investigations

### Introduction

The Department of Children and Families (DCF) Notification Protocol for Domestic or Dating Violence Investigations applies to Palm Beach County law enforcement agencies and DCF. The protocol is specific to cases in which domestic or dating violence is occurring and either of the parties has minor children living in the home. When domestic or dating violence occurs, and one party has minor children, the potential for physical and mental maltreatment to the children increases. Because of this risk, Palm Beach County law enforcement agencies and DCF have agreed to the following protocol to provide services to the family with the goal of decreasing the potential for child abuse.

### Criteria

When law enforcement officers investigate a domestic or dating violence crime, and establish probable cause to believe a crime has been committed, they shall determine if the parties have minor children. If so, the law enforcement officer shall call the DCF hotline (1-866-LE-ABUSE) to advise them of the children's role, if any. If the children did not witness, or were not home, at the time of the domestic or dating violence incident, the call to DCF should still be made.

If the children are at home at the time of the domestic or dating violence incident, they must be interviewed by the investigating law enforcement officer to determine if they witnessed or have any credible information that can assist with the criminal investigation (a statement, preferably recorded, will be obtained). The police report will list the children's names and the narrative will include the referral to the DCF hotline.

### Procedure

#### Law Enforcement

1. Call the DCF hotline (1-866-LE-ABUSE) when above criteria is met.
2. Provide the DCF call taker with the police report case number and facts surrounding the incident. Explain that the DCF referral is mandated by this protocol and is not a new allegation of child abuse. The domestic violence police report case number should be provided to the DCF call taker.
3. If a DCF Child Protective Investigator (CPI) chooses to contact a law enforcement agency to respond with them, they shall provide the original domestic violence offense report case number to the communications officer and responding law enforcement officer.
4. This request from the CPI should not be dispatched as an initial child abuse call (Signal-16). Police agencies shall decide a dispatch code that best captures the incident based the reporting requirements of their agency (example Signal-76 "assist to another agency" or Signal-84 "welfare check" etc.).
5. Law enforcement's role in a follow-up response is that of scene security for the CPI. Note: This protocol does not alleviate law enforcement's investigative responsibility should new allegations be made or other crimes discovered.

6. A supplement to the original domestic or dating violence offense report should be completed to document the law enforcement officer's actions.
7. Important: If evidence of child abuse is discovered during the follow-up visit, this should be documented under a new case number and the Palm Beach County Child Abuse Protocol should be followed.

#### Department of Children and Families

1. When a Child Protective Investigator (CPI) receives a case stemming from this protocol, they must evaluate the necessity of having a law enforcement officer respond for scene security. Unlike an initial child abuse investigation, law enforcement response is not mandatory for follow-up responses to domestic or dating violence cases.
2. If the CPI determines that there is a necessity for a law enforcement response, they will contact the initial reporting law enforcement agency.
3. The CPI will provide the communications officer and responding police officer with the original law enforcement offense report case number and communicate that this is a follow-up regarding a domestic or dating violence incident and not an initial child abuse investigation.

**Palm Beach County Child Abuse Protocol**  
**Initial Response Checklist**

1. **Child abuse investigation** calls usually come via **Florida Child Abuse Hotline** and the Child Protective Investigator from DCF (CPI) is the one requesting law enforcement officer (LEO) to be dispatched.
2. Law Enforcement dispatch shall classify the call as a “**priority call**”. Officers shall respond to such calls immediately (**within 30 minutes**).
3. LEO officers responding to calls received through 911 will sometimes make a determination that a child abuse investigation is warranted. In a situation like that, the officer shall contact the **Florida Child Abuse Hotline at 1-866-LE ABUSE (1-866-532-2873)**.
4. If an **immediate DCF response** is needed, the officer shall call the Florida Child Abuse Hotline at: **1-866-LE ABUSE (1-866-532-2873)**.
5. LEO **shall await** telephone contact from the DCF Child Protective Investigator **prior to dispatching an officer**.
6. CPI and LEO **shall coordinate their response** and conduct joint investigation.
7. LEO shall be dispatched to **conduct criminal investigation**. CPI shall be responsible for **assessing present danger threats to the child**.
8. If the DCF investigative interview is **outside LE jurisdiction** and they cannot respond, the Law Enforcement Agency will seek assistance from other agencies utilizing the **Mutual Aid Agreement**. If the initial investigation reveals **another agency has jurisdiction**, the initial responding agency must notify the agency with jurisdiction.
9. The **name of persons reporting abuse**, neglect or abandonment, may **not** be released to anyone except DCF, LE, CPT (Child Protection Team), SAO (State Attorney’s Office) without written consent of reporter.
10. When the criteria for rapid response is met, **the initial responding agency shall have the responsibility to activate the Rapid Response Team. The criteria is as follows:**
  - Unexpected death or potentially life threatening injury to a child under 13 years of age, including but not limited to physical abuse, drowning, murder/suicide or co-sleeping. Does **not** include vehicle crashes unless neglect is suspected.
  - Sexual Battery of a Child under 13 years of age, which occurred within the past 24 hours, involving serious bodily injury.
  - Any multiple victim / suspect case of child.

**Law enforcement shall obtain preliminary information** and activate the RRT as soon as possible, while still on the scene, by calling each of the following:

### **RRT CONTACTS:**

- **DCF** – Liaison at cell 561-315-5841
- **CPT** – Liaison at cell 561-329-1114
- **SAO** – All deaths contact the Homicide Investigator at cell 561-346-1907  
Abuse or sex crimes, call **Special Victim Unit** Duty Phone 561-309-1821
- **ME** – 561-688-3000 and ask for the Medical Examiner regarding a RRT case.  
A representative from the ME will contact you for details (death or near death cases).

**These calls shall result in the dispatch of all, or parts, of the RRT** depending upon the request and needs of the law enforcement agency with jurisdiction. The law enforcement agency with jurisdiction is in charge of the case and investigation.

**Within 24 hours**, a representative from the lead law enforcement agency shall complete the RRT '**Information Sheet**' and fax to the Palm Beach County Criminal Justice Commission at 561-242-7382 or email to [CJCRPU@pbcgov.org](mailto:CJCRPU@pbcgov.org)

- 11. Children should not be interviewed in the presence of the parent or guardian** unless or until the perpetrator is identified.
- 12. It is recommended that the Child Protection Team be utilized to conduct the interview.**
- 13. LEO will have the responsibility to collect evidence and secure crime scene.**
- 14. Criminal history and all other valuable data shall be shared** between Law Enforcement and the Department of Children and Families.
- 15. LEO and CPI shall coordinate** the future course of **joint investigation**.
- 16. Law enforcement and DCF Child Protective Investigator shall provide each other with background information** relating to the subjects of the reports, as permitted by law.
- 17. Responding LEO shall complete a crime report** documenting his/her actions and findings.
- 18. Any conflicts, issues or concerns** between the CPI and LEO shall be immediately forwarded to the respective agency's **Child Abuse Liaison**.

## Rapid Response Team – Information Sheet

\*\* MUST be completed by Law Enforcement within 24 hours of a RRT activation\*\*

Date: \_\_\_\_\_ Time: \_\_\_\_\_ LE Case Number: \_\_\_\_\_

Law Enforcement Agency Assigned: \_\_\_\_\_

Investigating Detective Assigned: \_\_\_\_\_

DCF CPI Assigned: \_\_\_\_\_

COMPONENTS NOTIFIED	YES	NO
1. Child Protection Team	<input type="checkbox"/>	<input type="checkbox"/>
2. State Attorney	<input type="checkbox"/>	<input type="checkbox"/>
3. Medical Examiner	<input type="checkbox"/>	<input type="checkbox"/>
4. Department of Children & Families	<input type="checkbox"/>	<input type="checkbox"/>

**VICTIM(S)**

**DATE(S) OF BIRTH**

**INJURY**

- Physical abuse
- Sexual Assault
- OTHER:

- Drowning
- Death

- Neglect
- Murder/Suicide

ADDRESS:

SYNOPSIS:

Within 24 hours, fax the RRT “Information Sheet” to the Palm Beach County Criminal Justice Commission at 561-242-7382 or email to [CJCRPU@pbcgov.org](mailto:CJCRPU@pbcgov.org)

ACKNOWLEDGEMENTS

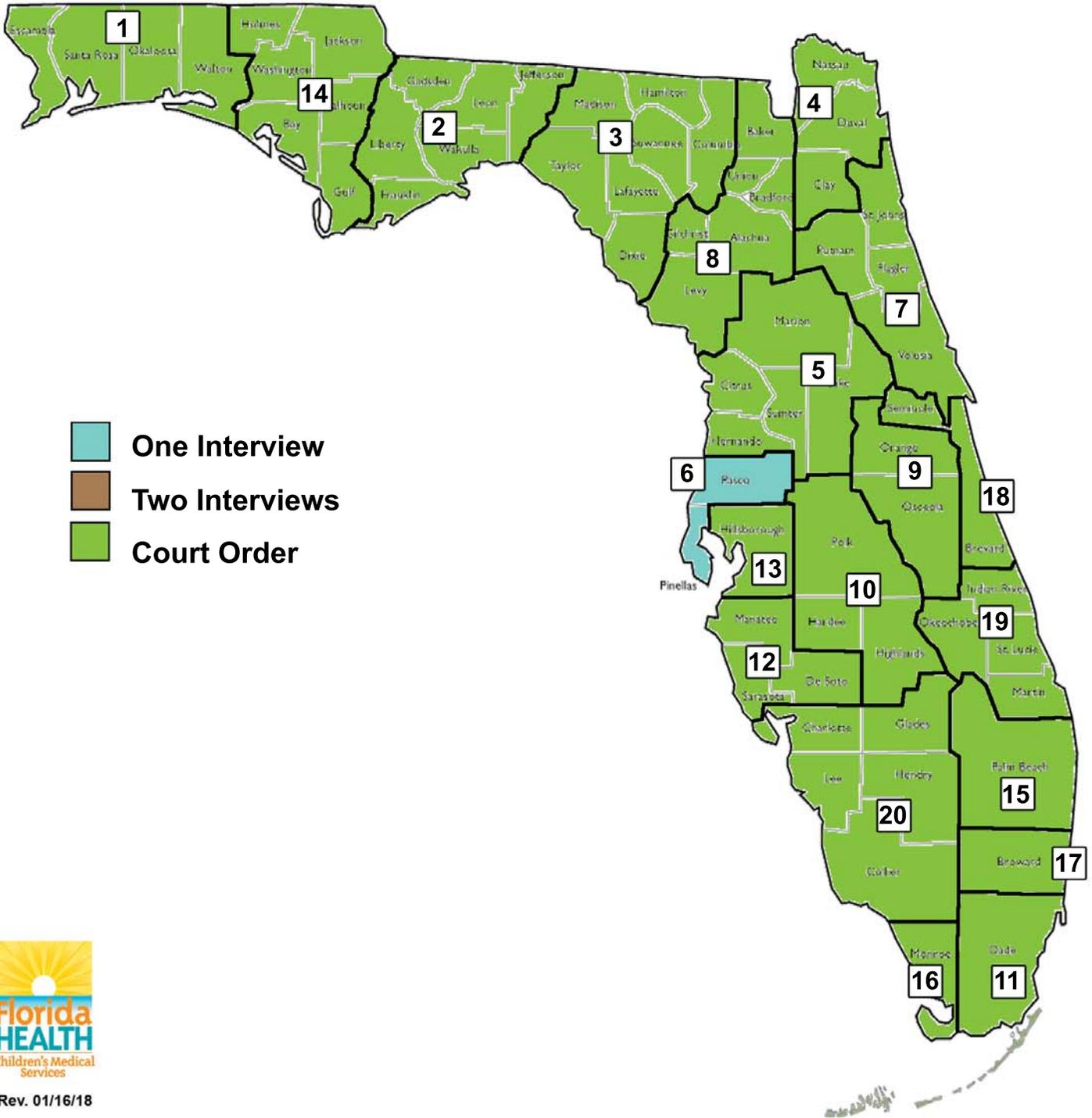
## August 2014 Update Protocol Team

Patrick Bolton, Sergeant – Palm Beach County Sheriff’s Office  
Anita Calhoun, Admin. Assistant – Lake Clarke Shores Police Department  
Brian Fernandes, Chief Assistant State Attorney – Office of the State Attorney  
Suzanne Frazier, Admin. Assistant – Dept. of Children and Families  
Carol Gregg, Captain – Palm Beach County Sheriff’s Office  
Katherine Hatos, Senior Criminal Justice Analyst – Criminal Justice Commission  
Danielle Hirsch, Detective – Jupiter Beach Police Department  
Alison Hitchcock, Executive Director – Child Protection Team  
Jim Izzo, Asst. Team Coordinator – Child Protection Team  
Chris Keane, Lieutenant – Palm Beach County Sheriff’s Office  
Barry Krischer, Volunteer – Office of the State Attorney and Palm Beach County Sheriff’s Office  
John Palmero, Lieutenant, Delray Beach Police Department  
Antonio Perez, Officer – Palm Springs Police Department  
Tracy Piendle – Child Protection Team  
Michael Rodriguez – Criminal Justice Commission  
Gene Sapino, Sergeant – Delray Beach Police Department  
Dana Schack, Officer – Lake Clarke Shores Police Department  
Sean Scheller, Chief of Police, Lantana Police Department  
Reid Scott, Assistant State Attorney – Office of the State Attorney  
Susan Sims – Child Protection Team  
Jim Stormes, Colonel – Palm Beach County Sheriff’s Office  
Patricia Vazquez, Criminal Justice Coordinator – Dept. of Children and Families  
Tom Wallace, Detective Sergeant – Boynton Beach Police Department  
Clay Walker, Community Development Administrator – Dept. of Children and Families  
Paul Weber, Sergeant – Delray Beach Police Department  
Kimberly Welles, Director of Family Services – Dept. of Children and Families

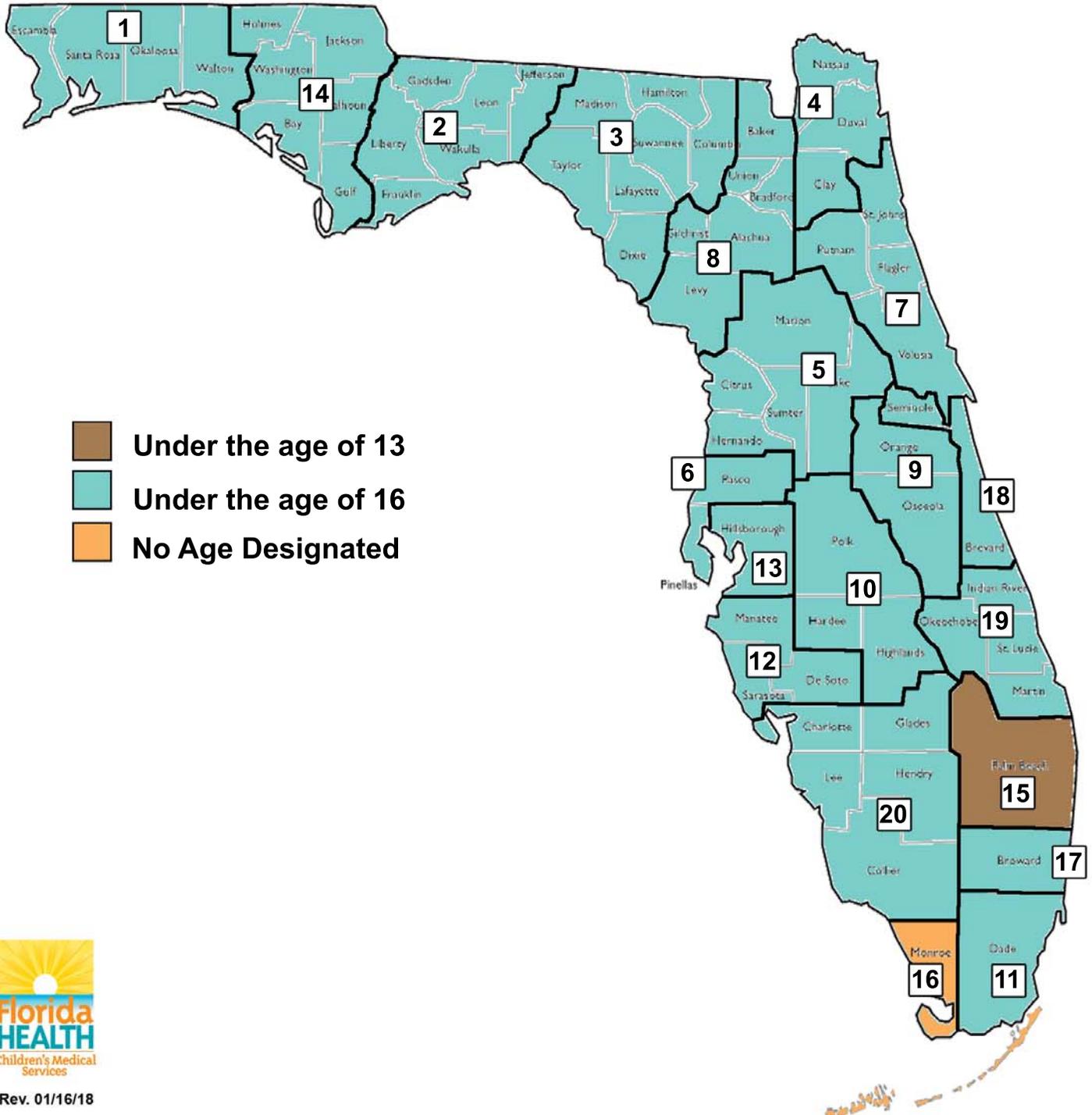
# **APPENDIX D:**

Administrative Order Maps

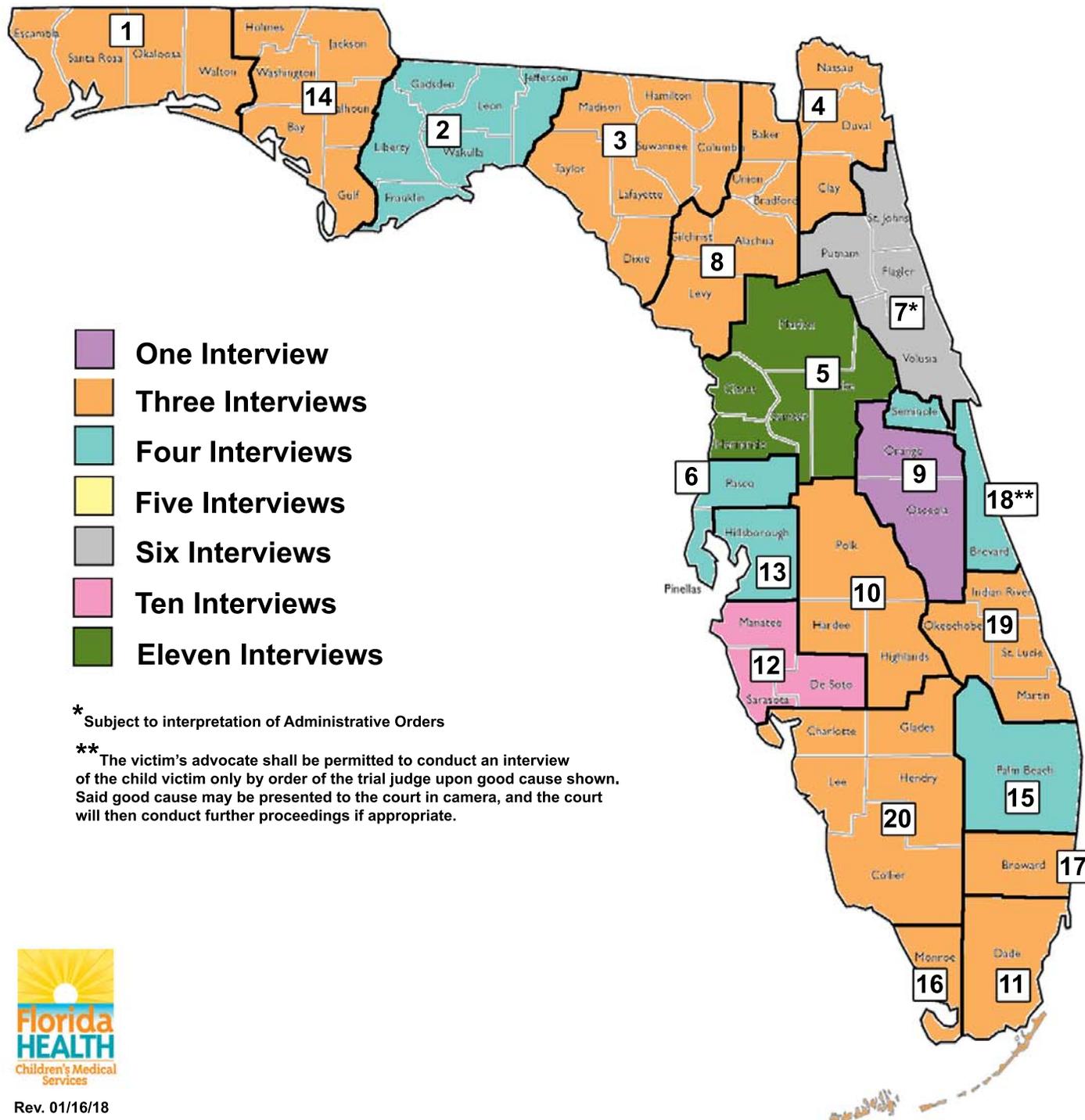
# Administrative Order pursuant to 914.16, FS Additional Interviews



# Administrative Order pursuant to 914.16, FS Age Requirement



# Administrative Order pursuant to 914.16, FS Number of Allowed Interviews



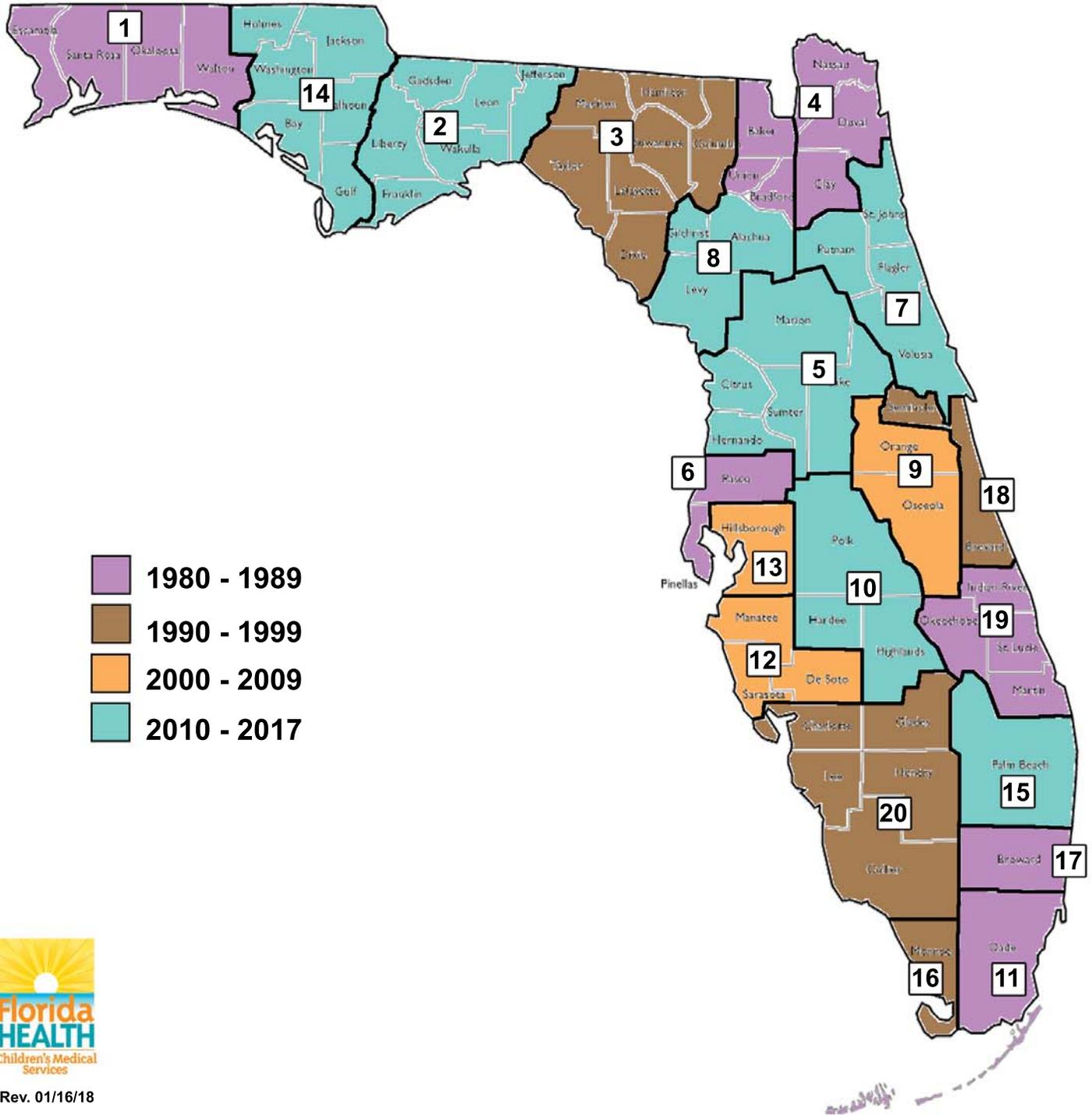
- One Interview
- Three Interviews
- Four Interviews
- Five Interviews
- Six Interviews
- Ten Interviews
- Eleven Interviews

\* Subject to interpretation of Administrative Orders

\*\* The victim's advocate shall be permitted to conduct an interview of the child victim only by order of the trial judge upon good cause shown. Said good cause may be presented to the court in camera, and the court will then conduct further proceedings if appropriate.



# Administrative Order pursuant to 914.16, FS Year of the Administrative Order



# **APPENDIX E:**

## Administrative Order Information Table

### **Circuit 1**

**Counties:** Escambia, Okaloosa, Santa Rosa and Walton

### **Age Requirement:**

Under the age of sixteen years of age at the time the interview

### **Definition of Interview:**

Any procedure in which the victim is required to provide a detailed account or demonstration of the nature and circumstances of the abuse.

- A history obtained for the purposes of medical or psychological diagnosis or treatment.
- An initial contact with the victim by law enforcement or the Florida Department of Health and Rehabilitative Services to assess the validity of the complaint or need to take protective measures on behalf of the victim.

### **Exceptions:**

- A history obtained for the purposes of medical or psychological diagnosis or treatment.
- An initial contact with the victim by law enforcement or the Florida Department of Health and Rehabilitative Services to assess the validity of the complaint or need to take protective measures on behalf of the victim.

### **Number of Interviews:**

1. One interview allotted to HRS and law enforcement
2. One to the State Attorney office
3. One to the representative of the person alleged to be responsible for the case

### **Location of Interview:**

- Interviews shall be conducted in a setting and manner intended to minimize the traumatic effects of the interview of the victim.
- When more than one party or agency participates in a single interview, the interview will be conducted by a single person who shall address the concerns of all parties in the course of the interview.

### **Additional Interviews:**

- Additional interviews shall be allowed only by order of court upon motion for good cause shown.
- Additional interviews shall be limited in scope to assure minimal impact on the victim.

### **Deposition:**

N/A

**Deposition:**

- Interested parties or agencies shall make every effort to gain all necessary information in the course of the same interview.
- When more than one party or agency participates in a single interview, the interview will be conducted by a single person who shall address the concerns of all parties in the course of the interview.

**Date of Administrative Order:**

October 1, 1984

**Judges:**

- Order signed by: Chief Judge, M.C. Blanchard
- Current Judge: Chief Judge, Linda L. Nobles

## **Circuit 2**

**Counties:** Franklin, Gadsden, Jefferson, Leon, Liberty, and Wakulla

## **Age Requirement:**

Under the age of 16 at the time of the interview

## **Definition of Interview:**

Any procedure in which the victim is required or requested to provide a detailed factual account of the circumstances surrounding the allegation of abuse.

## **Exceptions:**

- Information obtained for the purpose of medical or psychological diagnosis or treatment.
- An initial contact with the victim by law enforcement and/or Florida Department of Children and Families (DCF) to assess the validity of complaint or the need to take protective measures on behalf of the victim.
- Contacts with DCF legal, victim services, (sexual assault/domestic violence) counselors, guardians ad litem, or assistant state attorneys seeking to carry out responsibilities as designated by statute.
- Court testimony of the victim.
- Any initial contact by an agent or employee of the school system.

## **Number of Interviews:**

1. One investigative interview may be conducted for the purposes of criminal delinquency and/or dependency proceedings.
2. A second interview may be conducted by the SAO and/or law enforcement, and may include DCF, victim services (sexual assault/domestic violence), or CPT for the purpose of clarifying and expanding any facts necessary for a determination as to filing of charges or petition.
3. A third interview may be conducted under the rules governing depositions. Counsel shall notice all parties including the guardian ad litem consistent with the applicable rule of procedure. Any additional discovery depositions will be governed by Rule 3.220, Florida Rules of Criminal Procedure, or Rules 8.060 and 8.245, Florida Rules of Juvenile Procedure.
4. A fourth interview may be conducted by the office of the prosecuting attorney by the SAO or DCF as final preparation for trial.

## **Location of Interview:**

All agencies involved in the investigation of the above enumerated statutes including law enforcement, DCF, State Attorney's Office (SAO), Child Protection Team (CPT), shall coordinate their efforts to facilitate this provision, so that only one investigative interview is conducted regardless of whether the investigation is for dependency, delinquency or criminal proceedings, or both. All efforts shall be made to limit the number of persons participating in the interviewing of the child no more than two. The interview shall be videotaped or recorded whenever possible to insure that other parties have the opportunity to see and hear the victim's statement.

**Additional Interviews:**

Additional interviews shall be allowed only by order of the court upon motion for good cause shown. Additional interviews shall be limited in scope to assure minimal impact on the victim.

**Deposition:**

N/A

**Protocol:**

- All agencies involved in the investigation of the above enumerated statutes including law enforcement, DCF, State Attorney's Office (SAO), Child Protection Team (CPT), shall coordinate their efforts to facilitate this provision, so that only one investigative interview is conducted regardless of whether the investigation is for dependency, delinquency or criminal proceedings, or both.
- All efforts shall be made to limit the number of persons participating in the interviewing of the child no more than two. The interview shall be videotaped or recorded whenever possible to insure that other parties have the opportunity to see and hear the victim's statement.

**Date of Administrative Order:**

March 10, 2017

**Judges:**

- Order signed by: Chief Judge Jonathan Sjostrom
- Current Judge: Chief Judge Jonathan Sjostrom

### **Circuit 3**

**Counties:** Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee and Taylor

### **Age Requirement:**

- Under 16 years of age at the time of the interview
- A person with mental retardation as defined by Florida Statute

### **Definition of Interview:**

“INTERVIEW”, for the purposes of this order means any procedure in which the victim is required to provide a detailed account or demonstration of the nature and circumstances of the abuse.

### **Exception:**

- A history obtained for the purposes of medical or psychological diagnosis or treatment.
- An initial contact with the victim by law enforcement, or the Florida Department of Children and Family Services, to assess the validity of the complaint or need to take protective measures on behalf of the victim.

### **Number of Interviews:**

1. There shall be one investigative interview conducted for the purposes of criminal and dependency proceedings.
2. There shall be one full and complete pre-file interview conducted by or on behalf of the State Attorney’s Office.
3. There shall additionally be one full and complete pretrial interview conducted by or on behalf of the State Attorney’s Office.
4. There shall be one discovery deposition permitted to be taken by the representative of the person alleged to be responsible for the abuse, subject to limitations (numbers 5 and 6 listed in the Administrative Order).

### **Location of Interview:**

Interviews shall be conducted in a setting and manner intended to minimize the traumatic effect of the interview on the victim.

### **Additional Interviews:**

- Additional interviews shall be allowed only by order of the trial judge upon motion for good cause shown, unless there is no objection to said interview by the victim’s custodial parent, legal guardian, guardian ad litem or State Attorney.
- Additional Interviews shall be limited in scope as much as possible to assure minimal impact on the victim.

**Deposition:**

Nothing contained in this order shall prevent the trial court from limiting the discovery deposition pursuant to the applicable provisions of Rule 1.280(c) of the Florida Rules of Civil Procedure, Rule 3.22(h), of the Florida Rules of Criminal Procedure, or Rule 8.060 of the Florida Rule of Juvenile Procedure.

**Protocol:**

- All agencies involved in the investigation shall coordinate their investigations to facilitate this provision.
- All efforts shall be made to reduce the number of agency representatives participating in the interviewing of the child.

**Date of Administrative Order:**

March 29, 1999

**Judges:**

- Order signed by: Chief Judge, Paul S. Bryan
- Current Judge: Chief Judge, Paul S. Bryan

### **Circuit 4**

**Counties:** Clay, Duval, and Nassau

### **Age Requirement:**

Under the age of 16 at the time of the interview

### **Definition of Interview:**

“INTERVIEW,” for the purpose of this order, means any procedure in which the victim is required to provide a detailed account or demonstration of the nature and circumstances of the abuse, **but does not include:**

- The history obtained for the purposes of medical or psychological diagnosis or treatment
- Any initial contact with the victim by law enforcement or the Florida Department of Health and Rehabilitative Services, to assess the validity of the complaint or need to take protective measures on behalf of the victim.

### **Exceptions:**

- The history obtained for the purposes of medical or psychological diagnosis or treatment.
- Any initial contact with the victim by law enforcement or the Florida Department of Health and Rehabilitative Services, to assess the validity of the complaint or need to take protective measures on behalf of the victim.

### **Number of Interviews:**

1. There shall be one investigative interview conducted for the purposes of criminal proceedings.
2. There shall be one full and complete pre-file interview conducted by or on behalf of the State Attorney’s Office.
3. There shall additionally be one full and complete pre-trial interview conducted by or on behalf of the State Attorney’s Office.
4. There shall be one discovery deposition permitted to be taken by the representative of the person alleged to be responsible for the abuse, subject to the limitations provided below (please see Location of Interview and Additional Interviews).

### **Location of Interview:**

Interviews shall be conducted in a setting and manner designed to minimize the traumatic effect of the interview on the victim.

### **Additional Interviews:**

- Additional interviews shall be allowed only by order of the trial judge upon motion for good cause shown, unless there is no objection to said interview by the victim’s custodial parent, legal guardian, guardian ad litem or State Attorney.
- Additional interviews shall be limited in scope as much as possible to assure minimal impact on the victim.

**Deposition:**

Nothing contained in this order shall prevent the trial court from limiting the discovery deposition pursuant to the applicable provisions of Rule 1.280 (c) of the Florida Rules of Civil Procedure, Rule 3.220 (h) of the Florida Rules of Criminal Procedure, or Rule 8.070 of the Florida Rules of Juvenile Procedure.

**Protocol:**

None specified

**Date of Administrative Order:**

January 28, 1986

**Judges:**

- Order Signed by: Chief Judge John E. Santora
- Current Judge: Chief Judge Mark H. Mahon

### **Circuit 5**

**Counties:** Citrus, Hernando, Lake, Marion, and Sumter

### **Age Requirement:**

Under the age of 16 years at the time of the interview

### **Definition of Interview:**

“Interview” for the purposes of this order means any procedure in which the victim is required to provide an account or demonstration of the nature and circumstances of the alleged abuse, including depositions.

### **Exceptions:**

- An initial contact by law enforcement or the Department of Children and Families to assess the validity of an allegation or take protective measures on behalf of the victim, which shall be limited to one episode.
- Any history obtained by medical or mental health personnel for the purpose of medical or mental health examination, diagnosis or treatment, including but not limited to the Child Protection Team and its staff.

### **Number of Interviews:**

1. The investigating law enforcement agency shall be allowed two interviews. At the first, the law enforcement agency shall notify, when practicable, the Florida Department of Children and Families and allow their participation as required by law. During the first interview, the law enforcement agency shall arrange for the videotaping and/or audio taping of the interview, when practicable. If the law enforcement agency deems it necessary to conduct a second interview, the agency shall notify the Office of the State Attorney and again notify the Department of Children and Families. All agencies involved in this second interview shall conduct such interview in cooperation with each other, making as minimal an impact on the victim as possible.
2. The Department of Children and Families shall be allowed up to four interviews with a victim: one initial investigative interview; a second investigative interview, if necessary; one pre-deposition preparation interview, if necessary, and one pre-trial preparation interview, if necessary. The Department shall conduct its investigative interviews with law enforcement, as enumerated in subsection “a” when possible. If law enforcement is not involved in the investigation, the Department shall arrange for the videotaping and/or audio taping of the interview when practicable.
3. The Office of the State Attorney shall be permitted up to three interviews with a victim: one initial investigative interview, which may occur in conjunction with law enforcement, as enumerated in subsection “a”; one pre-deposition preparation interview, if necessary, and one pre-trial preparation interview, if necessary.
4. The attorney representing the alleged offender in any criminal proceedings shall be allowed one interview.
5. The attorney representing the parent(s) and/or guardian(s) in any dependency proceeding shall be allowed one interview.

**Location of Interview:**

- The Guardian Ad Litem if one has been appointed shall be noticed for all interviews and contacts with the victim.
- Interviews shall be conducted in a setting and manner intended to minimize the traumatic effects of the interview on the victim. If available, the interview shall take place in a room with décor and furnishings appropriate to the victim.

**Additional Interviews:**

- Additional interviews shall be allowed only by order of the court upon motion for good cause shown.
- Additional interviews shall be limited in scope to assure minimal impact on the victim.
- Interested parties and agencies shall endeavor to coordinate their effort so as not to unnecessarily duplicate interviews of the victim.
- Photo and physical lineups (unless conducted at the initial contact), polygraph examinations and hypnosis may be used only after specific court order.
- No additional interviews shall be allowed unless by court order with good cause shown. A party seeking additional interviews shall make an ex-parte petition to the Chief Judge of the Circuit. Additional interviews shall be limited in scope to assure minimal impact on the victim.

**Deposition:**

Depositions shall be videotaped and/or audio taped, in a location with decor and furnishings appropriate to the victim where the camera and microphones are hidden from view when such facilities are available.

**Protocols:**

- The Guardian Ad Litem if one has been appointed shall be noticed for all interviews and contacts with the victim.
- Interested parties and agencies shall endeavor to coordinate their effort so as not to unnecessarily duplicate interviews of the victim.
- Photo and physical lineups (unless conducted at the initial contact), polygraph examinations and hypnosis may be used only after specific court order.

**Date of Administrative Order:**

September 24, 2014

**Judges:**

- Order signed by: Chief Judge Don F. Briggs
- Current Judge: Chief Judge Hale R. Stancill

## **Circuit 6**

**Counties:** Pasco and Pinellas

### **Age Requirement:**

Under 16 years of age

### **Definition of Interview:**

“INTERVIEW”, for the purposes of this Order, means any procedure in which the victim is required to provide a detailed account or demonstration of the nature and circumstances of the abuse.

### **Exceptions:**

- The history obtained for the purpose of medical or psychological diagnosis or treatment.
- Any initial contact with the victim by law enforcement or the Florida Department of Health and Rehabilitative Services, to assess the validity of the complaint or the need to take protective measures on behalf of the victim.
- Any initial contact by an agent or employee of the school system.

### **Number of Interviews:**

The number of interviews of such persons, absent exceptional circumstances, shall not exceed:

1. Two interviews for the purpose of determining whether or not a criminal act has occurred.
2. One pre-file or pre-indictment interview conducted by or on behalf of the Office of the State Attorney.
3. One discovery deposition conducted by the attorney for the person alleged to be responsible for the abuse complained of.
4. One pre-trial conference interview conducted by or on behalf of the Office of the State Attorney.

All agencies involved in the investigation or prosecution of cases governed by this Order shall coordinate their investigations to comply with the provisions of this Order.

### **Location of Interview:**

Any interested party may, by written motion made to the Court setting forth exceptional circumstances, request the right to conduct additional interviews. Upon the granting of such a request the Court shall limit the scope of such interviews and the place and manner in which the same shall be conducted to assure minimal impact on the victim.

### **Additional Interviews:**

Any interested party may, by written motion made to the Court setting forth exceptional circumstances, request the right to conduct additional interviews.

<b>Deposition:</b>
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N/A
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<b>Protocols:</b>
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All agencies involved in the investigation or prosecution of cases governed by this Order shall coordinate their investigations to comply with the provisions of this Order.
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<b>Date of Administrative Order:</b>
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January 20, 1986
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<b>Judges:</b>
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| <ul style="list-style-type: none"><li>▪ Order signed by: Chief Judge, David F. Patterson</li><li>▪ Current Judge: Chief Judge Anthony Rondolino</li></ul> |
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**Circuit 7**

**Counties:** Flagler, Putnam, St. John and Volusia

**Age Requirement:**

Under the age of sixteen or who are mentally retarded

**Definition of Interview:**

N/A

**Number of Interviews:**

1. All law enforcement within the Seventh Judicial Circuit (Flagler, Putnam, St. Johns and Volusia counties) shall, whenever possible, coordinate and consolidate the initial interviews of victims of violations of SS 794.011, 800.04, 827.03, or 847.0135(5), Florida Statutes, who is under the age of sixteen, or victims of ss 794.011, 800.02, 800.03, or 847.0135(5), who are mentally retarded, and whenever possible, shall record said interviews by audio and/or video.
2. All subsequent interviews are limited to a maximum of two, unless permission is granted by the presiding judge for good cause shown, and all subsequent interviews shall be recorded by audio and/or video.
3. The Department of Children and Families, other child protective agencies and their respective employees, agents, or contract providers, shall limit their interviews of said victims to a maximum of three, without further court order, and shall record said interviews by audio and/or video.

**Location of Interview:**

N/A

**Additional Interviews:**

N/A

**Deposition:**

Nothing in this order limits a judge in a specific case from considering further limitations upon application of any interested party pursuant to the provisions of ss 92.53, 92.55, Florida Statutes.

**Protocol:**

- Nothing in this order limits a judge in a specific case from considering further limitations upon application of any interested party pursuant to the provisions.
- All law enforcement within the Seventh Judicial Circuit (Flagler, Putnam, St. Johns and Volusia counties) shall, whenever possible, coordinate and consolidate the initial interviews of victims of violations of who is under the age of sixteen, or victims who are mentally retarded, and whenever possible, shall record said interviews by audio and/or video.

<b>Date of Administrative Order:</b>
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June 30, 2017
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<b>Judges:</b>
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| <ul style="list-style-type: none"><li>▪ Order Signed by: Chief Judge Terence R. Perkins</li><li>▪ Current Judge: Chief Judge Terence R. Perkins</li></ul> |
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### **Circuit 8**

**Counties:** Alachua, Baker, Bradford, Gilchrist, Levy and Union

### **Age Requirement:**

Under the age of 16

### **Definition of Interview:**

“INTERVIEW”, for the purposes of this order, means any procedure in which the victim is required to provide a detailed account or demonstration of the nature and circumstances.

### **Exceptions:**

- The history obtained for the purposes of medical or psychological diagnosis or treatment.
- Any initial contact with the victim by law enforcement, or the Florida Department of Health and Rehabilitative Services, to assess the validity of the complaint or need to take protective measures on behalf of the victim.

### **Number of Interviews:**

1. There shall be one investigative interview conducted for the purposes of criminal and dependency proceedings. All agencies involved in the investigation of violations ss794.11, ss800.04, or ss827.04, Florida Statutes, shall coordinate their investigations to facilitate this provision. All efforts shall be made to reduce the number of agency representative participating in the interviewing of the child.
2. There shall be one full and complete pre-trial interview conducted by or on behalf of the State Attorney’s Office.
3. There shall be additionally be one full and complete pretrial interview conducted by or on behalf of the State Attorney’s Office.

### **Location of Interview:**

Interviews shall be conducted in a setting and manner designed to minimize the traumatic effect of the interview on the victim.

### **Additional Interviews:**

- Additional interviews shall be allowed only by order of the trial judge upon motion for good cause shown, unless there is no objection to said interview by the victims custodial parent, legal guardian, guardian ad litem or state attorney.
- Additional interviews shall be limited in scope as much as possible to assure minimal impact on the victim.

### **Deposition:**

- There shall be one discovery deposition permitted to be taken by the representative of the person alleged to be responsible for the abuse, subject to the limitation provided below.

- Nothing contained in this order shall prevent the trial court from limiting the discovery deposition pursuant to the applicable provisions of Rule 1.280(c) of the Florida Rules of Civil Procedure, Rule 3.220(h), of the Florida rules of Criminal Procedure, or Rule 8.070 of the Florida Rules of Juvenile Procedure.

**Protocol:**

- All agencies involved in the investigation shall coordinate their investigation to facilitate this provision.
- All efforts shall be made to reduce the number of agency representation participating in the interviewing of the child.

**Date of Administrative Order:**

October 5, 2012

**Judges:**

- Order signed by: Chief Judge Robert E. Roundtree Jr.
- Current Judge: Chief Judge Toby S. Monaco

## Circuit 9

**Counties:** Orange and Osceola

### Age Requirement:

- Under 16 years of age
- Mental retardation

### Definition of Interview:

N/A

### Number of Interviews:

- All law enforcement agencies in the Ninth Judicial Circuit of Florida shall whenever possible coordinate and consolidate the initial and subsequent interviews of an alleged victim.
- In order to carry out the intent of section 914.16, Florida Statutes, Orange and Osceola Counties have established Children's Advocacy Centers which coordinate and cooperate in the response and investigation of victim interviews covered by section 914.16, Florida Statutes.
- Each county has also established Sexual Assault Response Team, which includes the Children's Advocacy Centers as partner agencies. The Sexual Assault Response Teams have established protocols that require, to the extent possible, that only one interview be conducted of victims during the investigative stage of the case.
- Whenever possible initial examinations and interviews of such child abuse or sexual abuse victims shall be preserved by audio-visual equipment in order to prevent repetition through multiple interviews.

### Location of Interview:

N/A

### Additional Interviews:

Courts of appropriate jurisdiction may consider further limitations upon application of any interested party.

### Depositions:

- Matters concerning defense discovery depositions shall be handled on a case by case basis by the court having jurisdiction of the case.
- Whenever possible, where there are pending juvenile, civil or criminal cases which arise from the same incident or sexual or child abuse, discovery depositions shall be coordinated by all interested parties.

**Protocol:**

- All law enforcement agencies in the Ninth Judicial Circuit of Florida shall whenever possible coordinate and consolidate the initial and subsequent interviews of an alleged victim.
- In order to carry out the intent of section 914.16, Florida Statutes, Orange and Osceola Counties have established Children’s Advocacy Centers which coordinate and cooperate in the response and investigation of victim interviews covered by section 914.16, Florida Statutes.
- Each county has also established Sexual Assault Response Team, which includes the Children’s Advocacy Centers as partner agencies. The Sexual Assault Response Teams have established protocols that require, to the extent possible, that only one interview be conducted of victims during the investigative stage of the case.
- Whenever possible initial examinations and interviews of such child abuse or sexual abuse victims shall be preserved by audio-visual equipment in order to prevent repetition through multiple interviews.
- Whenever possible, where there are pending juvenile, civil or criminal cases which arise from the same incident or sexual or child abuse, discovery depositions shall be coordinated by all interested parties.
- Whenever possible initial examinations and interviews of such child abuse or sexual abuse victims shall be preserved by audio-visual equipment in order to prevent repetition through multiple interviews.

**Date of Administrative Order:**

July 11, 2008

**Judges:**

- Order signed by: Chief Judge, Belvin Perry Jr.
- Current Judge: Chief Judge Frederick J. Lauten

## **Circuit 10**

**Counties:** Polk, Highland and Hardee

### **Age Requirement:**

- Under the age of 16
- Mental retardation

### **Definition of Interview:**

“INTERVIEW,” for the purpose of this order, means any procedure in which the victim is required to provide a detailed account or demonstration of the nature and circumstances of the abuse.

### **Exceptions:**

- The history obtained for the purpose of medical or psychological diagnosis or treatment
- Initial contact with the victim by law enforcement or the Department of Children and Families for the State of Florida (DCF), to assess the validity of the complaint or needed to take protective measures on behalf of the victim.

### **Number of Interviews:**

1. There shall be one (1) investigative interview conducted for the purposes of criminal and dependency proceedings. All agencies involved in the investigation of the above enumerated statutes shall coordinate their efforts to facilitate this provision, so that only one (1) investigative interview is conducted regardless of whether the investigation is for dependency or criminal proceedings, or both. All efforts shall be made to reduce the number of agency representatives participating in the interviewing of the child.
2. There shall be only one (1) full and complete pre-file interview conducted by or on behalf of the State Attorney’s Office, whether for dependency or criminal proceedings or both.

### **Location of Interview:**

All interviews shall be conducted in a setting and manner designated to minimize the traumatic effect of the interview on the victim.

### **Additional Interviews:**

- On a case-by-case basis, if necessary, there may be one (1) additional full and complete pre-trial interview conducted by or on behalf of the State Attorney’s Office whether for dependency or criminal proceedings, or both.
- Additional interviews may be allowed only by order of the trial judge upon motion for good cause shown, unless there is no objection to said interview by the victim’s custodial parent or legal guardian, and the guardian-ad-litem, and the State Attorney. Additional interviews shall be limited in scope as much as possible to insure minimal impact on the victim.

**Deposition:**

- There shall be only one (1) discovery deposition permitted to be taken by the representative(s) of the person alleged to be responsible for the abuse, whether for dependency or criminal proceedings, or both, subject to the limitations provided.
- Nothing contained in this order shall prevent the trial court from limiting the discovery deposition pursuant to the applicable provisions of Rule 1.280 (c) of the Florida Rules of Civil Procedure, Rule 3.220 (h), Florida Rules of Criminal Procedure, or Rule 8.070 of the Florida Rules of Juvenile Procedure.

**Protocol:**

None Stated

**Date of Administrative Order:**

July 14, 2010

**Judges:**

- Order Signed by: Chief Judge J. David Langford
- Current Judge: Chief Judge Donald G. Jacobsen

## **Circuit 11**

County: Miami Dade

### **Age Requirement:**

Under the age of 16

### **Definition of Interview:**

“INTERVIEW”, for the purposes of this order, means any procedure in which the victim is required to provide a detailed account or demonstration of the nature and circumstances of the abuse.

### **Exceptions:**

- The history obtained for the purposes of medical or psychological diagnosis or treatment.
- Any initial contact with the victim by law enforcement, or the Florida Department of Health and Rehabilitative Services, to assess the validity of the complaint or need to take protective measures on behalf of the victim.

### **Number of Interviews:**

1. There shall be one investigative interview conducted for the purposes of criminal and dependency proceedings. All agencies involved in the investigation of violations ss794.11, ss800.04, or ss827.04, Florida Statutes, shall coordinate their investigations to facilitate this provision. All efforts shall be made to reduce the number of agency representatives participating in the interviewing of the child.
2. There shall be one full and complete pre-file interview conducted by or on behalf of the State Attorney’s Office.
3. There shall be additionally be one full and complete pre-trial interview conducted by or on behalf of the State.

### **Location of Interview:**

Interviews shall be conducted in a setting and manner designed to minimize the traumatic effect of the interview on the victim.

### **Additional Interviews:**

- Additional interviews shall be allowed only by order of the trial judge upon motion for good cause shown, unless there is no objection to said interview by the victim’s custodial parent, legal guardian, guardian ad litem or state attorney.
- Additional interviews shall be limited in scope as much as possible to assure minimal impact on the victim.

**Deposition:**

- There shall be one discovery deposition permitted to be taken by the representative of the person alleged to be responsible for the abuse, subject to the limitation provided below.
- Nothing contained in this order shall prevent the trial court from limiting the discovery deposition pursuant to the applicable provisions of Rule 1.280(c) of the Florida Rules of Civil Procedure, Rule 3.220(h), of the Florida rules of Criminal Procedure, or Rule 8.070 of the Florida Rules of Juvenile Procedure.

**Protocol:**

- All agencies involved in the investigation of violations, shall coordinate their investigations to facilitate this provision.
- All efforts shall be made to reduce the number of agency representatives participating in the interviewing of the child.

**Date of Administrative Order:**

May 30, 1985

**Judges:**

- Order signed by: Chief Judge Gerald T. Wetherington
- Current Judge: Chief Judge Soto Bertila

## **Circuit 12**

**Counties:** Manatee, Sarasota and Desoto

### **Age Requirement:**

- Under the age of 16
- A person with mental retardation

### **Definition of Interview:**

For purposes of this Order, an “interview” means any procedure in which the victim is required to provide a detailed account or demonstration of the nature and circumstances of the abuse.

### **Exceptions:**

- A history obtained for the purposes of medical or psychological diagnosis or treatment.
- An initial contact with the victim by law enforcement or the Department of Children and Families (DCF) to assess the validity of the complaint or need to take protective measures on behalf of the victim.
- The actual court testimony of the victim.
- Therapy or counseling sessions conducted by a licensed mental health practitioner approved by the court.

### **Number of Interviews:**

- Law enforcement, DCF and Child Protection Team: limited to a combined total of two (2).
- Office of the State Attorney: limited to a total of seven (7)
- One interview is permitted by the attorney representing the person alleged to be responsible for the abuse.

### **Location of Interview:**

Interviews shall be conducted in a setting and a manner intended to minimize the traumatic effects of the interview on the victim.

### **Additional Interviews:**

- No additional interviews shall be allowed except by court order and with good cause shown. Any interested party may request an additional interview by filing a written motion with the Court having jurisdiction over the matter; in the motion, the party shall set forth the exceptional circumstances supporting the request. If the request is granted, the Court shall limit the scope of such interviews, including the place and the manner in which the interview is conducted in order to minimize the impact on the victim.
- If the court appoints a Guardian Ad Litem (GAL) or other advocate, the GAL or advocate shall be provided notice of all interviews of the victim.
- Parties and agencies shall coordinate their efforts so as to avoid unnecessary duplication of victim interviews, and shall use their best efforts to reduce the number of interview events.

<b>Depositions:</b>
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N/A
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<b>Protocol:</b>
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| <ul style="list-style-type: none"><li>▪ If the court appoints a Guardian Ad Litem (GAL) or other advocate, the GAL or advocate shall be provided notice of all interviews of the victim.</li><li>▪ Parties and agencies shall coordinate their efforts so as to avoid unnecessary duplication of victim interviews, and they use their best efforts to reduce the number of interview events.</li></ul> |
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<b>Date of Administrative Order:</b>
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September 12, 2008
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<b>Judges:</b>
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| <ul style="list-style-type: none"><li>▪ Order signed by Chief Judge: Lee E. Haworth</li><li>▪ Current Chief Judge: Charles E. Williams</li></ul> |
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## Circuit 13

**Counties:** Hillsborough

### Age Requirement:

- Under 16 years of age
- A person with a developmental disability

### Definition of Interview:

“Interview” means any procedure in which the victim is required to provide a detailed account or demonstration of the nature and circumstances of the abuse.

### Exceptions:

- A history obtained for the purposes of medical or psychological diagnosis or treatment or an initial contact with the victim by law enforcement or DCF to assess the validity of the complaint or need to take protective measures on behalf of the victim.
- If the assessment can be made without the necessity of obtaining a statement from the victim, such shall be the preferred procedure.
- “Interview” does not include the taking of a deposition.

### Number of Interviews:

1. Two interviews by the investigating law enforcement agency including an initial interview by a specifically designated and trained child abuse investigator, and a follow-up interview by a specifically trained detective or a trained Children’s Justice Center interviewer only if necessary, and such additional interview being limited in scope as much as possible to assure minimal impact on the victim.
2. One interview by a member of the State Attorney’s Office Sexual Offender Division, plus a subsequent contact to prepare the victim for defense depositions, if scheduled, a subsequent contact to prepare the victim for trial testimony if the victim is to testify and any additional contacts necessary to address litigation issues.
3. One interview by DCF, unless such interview is conducted jointly with law enforcement.

### Location of Interview:

- All interviews shall be conducted in a setting and manner intended to minimize the traumatic effects of the interview on the victim who is under the age of 16 or who is a person with a developmental disability.
- The interviews by law enforcement, the State Attorney’s Office, and DCF shall be held as soon as practical after notification of the alleged abuse.
- Recorded interviews should be conducted at the Children’s Justice Center or another appropriate facility as designated by the chief judge.

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<b>Additional Interviews:</b>
<ul style="list-style-type: none"><li>▪ Additional interviews may be allowed by order of the trial judge upon a showing of good cause.</li><li>▪ Additional interviews shall be limited in scope as much as possible to assure minimal impact on the victim.</li></ul>



<b>Deposition:</b>
All discovery depositions of victims or witnesses under the age of 16 taken pursuant to Florida Rule of Criminal Procedure 3.22(h)(4) or Florida Rule of Juvenile Procedure 8.245(e) should be conducted at the Children's Justice Center.

<b>Protocol:</b>
<ul style="list-style-type: none"><li>▪ The interviews by law enforcement, the State Attorney's Office, and DCF shall be held as soon as practical after notification of the alleged abuse.</li><li>▪ Recorded interviews should be conducted at the Children's Justice Center or another appropriate facility as designated by the chief judge.</li></ul>



<b>Date of Administrative Order:</b>
September 15, 2005

<b>Judges:</b>
<ul style="list-style-type: none"><li>▪ Order Signed by Chief Judge: J. Rogers Padgett, Acting Chief Judge</li><li>▪ Current Chief Judge: Ronald Ficarrota</li></ul>

### **Circuit 14**

**Counties:** Bay, Calhoun, Gulf, Holmes, Jackson, and Washington

### **Age Requirement:**

Under the age of 16 years

### **Definition of Interview:**

“INTERVIEW”, for the purposes of this order, means any procedure in which the victim is required to provide a detailed account or demonstration of the nature and circumstances of the abuse.

### **Exceptions:**

- The history obtained for the purpose of medical or psychological diagnosis or treatment.
- Initial contact with the victim by law enforcement, or the Department of Children and Families for the State of Florida (DCF), to assess the validity of the complaint or needed to take protective measures on behalf of the victim.

### **Number of Interviews:**

1. There shall be one (1) investigative interview conducted for purposes of criminal and dependency proceedings. All agencies involved in the investigation of the above enumerated statutes shall coordinate their efforts to facilitate this provision, so that only one (1) investigative interview is conducted regardless of whether the investigation is for dependency or criminal proceedings, or both. All efforts shall be made to reduce the number of agency representatives participating in the interviewing of the child.
2. There shall be one (1) full and complete pre-file interview conducted by or on behalf of the State Attorney’s Office, whether for dependency or criminal proceedings, or both.
3. On a case by case basis, if necessary, there may be one (1) additional full and complete pre-trial interview conducted by or on behalf of the State Attorney’s Office whether for dependency or criminal proceedings, or both.

### **Location of Interview:**

All interviews shall be conducted in a setting and manner designated to minimize the traumatic effect of the interview on the victim.

### **Additional Interviews:**

- Additional interviews may be allowed only by order of the trial judge upon motion for good cause shown, unless there is no objection to said interview by the victim’s custodial parent or legal guardian, and the guardian-ad litem, and the State Attorney.
- Additional interviews shall be limited in scope as much as possible to insure minimal impact on the victim.

**Deposition:**

- There shall be one (1) discovery deposition permitted to be taken by the representative(s) of the person alleged to be responsible for the abuse, whether for dependency or criminal proceedings, or both, subject to the limitations.

**Protocol:**

None stated

**Date of Administrative Order:**

September 19, 2012

**Judges:**

- Order signed by Chief Judge: Hentz McClellan
- Current Chief Judge: Elijah Smiley

## Circuit 15

County: Palm Beach

### Age Requirement:

- Under 13 years of age
- Person with mental retardation at the time of the interview

### Definition of Interview:

For purposes of this order, an “interview” is defined as any procedure in which the child victim is required to provide a factual; recitation of the circumstances surrounding the allegations of abuse.

### Exceptions:

- Information obtained for the purpose of medical or psychological diagnosis for treatment.
- An initial contact with the victim by law enforcement and/or Florida Department of Children and Families to assess validity of complaint or need to take protective measures on behalf of the victim.
- Contacts with DCF legal, victim services (sexual assault/domestic violence) counselors, guardian ad litem, or assistant state attorneys seeking to carry out responsibilities as designated by statute.
- Actual court testimony of victim.
- Re-contact with the victim for the purpose of expanding/clarifying a previous statement prior to the filing of formal charges.

### Number of Interviews:

In accord with the foregoing and the need to act in the best interest of the child victims of abuse, it is ordered that no child victim of abuse shall be subject to more than four interviews in the course of investigation and prosecution of an incident of abuse except upon the order of the court. These interviews shall be as follows:

1. The first interview shall be conducted within a reasonable time for the validation of the complaint.
2. The second interview by law enforcement, with the State Attorneys approval, may occur prior to the filing of formal charges and may include DCF, Victim Services (sexual assault/domestic violence) or the Child Protection Team.
3. The third interview will be conducted under the rules of governing depositions.

### Location of Interview:

- The (first) interview when feasible shall be held at a Child Protection Team facility in Palm Beach County.
- When applicable, this interview will be attended by law enforcement, a representative from DCF, Victim Services (sexual assault/domestic violence), the State Attorney’s Office, and the Child Protection Team.
- When applicable, DCF shall, prior to scheduling a forensic interview, contact the law enforcement agency of jurisdiction and coordinate a mutually agreeable date and time for both law enforcement and DCF to attend the forensic interview.
- All attending agencies shall meet prior to the interview and make reasonable efforts to coordinate and produce all necessary information in the course of that (the first) interview.

- To minimize the traumatic effects to the child, all interviews shall be conducted by no more than two persons.
- This interview shall be recorded whenever possible to ensure that other parties have the opportunity to hear the child's statement.

### **Additional Interviews:**

- If necessary, law enforcement may meet with the victim for the purpose of expanding/clarifying any facts necessary.
- Additional interviews shall be allowed only by order of the court upon motion for good cause shown.
- Additional interviews shall be limited in scope to assure minimal impact on the victim.

### **Depositions:**

The deposition shall be conducted in a setting and manner intended to minimize the traumatic effects of the interview on the victim. Defense counsel shall notice all parties including the guardian ad litem consistent with Crim. Proc. Rule 3.22(h).

### **Protocol:**

- When applicable, this interview will be attended by law enforcement, a representative from DCF, Victim Services (sexual assault/domestic violence), the State Attorney's Office, and the Child Protection Team.
- When applicable, DCF shall, prior to scheduling a forensic interview, contact the law enforcement agency of jurisdiction and coordinate a mutually agreeable date and time for both law enforcement and DCF to attend the forensic interview.
- All attending agencies shall meet prior to the interview and make reasonable efforts to coordinate and produce all necessary information in the course of that (the first) interview.
- To minimize the traumatic effects to the child, all interviews shall be conducted by no more than two persons.
- This interview shall be recorded whenever possible to ensure that other parties have the opportunity to hear the child's statement.

### **Date of Administrative Order:**

July 2, 2012

### **Judges:**

- Order signed by Chief Judge: Peter D. Blanc
- Current Chief Judge: Krista Marx

## **Circuit 16**

County: Monroe

### **Age Requirement:**

- Under age 16
- Person who have an intellectual disability.

### **Definition of Interview:**

“Interview,” for the purposes of this order, means any procedure in which the child victim is required to provide a detailed account or demonstration of the nature and circumstances of the abuse.

### **Exceptions:**

History obtained for the purposes of medical or psychological diagnosis or treatment nor any initial contact with the victim by law enforcement, or the Florida Department of Health and Rehabilitative Services, to assess the validity of the complaint or need to take protective measures on behalf of the victim.

### **Number of Interviews:**

4. There shall be one investigative interview conducted for the purposes of criminal and dependency proceedings. All agencies involved in the investigation of violations of Sections 794.11, 800.04, 827.03, or 827.04, Florida Statutes, shall coordinate their investigations to facilitate this provision. All efforts shall be made to reduce the number of agency representatives participating in the interviewing of the child.
5. There shall be one full and complete pre-file interview conducted by or on behalf of the State Attorney’s Office.
6. Additionally, there shall be one full and complete pretrial interview conducted on or behalf of the State Attorney’s Office.

### **Location of Interview:**

Interviews shall be conducted in a setting and manner designed to minimize the traumatic effect of the interview on the victim.

### **Additional Interviews:**

- Additional interviews shall be allowed only by order of the trial judge upon open motion for good cause shown, unless there are no objections to said interview by the victim’s custodial parent, legal guardian, guardian ad litem, or State Attorney.
- Additional interviews shall be limited in scope as much as possible to assure minimal impact on the victim.

**Depositions:**

- There shall be one discovery deposition permitted to be taken by the representative of the person alleged to be responsible for the abuse, subject to the limitations provided.
- Nothing contained in this order shall prevent the trial court from limiting the discovery deposition pursuant to the applicable provision of Rule 1.280(c) of the Florida Rules of Civil Procedure, Rule 3.220(h) of the Florida Rules of Criminal Procedure, or Rule 8.070 of the Florida Rules of Juvenile Procedure.

**Protocol:**

- All agencies involved in the investigation of violations of Sections 794.11, 800.04, 827.03, or 827.04, Florida Statutes, shall coordinate their investigations to facilitate this provision.
- All efforts shall be made to reduce the number of agency representatives participating in the interviewing of the child.

**Date of Administrative Order:**

December 13, 1994

**Judges:**

- Order signed by Chief Judge: J. Jefferson Overby
- Current Chief Judge: Mark H. Jones

## Circuit 17

County: Broward

### Age Requirement:

Under the age of 16

### Definition of Interview:

“Interview” for the purposes of this order means any procedure in which the child victim is required to provide a detailed account or demonstration of the nature and circumstances of the abuse after the filing of formal charges. **This does not include:**

- A history obtained for the purposes of medical or psychological diagnosis or treatment
- An initial contact with the victim by law enforcement or the Florida Department of Health and Rehabilitative Services to assess the validity of the complaint or need to take protective measures on behalf of the victim
- Nor the actual testimony itself

### Exceptions:

- A history obtained for the purposes of medical or psychological diagnosis or treatment
- An initial contact with the victim by law enforcement or the Florida Department of Health and Rehabilitative Services to assess the validity of the complaint or need to take protective measures on behalf of the victim
- Nor the actual testimony itself

### Number of Interviews:

1. No victim of abuse who falls within the age guideline of this order shall be required to submit no more than three interviews in the course of investigation and prosecution of an episode, except upon order of court.
2. The court intends that the three interviews be allowed to meet the needs of potential parties as follows:
  - One interview allotted to the investigating agency
  - One to the State Attorney
  - One to the legal representative of the person alleged to be responsible for the abuse

### Location of Interview:

- Interviews shall be conducted in a setting and manner intended to minimize the traumatic effects of the interview on the victim.
- Interested parties or agencies shall make every effort to gain all necessary information in the course of the same interview.
- When more than one party or agency participates in a single interview, the interview will be conducted by a single person who shall address the concerns of all parties in the course of the interview.

**Additional Interviews:**

- Additional interview shall be allowed only by order of the Court upon motion for good cause shown.
- Additional interviews shall be limited in scope to assure minimal impact on the victim.

**Protocol:**

Interested parties or agencies shall make every effort to gain all necessary information in the course of the same interview.

**Deposition:**

N/A

**Date of Administrative Order:**

June 1, 1989

**Judges:**

- Order signed by Chief Judge: Miette K. Burnstein
- Current Chief Judge: Jack Tuter

### **Circuit 18**

**Counties:** Brevard and Seminole

### **Age Requirement:**

Under the age of 16

### **Definition of Interview:**

“INTERVIEW,” for the purposes of this Order, means any procedure in which the child is required to provide and does provide a detailed account or demonstration of the nature and circumstances of the abuse.

### **Exceptions:**

- The history obtained for purposes of medical or psychological diagnosis, therapy, or treatment.
- Any initial contact with the child by law enforcement, an agent or employee of the school system or HRS to assess the validity of the complaint or the need to take protective measures on behalf of the victim.

### **Number of Interviews:**

1. Investigative agencies may conduct one full and complete investigative interview of the victim for the purposes of criminal and dependency proceedings.
  - All agencies involved in the investigation of violations of these sections shall coordinate their investigations to facilitate this provision. If after diligent efforts to cooperate and schedule one joint interview, HRS is unable to attend the law enforcement interview, or law enforcement is unable to attend the HRS interview, the absent agency shall rely on the interview already conducted. Investigative deficits in said interview shall be reviewed with resolved by the Assistant State Attorney assigned to the case.
2. The investigative interview shall be preserved by audiotape or videotape, with a preference for videotaping the interview.
3. The State Attorney’s Office may conduct one full and complete pre-filing interview of the victim.
4. The State Attorney’s Office additionally may conduct one full and complete pre-trial interview of the victim.
5. Should the case actually be set for trial, the State Attorney’s Office additionally may conduct one full and complete trial preparation interview of the victim.
6. The victim’s advocate shall be permitted to conduct an interview of the child victim only by order of the trial judge upon good cause shown

### **Location of Interview:**

Interviews and depositions shall be conducted in a setting and manner designed to minimize the traumatic effect of the interview on the child.

**Additional Interviews:**

- Additional interviews shall be allowed only by order of the trial judge upon motion for good cause shown, unless there is no objection to said interview from the child’s custodial parent, legal guardian, guardian ad litem, and Assistant State Attorney assigned to the case.
- Additional interviews shall be limited in scope as much as possible to assure minimal impact on the victim.

**Depositions:**

- There shall be only one discovery deposition of the victim permitted for the purposes of criminal and dependency proceedings.
- Counsel for the defendant(s) and for the respondent(s) in said proceedings shall coordinate their depositions to facilitate this provision.
- The requirement for joint depositions shall apply only to pending criminal or dependency cases where discovery has been requested prior to the date of the deposition.
- Nothing contained in this Order shall prevent the trial court from limiting the discovery deposition pursuant to the applicable provisions of the Florida Rules of Criminal Procedure, the Florida Rules of Civil Procedure, or ordering such further relief as may be deemed appropriate upon good cause shown.

**Protocols:**

- All agencies involved in the investigation of violations of these sections shall coordinate their investigations to facilitate this provision.
- If after diligent efforts to cooperate and schedule one joint interview, HRS is unable to attend the law enforcement interview, or law enforcement is unable to attend the HRS interview, the absent agency shall rely on the interview already conducted.

**Date of Administrative Order:**

June 25, 1991

**Judges:**

- Order signed by Chief Judge: O.H. Eaton Jr.
- Current Chief Judge: John Harris

### **Circuit 19**

Counties: Indian River, Martin, Saint Lucie and Okeechobee

### **Age Requirement:**

Victim is under the age of 16

### **Definition of Interview:**

“Interview” for the purposes of this order means any procedure in which the victim is required to provide an account or demonstration of the nature and circumstances of the abuse.

### **Exceptions:**

- A history obtained by a medical or psychological professional for the purposes of medical or psychological diagnosis or treatment.
- An initial contact with the victim by law enforcement or the Florida Department of Rehabilitative Services to assess the validity of the complaint or need to take protective measures on behalf of the victim.
- This “initial contact” shall not include activity generally considered as trial preparation and the contact shall be limited to one episode of time without continuance.

### **Number of Interviews:**

1. No victim of child abuse under the statutes listed above who falls within the age guideline of this order shall be required to submit to more than three interviews in the course of investigation and prosecution of an episode of child abuse, except upon order of court as provided below.
2. The three interviews allotted to meet the needs of potential parties are as follows:
  - One interview by HRS and law enforcement jointly held
  - One by the State Attorney
  - One by the representative of the person alleged to be responsible for the abuse

### **Location of Interview:**

- Interviews shall be conducted in a setting and manner intended to minimize the traumatic effects of the interview on the victim.
- Stenographic, sound, or TV recordings may be under the applicable rules.
- Interested parties or agencies shall make every effort to gain all necessary information in the course of the same interview.
- When more than one party or agency participates in an allotted interview, the interview shall be conducted by a single person who shall address the concerns of all parties unless a conflict of interest exists, in which case the Court may authorize more than one person to conduct the interview.

### **Additional Interviews:**

- Additional interviews shall be allowed only by order of court upon motion for good cause shown.
- Additional interviews shall be limited in scope to assure minimal impact on the victim.

<b>Depositions:</b>
N/A

<b>Protocols:</b>
<ul style="list-style-type: none"><li>▪ Stenographic, sound, or TV recordings may be under the applicable rules.</li><li>▪ Interested parties or agencies shall make every effort to gain all necessary information in the course of the same interview.</li><li>▪ When more than one party or agency participates in an allotted interview, the interview shall be conducted by a single person who shall address the concerns of all parties unless a conflict of interest exists, in which case the Court may authorize more than one person to conduct the interview.</li></ul>



<b>Date of Administrative Order:</b>
January 10, 1985

<b>Judges:</b>
<ul style="list-style-type: none"><li>▪ Order signed by Chief Judge: C. Pfeiffer Trownridge</li><li>▪ Current Chief Judge: Elizabeth Metzger</li></ul>

## **Circuit 20**

Counties: Lee, Charlotte, Collier, Glades and Hendry

### **Age Requirement:**

Who is under 16 years of age must submit to law enforcement or discovery purposes.

### **Definition of Interview:**

“Interview” for the purposes of this order means any procedure in which the victim is required to provide a detailed account or demonstration of the nature and circumstances of the child or sexual abuse.

### **Exceptions:**

- A history obtained by any health care professional for the purposes of medical or psychological diagnosis or treatment.
- Initial contact with the victim by law enforcement for the purposes of taking a complaint.
- Initial contact with the victim by the Florida Department of Health and Rehabilitative Services (“HRS”) to assess the validity of the complaint or the need to take protective measures on behalf of the victim.

### **Number of Interviews:**

1. No victim of child abuse or sexual abuse who falls within the age guideline of this order shall be required to submit no more than three interviews in the course of investigation and prosecution of an episode, except upon order of court.
2. The court directs that the three interviews be allotted to meet the needs of potential parties as follows:
  - One interview collectively allotted to HRS, law enforcement, and the child protection team
  - One interview allotted to the State Attorney
  - One interview allotted to the representative of the person alleged to be responsible for the abuse.

### **Location of Interview:**

- Interviews shall be conducted in a setting and in a manner designed to minimize the traumatic effects of the interview on the victim.
- Interested parties or agencies shall make every effort to gain all necessary information in the course of the same interview.
- When more than one party or agency participates in a single interview, the interview shall be conducted by a single person who shall address the concerns of all parties in the course of the interview.

### **Additional Interviews:**

- Additional interviews shall be allowed only by order of court upon motion for good cause shown.
- Additional interviews shall be limited in scope to assure the minimum possible impact on the victim.

- A prosecuting attorney who intends to call a victim to testify at trial shall have, with the consent of the Guardian Ad Litem or other advocate appointed by the Court, the right to additional interviews for the purpose of trial preparation.
- The attorney for HRS in any dependency proceeding who intends to call a victim to testify at trial shall have, with the consent of the Guardian Ad Litem or other advocate appointed by the Court, the right to additional interviews for the purpose of trial preparation.

### **Deposition:**

When a child is a witness or a victim in both a criminal and dependency case, the representative(s) of the person(s) alleged to be responsible for the abuse will conduct only one deposition of the victim.

### **Protocols:**

- Interested parties or agencies shall make every effort to gain all necessary information in the course of the same interview.
- When more than one party or agency participates in a single interview, the interview shall be conducted by a single person who shall address the concerns of all parties in the course of the interview

### **Date of Administrative Order:**

April 14, 1993

### **Judges:**

- Order signed by Chief Judge: Thomas S. Reese
- Current Chief Judge: Michael T. McHugh

# **APPENDIX F:**

Letter and White Paper: A Summary of the Neurobiological and Psychological Impacts of Human Trafficking Trauma on Child Victims and the Implications for Court Proceedings



## STATE ATTORNEY

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January 3, 2018

Michael Higer, Esq.  
President  
The Florida Bar  
651 E. Jefferson Street  
Tallahassee, FL 32399  
[mhiger@bergersingerman.com](mailto:mhiger@bergersingerman.com)

Dear Mr. Higer:

It is clear given what we now know about brain science and the Adverse Childhood Experiences (ACE) Study that Florida's criminal discovery process is inflicting harm on the most vulnerable in our State. The past twenty years has seen a dramatic improvement in our understanding of brain development and the neuroscience of trauma. Unfortunately, these advancements were not available to us when Florida's Criminal Procedure Rules regarding criminal discovery depositions were enacted and last substantively amended.

Of course, we are not advocating that defendants' due process protections should not be of paramount concern. These protections must be balanced against the rights of vulnerable victims and witnesses, however. Prior efforts to protect victims and witnesses were focused on safeguarding against harassment and intimidation. Even without abusive practices, depositions are inherently adversarial. We now have a far better comprehension of how depositions compel victims and witnesses through repetitive and detailed questioning to re-experience traumatic events. Florida is one of only six states in the nation to allow criminal discovery depositions by right. Five additional states permit criminal discovery depositions only by leave of court. Within this subset of states, there is a growing movement to enact further protections against emotional trauma. Vermont has eliminated depositions except under special circumstances of child victims of sexual assault under the age of sixteen. North Dakota now permits a victim to refuse to participate in a deposition requested by a defendant or a defendant's attorney.

Training in trauma is not yet a standard component of a law school education. Without a real understanding of the impact of trauma on child development, beliefs, and behaviors, trauma as it is being experienced by a child in a deposition setting may go unrecognized. It was through my Office's collaboration with health care providers to combat human trafficking that we



Please Recycle

Michael Higer, Esq.  
January 3, 2018  
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became better informed of the increasing body of research on trauma within the disciplines of neuroscience, pediatrics, psychiatry, and psychology. Sadly, human trafficking victims suffer a high incidence of complex trauma. The attached Whitepaper is a product of this collaboration with the University of Miami School of Medicine.

Child victims and witnesses are particularly vulnerable in deposition settings because they more commonly do not have the language, insight, or empowerment to ask for help when they are experiencing emotional distress. It is our collective duty to protect those who cannot protect themselves.

We respectfully request that The Florida Bar review the attached Whitepaper and convene a subcommittee to study how Florida's criminal discovery deposition rules can be reformed to better prevent the compounding of trauma for child victims and witnesses. Clearly, this is a complex issue. I welcome the opportunity to discuss in more depth this urgent need with you.

Sincerely,



KATHERINE FERNANDEZ RUNDLE  
State Attorney

KFR:apm

Enclosure

cc: The Florida Bar Board of Governors



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# **Whitepaper: A Summary of the Neurobiological and Psychological Impacts of Human Trafficking Trauma on Child Victims and the Implications for Court Proceedings**

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Office of the State Attorney for the Eleventh Judicial Circuit

May 10, 2017

## **I. Introduction**

Human trafficking is slavery, the trade in human beings. Under U.S. and Florida law, human trafficking includes, among other things, the unlawful practice of soliciting, recruiting, transporting, harboring, or maintaining persons by the use of force, threats of force, fraud, or other forms of coercion, including the abuse of power or a position of vulnerability.<sup>1,2,3</sup> Human beings are trafficked for purposes of sexual exploitation, forced labor, or other means of commercial profit. The global scope of human trafficking is significant. According to the U.S. State Department, some 27 million people globally are victims of human trafficking.<sup>4</sup> In the U.S., human trafficking is recognized as the second fastest-growing criminal enterprise, after the drug trade, with profits estimated at over \$32 billion.<sup>5</sup> The U.S. Department of Justice has reported that more than half of all sex trafficking victims in the U.S. are 17 years old or younger.<sup>6</sup> Between 100,000 and 300,000 children – at the average entry age of 12<sup>7</sup> – are prostituted each year in the United States.<sup>8</sup> In Florida especially, human trafficking is reaching epidemic proportions. Since December of 2007, there have been 8,462 calls placed to the National Human Trafficking Hotline from Florida with 2,321 incident tips, predominantly involving sex trafficking of women and children.<sup>9</sup> Child sex-trafficking causes significant physical and mental trauma to children with long-lasting health consequences.

## **II. Medical Effects of Human Trafficking on Victims**

A number of studies have identified the serious and often complex medical effects of human trafficking on victims.<sup>10,11</sup> Research indicates that victims of human trafficking often have a variety of physical and mental health problems.<sup>12</sup> Physical health issues in this population can include chronic headaches, memory loss, gastrointestinal problems, chronic pain syndromes, sequelae of broken bones, head and neck trauma, infectious diseases-including sexually transmitted infections, dental problems, respiratory illness, weight loss due to food deprivation and poor nutrition, pregnancy, pelvic inflammatory disease, and other gynecological problems.<sup>11, 13-15</sup> Studies have found that 76 percent of female survivors of sex trafficking report being physically assaulted and 67 percent report being sexually assaulted while they were trafficked. In addition to physical consequences, victims of human trafficking often experience severe and complex mental health problems as a result of the trauma they have endured. Similar to victims of domestic violence and other traumatic experiences, many victims of human trafficking suffer from posttraumatic stress disorder (PTSD).<sup>14, 15</sup> Studies have shown that victims of trafficking also suffer from mood, anxiety and dissociative disorders, as well as substance abuse. Among the most devastating health consequences for victims of

crime, especially for children, is the destruction of their sense of safety or security. For child victims of human trafficking, the trauma-related injuries can be compounded by their limited understanding of the issue of human trafficking and the significance of their own victimization. Since their concept of “self” is not fully formed, child victims often blame themselves. Victims of human trafficking lack social support and are stigmatized by friends, family, and social institutions, which further exacerbates their mental health concerns.<sup>15, 16</sup>

### III. Trauma-Related Mental Illness of Victims of Human Trafficking

The majority of research related to the impact of the trauma of human trafficking on this population has focused on significant levels of posttraumatic stress disorder (PTSD).<sup>11, 14</sup> The trauma that trafficking victims have experienced includes witnessing and enduring actual or threatened serious injury, threats to self and others, and even death. These events involve intense fear, helplessness, and horror that mimic the feelings experienced in combat situations and war.<sup>17</sup> Like adults, children can be diagnosed with PTSD and their symptoms are similar. **(Table 1)**<sup>18, 19</sup>

**Table 1 PTSD Associated symptoms and the Percent of Trafficked Women Ranking These Symptoms as Severe**

<u>Symptom</u>	<u>%</u>
Recurrent thoughts/memories of terrifying events	75
Feeling as though the event is happening again	52
Recurrent nightmares	54
Feeling detached/withdrawn	60
Unable to feel emotion	44
Jumpy, easily startled	67
Difficulty concentrating	52
Trouble sleeping	67
Feeling on guard	64
Feeling irritable, sudden outbursts of anger	53

Avoiding activities that remind them	61
Inability to remember part/most of traumatic event	36
Loss of interest in daily activities	46
Feeling as if they don't have a future	65
Avoiding thoughts/feelings associated with trauma	65
Sudden emotional/physical reaction when reminded	65

Studies have shown that children might initially respond to trauma through a “fight or flight” response, but those who face long-term trauma without relief can respond with immobilization followed by dissociation.<sup>19</sup> Some evidence suggests that girls are at higher risk for re-victimization than boys, while boys are more likely to develop aggressive behavior as a result of their victimization.<sup>20</sup>

Additionally, victims with physical and sexual abuse trauma histories have also been found to have higher rates of dissociative disorders. These disorders are characterized as a disruption in the usually integrated functions of consciousness, memory, identity, or perception.<sup>12</sup> A European study revealed that 63 percent of victims had memory loss.<sup>19</sup> Dissociation is often seen in children with histories of complex trauma. They mentally separate themselves from the experience. They may perceive themselves as detached from their bodies and as being somewhere else in the room as they watch what is happening to them. They are in an altered state that appears not quite real or as if it is happening to someone else. They may lose all memories or sense of the experiences that happened to them, resulting in perceived gaps in time and in their personal history. At its extreme, a child may cut off or lose touch with various aspects of him or herself. Dissociation can affect a child’s ability to be fully present in activities of daily life and can significantly affect the child’s sense of time and continuity. As a result, it can have adverse effects on learning, behavior, and other social interactions. The child appears to be “spacing out” or not paying attention. Although this is assessed to be a psychological defense mechanism in response to stressful situations or trauma, neurobiology trauma research is elucidating physiologic pathways and changes in brain development to account for this phenomenon.<sup>21</sup>

Children who have experienced complex trauma have difficulty identifying, expressing, and managing emotions and may have limited language for “feeling” states. The same neurobiological changes have been shown to alter trauma victims’ emotional and physiological responses to baseline situations and minor stresses, resulting in unpredictable or explosive responses.<sup>22, 20</sup> Traumatized children may react to a reminder of a traumatic event with

trembling, anger, sadness, or avoidance. Reminders of traumatic events may be everywhere in the environment. Children may react powerfully to these triggers and have difficulty calming down when upset.<sup>23</sup> Children become vigilant and guarded in their interactions with others and are more likely to perceive situations as stressful or dangerous. These defensive postures being as a protective mechanism to being attacked but with repetitive, continuous stress, this the responses are intense reactions even when the situation does not warrant them. They also experience the flipside, which is emotional numbing to threats in the environment. This makes them vulnerable to more victimization. Evidence suggests that these neurobiological changes, which have occurred as a result of childhood trauma, have long-term effects and can present as long-term psychological problems.<sup>24</sup>

#### **IV. Neurobiology of Trauma**

When traumatized, youth can suffer from body dysregulation, either over or under-responding to sensory stimuli. They may be hypersensitive to sounds, smells, touch or light. They may also experience the reverse-- an anesthesia in which they are unaware of pain, touch or internal physical sensations. When faced with a stressful situation, their reaction increases physiological hormones such as catechol amines, which form the basis for the “fight or flight” response. Over time their systems automatically, uncontrollably manifest extreme stress: heart pounding, rapid breathing, sweating, and pallor. They may “shut down” entirely out of proportion to a simple stressor, as if all circuits are overloaded, and become unresponsive or detached. As a result of the body’s dysregulation, a traumatized child may behave in ways that appear unpredictable, oppositional, volatile, irrational, overly dramatic, and extreme. On the other hand, they also can be perceived as over-controlled, cold, rigid, unusually compliant, or complicit with adults. Additionally, studies have revealed structural changes in the brain, including the storage of trauma memories, which then can be triggered through non-threatening experiences and are associated with a hyper-physiologic alarm response (increased heart and respiratory rates).<sup>25</sup> Because paired associations have been created in these regulatory parts of the brain, a pattern of incoming sensory information may be interpreted as “danger” and acted upon in parts of the brain (brainstem, midbrain, thalamus) prior to it ever reaching the higher cortex. These phenomena are at the center of automatic trauma-related “flashback” responses. The brain has a multitude of complex stress responses, including anxiety, facial expressions, disequilibrium, depression, and cognitive dysfunction. These children may manifest deficits in language development and abstract reasoning skills. As a result, they are often labeled as learning-disabled. The research, however, reveals that these difficulties with cognitive organization are a result of their constant state of arousal. When their bodies and minds have learned to be in chronic stress response mode, they may have trouble thinking a problem through calmly and considering multiple alternatives. They may find it hard to acquire new skills or take in new information. They may struggle with sustaining attention or curiosity or be distracted by reactions to trauma reminders. Information that is stored in their cortex is inaccessible in the midst of the brain’s perception of threatening experiences.

## V. Legal Implications of the Medical Effects of Trauma on Children

The common behaviors demonstrated by children with traumatic stress often leave them vulnerable to re-victimization during courtroom proceedings. The adaptive feature of the threat response system is to generalize the threat to other similar experiences leading to the core emotional, behavioral, and physiological symptoms that develop following a traumatic experience. Neural systems respond to prolonged, repetitive activation by altering their neurochemical and micro-pathology (neural synapse changes), organization and functioning. These presumed molecular mechanisms mediate memory, learning, and the body's responses. Following traumatic events, children will experience persistent emotional, behavioral, cognitive, and physiological signs and symptoms related to shifts in their internal physiological homeostasis. The longer the activation of the stress-response systems (or the more intense and prolonged the traumatic event), the more likely there will be permanent changes in these neural systems. Persistence of adaptive responses becomes maladaptive. In some instances, the symptoms become so severe, persistent, and disruptive that they reach the level of clinical mental disorders.<sup>20, 23</sup>

These children display anger, irritability, defiance, and oppositionality toward authority, which may lead them to lie, deny experiences of harm/trauma, and avoid talking about the history. They are distractible, have difficulty following through with tasks, suffer from poor concentration, and appear detached and uninvolved. They engage in high-risk behavior (e.g. substance use, promiscuity, rule-breaking, self-mutilation, impulsivity) and remain isolated from others, giving the appearance that they chose to be in these situations. These manifestations are related to their trauma and the neurobiological effects of repetitive and constant stress and fear. They have emotional and mood dysregulation (depression/anxiety), hyperarousal, and hyper-physiologic survival (fight/flight) responses that get their needs met but are impossible to turn off. They "re-experience" the emotions and trauma with even the slightest of triggers, so they may go to extremes to avoid the experience. They have developed negative beliefs about themselves, caregivers and adults, and adopted a world view based on traumatic experiences. The more complex the dimensions of the trauma, the deeper their sense of shame and they may develop avoidance behaviors leading to "betrayal blindness"-deliberately not remembering facts. They use pain numbing and disassociation, which make them appear disinterested, uninvolved, and uncaring. They have difficulty regulating attention and cognition with real gaps in memory. Poor self-concept and overreliance on others make child victims dependent, as they try to please others constantly. New criteria for PTSD added to the American Psychiatric Associations Diagnostic and Statistical manual of Mental Disorders (DSM-5) include symptoms of behavioral and mental avoidance. These symptoms include emotional numbing (inability to recognize emotions, feeling detached from other people, amnesia for important parts of traumatic events, belief that one's life will be cut short), new symptoms involving persistent negative beliefs about oneself, distorted blame of self or others for traumatic events, and emotional distress.<sup>26</sup> All of these symptoms can easily be misunderstood and exploited in adversarial situations.

The atmosphere of the deposition and the courtroom can be threatening, confusing, and frightening for children. The psychological, emotional, and behavioral consequences of these experiences can be profound, but may go unrecognized by legal personnel who come before the court without a real understanding of the impact of trauma on child development, beliefs, and behaviors. Testifying is a stressful experience for any witness and even more so for a child. Additional emotional stress for traumatized children can occur as a result of being in this situation. Numerous child-victims of human trafficking suffer secondary, and often unnecessary, trauma while going through the legal process. The goal of medical therapy is for victims to work through their trauma and put the experience behind them. The legal system requires that victims remember the experience, often in intensely painful detail, and keep it fresh in their minds for the duration of the prosecution. Unfortunately, the deposition and courtroom process is adversarial and intimidating. Children are made to re-live their traumatic experiences over and over again, which can itself become a traumatic experience.

When a child grows up afraid or under constant or extreme stress, the immune system and body's stress response systems are heightened and, when exposed to seemingly ordinary levels of stress, these systems automatically respond as if the individual is under extreme attack. The repeated questioning and reviewing of the details by the defense during the deposition is meant to expose inconsistencies in the witness' testimony. The concern here is that these traumatized children, by the very nature of their trauma, will experience amplification in their stress. The complexities and potential harm to the child are more than theoretical. Studies have shown the impact of this trauma on neurobiological networks and brain development. There have been major changes made to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, DSM-5's to include criteria for the diagnosis of PTSD in children. They clarify that, for children, intrusive re-experiencing symptoms reflecting unwanted distressing memories and flashbacks may induce reenactment of the trauma in play. This post-traumatic play is different from reenactment in that it is a literal representation of the trauma and involves compulsively repeating aspects of trauma and results in increasing anxiety, including flashbacks and nightmares.<sup>27</sup> During depositions we actually re-create the setting of re-experiencing these unwanted distressing memories through repetitive questioning and making the child relive the experience in detail. Testifying in court can amplify trauma for child victims.<sup>26,28</sup> Between 1986 and 1988, Dr. Goodman and her team of researchers from the University of California Davis, studied the behavioral patterns of over 200 children involved as victims in child sex abuse prosecutions.<sup>29</sup> They interviewed 174 of the victims as young adults (between 1997 and 2001), looking at their memories of the events, searching for correlations between their state as young children at the time of the prosecution and their later mental health. Certain conditions during the prosecution were the strongest predictor of later traumatization. In children who testified multiple times and were subject to intense questioning, the team found correlations with later defensive avoidance and internalization problems, such as depression.<sup>29</sup>

Through the years, courts and legislatures have acknowledged these issues and attempted to provide “safeguards” for children’s testimony: testifying in a special court room, allowing them to be separated from the defendant, allowing specific hearsay evidence, and providing a special intermediary to be with the child.<sup>30</sup> Medical experts are realizing that these alone may not be enough to protect child victims of trauma from being re-traumatized. Developmental trauma derails normal development and severely impacts the immature and developing child. Complex interpersonal trauma, especially if it has occurred with primary caregivers disrupts children’s sense of safety, security and confuses their sense of loyalty and trust. This may result in blocking connections and communications which can extend to other relationships. Additionally, because of the neurobiological changes in these victims, the adequacy of the testimony also may be compromised.

Under the best of circumstances, children typically disclose traumatic events with significant reluctance and great emotional distress to people with whom they have developed sufficient trust. Trauma experts know that sensitive timing and pacing is required in order to avoid leaving the child feeling too exposed, too vulnerable, or too overwhelmed with the potential for re-traumatizing the child. The courtroom full of strangers and authority figures, answering questions from lawyers trying to extract detailed information from them over and over again, and other attorneys challenging their veracity and trying to confuse them, is likely to create an environment that may further psychologically damage the child and harm his or her best interests. It is understandable that not only do children dissociate (the mind distances itself from the experiences that are too terrifying or emotionally overwhelming to absorb at the time), but it is not uncommon for children to manifest “psychogenic amnesia” where memory is further disrupted as a result of being re-traumatized. When children shift into this acute traumatic dissociation state, their behavior is manifested by changes in breathing patterns, with rapid, shallow breaths, similar to panic attacks; restricted body movements-looking stiff or frozen; lack of eye contact or shifting eye, glassy stares; and dramatic reduction in verbal output until they are incoherent or unresponsive. They may suddenly not be able to process cognitively or use age appropriate language because they are reliving traumatic experiences in their mind.<sup>31, 32</sup> They are expected to participate in a highly verbal process when testifying but are mute because of the neurobiological effects of trauma. At the same time, their lower brain is mobilized by the stress response to survive and is telling their body to react physiologically as if they are being assaulted. This stress can interfere with how well they can recall and describe what has happened and respond to questions. This subtype or “hyper-aroused” PTSD due to corticolimbic inhibition manifests as emotional dysregulation. On the witness stand it can appear as hypervigilance, concentration problems, defiance, anger and “acting out”. The flip - side, or “hypo-aroused” PTSD appears as emotional over modulation-freeze responses, depersonalization, over-trusting, accommodating behaviors.

In cases of human trafficking involving children, it is often the child’s testimony that is the most crucial part of the prosecution’s case. Since the child may be the only real witness against the suspected trafficker, successful prosecution depends on how credible the child will

be. This is especially true when there is no forensic evidence available and the case rests on the child's word against the suspect's. A defense attorney may interrogate the child in an attempt to shake his or her confidence or otherwise suggest that the child was coached into making false or inaccurate statements about the client. The defense attorney's motivation to cast as much doubt as possible on the child's statements is strong. Traumatized children, by virtue of the neurobiological effects of the traumatic experience, are more likely to be confused by the approaches used by the defense. Trauma therapists establish safety with child victims and forge a strong, trusting relationship before children can tell the story of what happened to them. When the disclosure is forced by the pressures of the legal process, when there is no time to build a safe and trusting relationship, and when sensitivity to timing and pacing is lacking, the risk of re-traumatization increases. Legal proceedings, no matter how changed in order to accommodate children, are not geared to the sensitivities of witnesses.

While a deposition can be done with the utmost care and respect, it still exposes these children to re-experiencing their trauma. Questioning during depositions can be aggressive, and selective, and in the case of children use developmentally inappropriate, complex language and repeated questions with subtle variations for the purpose of demonstrating inconsistencies in the witness. Children also respond better to open-ended questions than questions that can only be answered by "yes" or "no."<sup>33</sup> Child trauma authorities have stated that "if one sets out intentionally to design a system for provoking symptoms of posttraumatic disorder, it might look very much like a legal proceeding."<sup>34</sup>

Protection of child witnesses is a substantial and compelling interest of the state. Enabling the child to communicate with the trier of fact by reducing the emotional trauma that the child suffers is in the best interests of the child. It is also more likely to preserve testimony free of the emotional and neurobiological effects of trauma that create distortions and misperceptions in the testimony<sup>35</sup> which would better serve the truth-seeking function of the legal process. The creation of procedural devices designed to enhance the truth-seeking process and shield child victims from further trauma exposure is a compelling state interest. Criminal discovery depositions are not constitutionally required, and few states in the nation allow them. Only six states, Florida,<sup>36</sup> Missouri,<sup>37</sup> North Dakota,<sup>38</sup> Indiana,<sup>39</sup> Iowa,<sup>40</sup> and Vermont,<sup>41</sup> permit the taking of criminal discovery depositions by right without leave of the court. Vermont initiated statutory reform in 2009 and eliminated depositions of minor victims under the age of sixteen in sexual assault cases.<sup>42</sup> Most recently, North Dakota enacted the protection effective May 1, 2017 that a victim may refuse to participate in a deposition requested by the defendant or the defendant's attorney.<sup>43</sup> Five additional states, Arizona,<sup>44</sup> Nebraska,<sup>45</sup> New Hampshire,<sup>46</sup> Texas,<sup>47</sup> and Wisconsin,<sup>48</sup> permit criminal discovery depositions only by leave of the court. The Nebraska legislature in its current 2017 session is considering Legislative Bill 589 which would eliminate, with the exception of limited circumstances, criminal discovery depositions of children eighteen years of age or younger who have undergone a video-recorded forensic interview at an accredited child advocacy center.<sup>49</sup>

The American Bar Association does not recommend criminal discovery depositions by right without leave of the court. The ABA Standard for Criminal Justice Administration regarding depositions is as follows:

**Standard 11-5.2 Discovery depositions**

(a) On motion of either the prosecution or the defense, the court should order the taking of a deposition upon oral examination of any person other than the defendant, concerning information relevant to the offense charged, but only upon a showing that:

(i) the name of the person sought to be deposed has been disclosed to the movant by the opposing party through the exchange of names and addresses of witnesses or has been discovered during the movant's investigation of the case; and

(ii) no writing, summarizing the relevant knowledge of the person sought to be deposed, adequate to prevent surprise at trial, has been furnished to the movant; and

(iii) the movant has taken reasonable steps to obtain a voluntary oral or written statement from the witness, but the witness has refused to cooperate in giving a voluntary statement; and

(iv) the taking of a deposition is necessary in the interests of justice.

(b) The defendant may not be present at the deposition unless the court orders otherwise for good cause shown.

(c) The procedure for taking a discovery deposition, including the scope of the examination, should be in accordance with express rules to be written for depositions in criminal proceedings.

(d) Unless otherwise stipulated by the parties, a discovery deposition should be admissible at a trial or hearing only for the purpose of contradicting or impeaching the testimony of the deponent as a witness.

(e) A person whose deposition is sought should have the right to move to quash on the ground that compliance would subject the person to an undue burden, or would require the disclosure of material that is privileged or otherwise protected from disclosure, or would otherwise be unreasonable.<sup>50</sup>

What is required of victims in Florida's criminal justice system is substantial. At a minimum, there are investigative interviews by law enforcement officers, who produce formal statements and often reports summarizing these statements. Victims may again meet with prosecutors at a pre-filing conference. Unless the defendant pleads, victims testify at deposition and again at trial. Victims may often meet with prosecutors in preparation for

deposition and trial. If there is a conviction, victims may prepare statements for the sentencing hearing. The pressure on the victims to testify and relive the events over and over again is significant. Mental health clinicians and criminal justice professionals have expressed concern about the re-victimization of child victims who testify in criminal cases. Other states have enacted several statutory “reforms” intended to minimize victimization. Several studies indicate that innovative techniques benefit not only children’s mental health but the accuracy of their testimony as well.<sup>51, 52</sup>

Although the Florida Supreme Court in 2016, amended the Criminal Rules of Procedure to increase the maximum age of sensitive witnesses whose depositions must be videotaped, unless otherwise ordered by the court, from sixteen to eighteen,<sup>53</sup> Florida’s protection of minors from deposition is limited. Under Florida statute §92.55, any party, parent, guardian, attorney, guardian ad litem, or other advocate on behalf of a victim or witness under the 18 may move the court for a protection order. The statute requires, however, that the order be “necessary to protect the victim or witness in any judicial proceeding or other official proceedings from severe emotional or mental harm due to the presence of the defendant if the victim or witness is required to testify in open court.”<sup>54</sup> The statute does specify that the order may relate to the taking of depositions as a part of a civil or criminal proceeding.<sup>55</sup> Defendants are not permitted to be present at depositions in criminal proceedings, however.<sup>56</sup> The application of this statute to depositions in criminal proceedings is therefore unclear. A fair argument could be made that the statute originally enacted in 1985 was historically applicable to depositions in criminal cases prior to 1989 when defendants were permitted to be present at depositions.<sup>57</sup> Further arguments could be made that it only applies currently to criminal discovery depositions in cases in which a defendant is proceeding *pro se* and acting as his or her own attorney.

## **VI. Conclusion**

Research on the impact of trauma on the neurobiology and development of the brain in children has identified serious and often complex mental health effects on child victims. The legal process can compound the traumatic experience for these child victims. A growing body of research has emerged that helps to clarify our understanding of court-related stressors and the relative harms of various procedures. Due to the growing incidence of human trafficking, more prosecutions involving children who are complexly traumatized have brought increased awareness and concern regarding Florida’s criminal discovery deposition procedures. Unlike the majority of states in the nation and contrary to the ABA Standard, Florida permits depositions by right of child victims and witnesses in criminal cases. We respectfully request that the Florida Bar, the Florida Supreme Court, and the Florida Legislature examine the current body of research and consider possible new approaches and protections. We particularly recommend the elimination of criminal discovery depositions by right of child witnesses under the age of eighteen and ask that a rule of criminal procedure that is more consistent with the current ABA Standard be adopted.

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# **APPENDIX G:**

Examples of Florida Based Law Enforcement  
Specialized Training Programs

## **Examples of Florida Based Law Enforcement Specialized Training Programs**

Following is a sample of Law Enforcement Training Centers that provide specialized training for forensic interviewing of children:

1. St. Petersburg College  
City: St. Petersburg, FL  
Phone: (727)341-4772  
E-Mail Address: [www.spcollege.edu](http://www.spcollege.edu)
  
2. Daytona State College  
City: Daytona Beach, FL  
Phone: (386)506-3000  
E-Mail Address: [www.daytonastate.edu](http://www.daytonastate.edu)
  
3. Pasco Hernando State College  
City: New Port Richey, FL  
Phone: (727)847-2727  
E-Mail Address: [www.phsc.edu](http://www.phsc.edu)