



# Royal Saint Lucia Police Force Child Protection Manual

***“The investigation of crime against children is as important as the investigation of any other serious crime. Any suggestion that child protection policing is of a lower status than other forms of policing should be eradicated”***

***Lord Laming January 2003***

Author: Detective Superintendent P Mulligan

# Contents

<b>Chapter</b>	<b>Title</b>	<b>Page</b>
	Statement of Intent	3
One	TERMINOLOGY	4
Two	Duty to Protect the Child	6
	Speaking to the child	6
	Established risk factors	7
Three	INITIAL INVESTIGATION	9
	Reporting	9
	Emergency Call Information	10
	Initial Actions at Scene	11
	Investigation	12
	Preservation of evidence	12
	Preservation of Scene	13
	Contact with Human Services	14
	Arrest Strategies	14
	Associated Investigations	15
Four	SAFEGUARDING THE WELFARE OF THE CHILD	17
	Emergency Removal of a child	17
Five	VULNERABLE PERSONS TEAM	18
	Terms of Reference	18
	Management of VPT's	19
	Managing the Referral Process	20
Six	INVESTIGATION DEVELOPMENT	21
	Referral Process	21
	Responsibility for Criminal Investigation	23
	Managing the Investigation	24
	Lines of Enquiries	24
	Forensic Medical Examinations	27
	Role of Examining Paediatrician	28
	Location of Medical Examination	29
	Planning and Recording of Examination	30
	Recovery of Physical Evidence	31
	Use of Photographic Evidence	33
	Using Recordings of 999 Calls	33
	Victim Evidence	34
	Police Evidence	35
	Investigations Involving Computers	36
Seven	POST ARREST & SUSPECT MANAGEMENT	37
	Suspect Interviews	37
	Remand & Police Bail	39
	Retraction / Withdrawal Statements	40
	File Preparation	41
	Pre Trial Therapy for Child Witnesses	42
	Media Handling	42
Eight	MULTI AGENCY WORKING	43
	Referrals to Police	43
	Strategy Discussions	44
	Child Protection Conferences	45
	Child Protection Review Conferences	47
	Multi Agency Referral & Meeting Diagram	48
	Appendix 1 Sample Offences	49



# Royal Saint Lucia Police Policy Child Abuse Investigation

## Statement of Intent

**At all times the focus on child abuse investigation work will be in ensuring that, the interests of the child are paramount.**

The Royal Saint Lucia Police are committed to ensuring that Children should enjoy the same protection from the law, and the same level of service from the Police as adults.

The priorities of the Royal Saint Lucia Police in responding to child abuse are:

- *Safeguard and promote the welfare of children*
- *To protect the lives of children and ensure that in the policing of child abuse the welfare of the child is paramount*
- *To investigate all reports of child abuse and to protect the rights of child victims of crime*
- *To establish protecting children as a mainstream policing activity*
- *To facilitate effective action against offenders so that they can be held accountable through the criminal justice system while safeguarding the welfare of the child*
- *To adopt a proactive multi- agency approach to preventing and reducing child abuse, including Joint Training*
- *To train and develop staff to enable them to conduct child abuse investigations expeditiously and to a high professional standard*
- *To develop systems and protocols which support information sharing within the service and with other agencies*
- *To ensure officers supervising Child Abuse Investigations take an active role from the outset in all cases*



# Royal Saint Lucia Police Child Abuse Investigation Manual

## CHAPTER ONE

### **Terminology:**

#### **Child**

A child is any person under the age of 18 years.

The United Nations "Convention on the Rights of the Child" which has been ratified by St Lucia states that children include all human beings below 18yrs.

#### **Young Person**

A Young Person is any person who has attained the age of 12 years and is under the age of 16 years.

#### **Child Abuse & Neglect**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to, prevent harm. Children may be abused in a family or an institutional or community setting by those known to them, or more rarely by a stranger. They may be abused by an adult or adults or a child or children. There are generally 4 types of abuse as follows:

1. Neglect;
2. Physical abuse;
3. Sexual abuse;
4. Emotional abuse, including psychological abuse if the child-
  - a. has suffered, is suffering or is likely to suffer in a way that has caused , is causing or is likely to cause significant harm to his or her wellbeing or development; or
  - b. is being or is likely to be exposed to conduct that is domestic violence under the Domestic Violence Act;  
  
and the exposure has causes, is causing or is likely to cause significant harm to the wellbeing or development of the child;
5. Financial abuse;

## **1. Neglect**

Neglect means the failure of a parent of the child to provide the child with adequate care and guidance or other acts of omission by the parent with respect to a child that are inappropriate for the child or likely to be harmful to the child. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic needs.

## **2. Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

## **3. Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

## **4. Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the children participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Where the question of whether harm suffered by a child in terms of the child's health and development, his health and development shall be compared with that which could reasonably be expected of a similar child. It is important always to take account of the child's reactions and perceptions, according to his/her age and understanding.

## **5. Financial Abuse**

Financial abuse is fairly rare regarding children as not many children have any individual source of money, except through inheritance. However, children can be utilised to obtain money from begging etc so this abuse is often accompanied with other types of abuse.

## **Fabricated or induced illness**

The phenomenon of parents and carers inflicting harm upon children in their care by fabricating or inducing illness, and subsequently bringing this to the attention of

medical practitioners for unnecessary investigation and treatment, is well documented. There are examples of such harm being inflicted while the child is under medical supervision, including interference with intravenous lines, suffocation and deliberate poisoning.

### **Grooming**

Grooming is the process of reducing the resistance of a child and / or their parent or carer to abuse. This may be achieved through increasing a child's or parent's or carer's fear of what might happen should they report the abuse as well as inducing them to believe that the abuse is acceptable. Grooming may be achieved through personal contact with the child or the parent or carer or through other means of communication such as the internet.

## **CHAPTER TWO**

### **Duty to protect children:**

The United Nations "Convention on the Rights of the Child" which has been ratified by St Lucia states that children (all human beings below 18yrs) are born with fundamental freedoms and the inherent rights of all human beings. They should be treated as a Vulnerable Group and that their Health, Education, Equality and Protection should be of paramount importance.

Every child has a right to equal access to services which provide them with protection irrespective of their ethnic background and each child should be treated as an individual with particular needs. Issues of race gender and culture and the fear of being accused of racism should not prevent officers from taking action to protect children.

The requirement for action in child abuse cases incurs obligations at every stage of the police response. These obligations extend from initial deployment to the response of the first officer on the scene, through the whole process of the investigation and the multi-agency process for the protection and care of children. An effective and proactive investigation should be completed in all cases where child abuse is reported, even when a victim statement is not available. Officers should also ensure that their actions and decision-making are recorded as fully as possible.

**Officers should focus efforts, from the outset, on gathering all available evidence in order to charge and build a prosecution case that does not entirely rely on the victim's statement.**

### **Speaking to the child**

Where there is a possibility of harm or risk of harm to a child every effort must be made to see and speak to the child concerned to establish if they have been harmed or are at risk of possible future harm. This should also apply to any other children present or normally resident at the premises.

The possibility of a prosecution in the future should not inhibit an officer from basic communication with a child to determine their well-being, however where the relevant information can be obtained from an adult who the child has spoken to this should be done out of the presence and hearing of the child.

In circumstances where the child does need to be directly questioned, questions should be confined to establishing the child's safety by asking where possible open questions to enable the child to give a brief account of anything that has occurred.

Once this has been ascertained the conversation must be brought to a close so that it does not constitute an interview.

All conversation with the child must be recorded as soon as possible and include all persons present.

### **Established risk factors**

The following factors should be considered when determining whether a child is the victim of abuse and whether they are at risk of further harm. They are organised as they apply to the circumstances of the child and the behaviour and circumstances of the suspect. It is not an exhaustive list and these factors are not listed in order of priority. One factor alone based on an officer's professional judgment may be enough to alert an officer to a case that requires urgent action.

#### **(A) Circumstances of the child**

##### **1. Physical injury**

This includes injuries to a child such as broken limbs, burns, visible marks, particularly if the injuries are not compatible with any explanation offered. Officers should enquire as to whether such assaults have been repeated, the method of assault(s) and whether a weapon was used.

##### **2. Repeated presentation at hospital or Doctor with unknown illnesses**

Any suspicion or allegation of fabricated or induced illness arising from or necessitating hospitalisation must be investigated. Officers should take into account repeated use of health care services and single uses of different medical services.

##### **3. Pre verbal and Pre mobile infants**

Pre-verbal children and pre-mobile children are especially vulnerable to abuse, as are children who are not yet old enough to attend school or pre-school groups.

##### **4. Disability**

Children with disabilities are more vulnerable to abuse for a number of reasons, eg, as they may receive intimate personal care, have a higher dependency on carers, have fewer outside contacts and may be less able to complain about abuse due to communication difficulties. Where the child's disability is such that they have experienced little external social interaction, there is potential that any abuse has become normalised and the child may not realise that what they have experienced is wrong ( this can clearly also be the case for children in similar circumstances who do not have a disability).

##### **5. Self-harm or threats or attempts to commit suicide**

Self-harm or threats or attempts to commit suicide by a child should be regarded as an indication of possible abuse both of the child involved and of siblings or other children under the same care. There is no scientific formula for the identification of risk of harm and assessment of the safety of a child. Officers should consider all the circumstances when making decisions and carrying out an investigation. **Attempts to commit suicide and self harming must be viewed as extremely serious and**

**all that is possible must be done to establish the underlying causes of the behaviour.**

#### **6. Evidence of sexual activity**

This includes inappropriate sexualised behaviour, teenage pregnancy or accessing contraception or abortion, sexually transmitted disease or involvement in sexual exploitation through prostitution or the sex industry.

#### **7. Social isolation and vulnerability**

Research has shown that children who are in families who are socially isolated and do not have access to community resources are at a higher risk of abuse. Other issues that may indicate particular vulnerability include lack of basic amenities such as heating, lighting, indoor sanitation, water, cooking facilities and over crowded accommodation. Children living away from home may be more vulnerable to abuse.

### **(B) Behaviour and circumstances of the suspect**

#### **1. History of violent or sexual offending by the suspect**

A child living with a parent or carer or other adult who has a history of violent or sexual offending, whether convicted or not, is at high risk of suffering harm. There is a link between those convicted of sexual activity with, or rape of, a child and convictions for other serious sexual offences, particularly when the child was under the age of 13 at the time of the rape.

#### **2. Child abuse by the suspect**

This includes any history of contact with human services and when there are children connected to the suspect, who are, or have been of concern previously.

#### **3. Domestic abuse by the suspect**

In households where domestic abuse takes place there is a risk of harm to children through direct abuse and by witnessing the abuse of others. Officers should not rely on the presence of another person to protect a child, and should consider whether that person has the capacity or ability to protect.

#### **4. Abuse of animals by the suspect**

Research has established links between child abuse and abuse of household pets and animals. Any suspicion of animal abuse should prompt further enquiries into the welfare of children who frequent premises in the control or occupation of the perpetrator.

#### **5. Grooming by the suspect**

Abusers often prime and control their victims through a process known as 'grooming' which can occur over a short period or a number of years. This process has the purpose of securing the cooperation of the victim and the parent or carer. It is also carried out in order to reduce the risk of discovery or disclosure by creating an atmosphere of normality and acceptance, and / or fear. Victims are sometimes groomed to introduce further victims to the process of grooming and abuse. Evidence of grooming may be suggested by the suspect contacting children through various channels, including youth groups, familial ties, internet chat rooms and children's interest and associated websites. A suspect may also target single parents with children. It may incorporate giving of gifts such as phone cards etc.



## **6. Failure to provide medical care for a child**

Failure to provide medical care for a child when it is required can indicate wilful neglect. Removing a child from medical treatment and failure to keep appointments with health care professionals may also indicate a risk of harm to the child.

## **7. Failure to take responsibility for previous abuse**

A failure to accept responsibility for abuse or acknowledge that there are problems, particularly in the face of strong evidence, may heighten the impact of other risk factors.

## **8. Threats or attempts to commit suicide or to self-harm**

Self-harm or the threatened or attempted suicide of a parent or carer should prompt further investigation into the welfare of any children in their care. Close attention should be paid to child contact arrangements where parents are separated, particularly where there is a history of self-harm or threats or attempts to commit suicide by a perpetrator of domestic abuse. A suicidal suspect with a history of perpetrating domestic abuse or child abuse should also be considered as potentially homicidal and a serious risk to their former or current partner and children.

## **9. Misuse of illegal or prescription drugs and/or alcohol**

Alcohol or drugs misuse may affect the ability to care for a child and impact directly on the health of an unborn child. There is also a risk of harm to young children from accessible alcohol, drugs or drugs paraphernalia. Some children may require particular care such as medication or tube feeding which if wrongly administered or forgotten by someone influenced by alcohol or drugs, could be fatal.

## **10. History of mental illness**

Having a mental illness does not in itself indicate any heightened risk but when considered with other factors may do so. The impact on risk to the child will depend on the type and severity of the mental illness.

# **CHAPTER THREE**

## **The Initial Investigation:**

### **Reporting**

Suspected or actual child abuse can come to Police attention from a number of sources including victims, witnesses, human services, health or education professionals, anonymous reporters or by Police Officers identifying concerns about children through routine contact with the public. Often reports will relate to ongoing concerns for children and occasionally will be emergency calls relating to a violent incident in progress.

The receipt of a report of child abuse is the beginning of an investigation. Officers should establish as much detail as possible to support an effective investigation. A victim or witness making a report of child abuse may not automatically identify it as such, this requires that officers ask relevant questions to identify reports clearly as child abuse. **Crimes against children will be recorded as per the new Crime Recording Procedure.**

### **Information to be requested when taking a child abuse referral**

Police Officers and Police Staff when taking an initial report of suspected child abuse should establish the following;

- Identity and contact details of the person reporting and the capacity in which they are reporting, eg, neighbour, teacher;
- Nature of the incident or concern;
- Location of the incident;
- Location and identity of the child victim;
- Location and identity of any suspect;
- Whether the parties are injured;
- Severity of any injury and whether medical assistance is required;
- Whether any other children are present and whether they are safe;
- Location of other parties (other children and witnesses);
- Whether any weapons have been used;
- Identities and details of parties involved, including names (correctly spelt), sex, dates of birth, home address, telephone numbers;
- Whether any person present appears drunk or has taken drugs;
- Whether there is any history of Human services involvement;
- Description of the suspect, if applicable;
- Whether any court orders apply;
- Whether there are any special needs, for example, disability or communication issues;
- Details of the demeanour of the caller, victim, suspect and witnesses; background noise (including shouting and words spoken);
- A 'first account' of what the caller says has occurred (recording it verbatim);
- Details of the child's school and Doctor if known.

### **Emergency and Anonymous calls**

Many incidents of child abuse are reported sometime after the offence(s) has been committed. There are however occasions when an emergency call will highlight concerns for the safety of one or more children. This section outlines the additional considerations to be taken into account by emergency report takers and their supervisors including the deployment of police officers to child abuse situations.

**Call takers need to remain mindful that an emergency call concerning domestic abuse where children are in the household will constitute an incident of child abuse.**

### **Emergency Call Information**

The call handlers must prioritise the safety of the caller, victim and any other potential victims:

- The caller where immediate safety issues do not preclude should be kept on the line
- If the suspect has left the scene the caller should be advised to lock and secure the premises and return to the telephone. (A full description where relevant should be taken for immediate circulation to other officers)
- **If the caller is a child the call handler should only ask sufficient questions to gain essential information to enable the deployment of officers.**
- Whether any weapons are available to the suspect
- Whether any communication or language issues exist and whether officers will require an interpreter, to communicate with parties

- Details of the demeanour of the caller and any others present, any background noise
- Any attempts (if applicable) to trace anonymous callers.

### **Advice to caller's / evidence preservation**

When the call handler has established that the victim is safe, some basic advice about preserving the crime scene until officers arrive should be given. This may include where applicable,

- Not moving anything (or allowing anything to be moved)
- Not cleaning up or tidying the house
- Not washing or showering
- Not changing clothing
- Not allowing persons/pets to enter areas where the reported incident took place

### **Resource deployment**

When dispatching officers to an incident where child abuse is suspected, should ensure that sufficient information is made available to those attending.

- Ensure that an ambulance is en route if required;
- Ensure that support ('back up') is available for the officer attending the incident if necessary;
- Inform the caller that officers have been despatched;
- Make checks of previous reported incidents, especially those involving children; civil injunctions, court orders relating to child contact, child protection intelligence systems;
- Advise Duty Supervisor;
- Inform the caller when officers have arrived at the scene so that they can be safely admitted to the premises.

### **Recorded Actions at Scene:**

- Child's name, sex and date of birth;
- Name of the person(s) with parental responsibility and primary carer(s);
- Who was present when the child was spoken to;
- Questions asked of the child;
- Child's responses;
- Description of the child's physical appearance including injuries, clothing and state of cleanliness;
- Any action the officer took to observe the child's physical condition while noting that the examination prevented full observation of the child's body and therefore any injury subsequently discovered but not accounted for in the officer's record, can be explained;
- Description of the child's demeanour;
- Description of the child's surroundings, including the condition of the home.
- Confirm the identity of the suspect, (if they are no longer at the scene circulate a full description via the radio system);
- Establish who is or was at the scene;
- Request intelligence checks on the suspect including a warrants check, any bail conditions and civil orders;
- Make accurate records of everything said by all parties, including any 'significant statements' made by the suspect;
- Record the demeanour of the suspect and any other witnesses;
- Consider using a video camera or camera to record evidence by Scenes of Crime;

- Obtain an overview of what has occurred;

### **Establishing the welfare of the child**

The priority in any investigation must always be the welfare of the child. In order to fulfil duties to protect children, officers must establish the welfare of all children present.

When officers are making decisions about a child they should listen to them and take their views into account. Attention should be paid to what the child says, how they look and how they behave. Any observations about the child should be fully recorded for future reference.

Officers should also record the following additional details:

- Description of the child's physical appearance including injuries, clothing and state of cleanliness
- What parts of the body were visible (without removal of clothing) to account for any possible injuries subsequently found but not observed by the officer
- The child's demeanour
- Description of the child's surroundings, including the condition of the home
- Anything said by the child

### **Investigation:**

Having established the welfare of the child, officers should ensure the completion of a full **initial** investigation and the preservation of any evidence.

### **Preservation of evidence (intimate and non intimate samples)**

Due to the nature of how offenders target and groom children prior to abuse it is often the case that children do not readily disclose abuse directly after the event(s). On rare occasions however there may have been a recent incidence of abuse and recovery of forensic evidence from the child could be of relevance, (this may not be immediately apparent hence the necessity for appropriate questioning).

**Unless medical attention is required as a matter of urgency a medical examination should not take place until the child has been interviewed. Until every effort has been made to establish what has taken place it is impossible to gauge, firstly if a medical examination is necessary at all and secondly if necessary the nature and extent of the examination required. Any unnecessary medical examination of a child could amount to further abuse.**

Scientific corroboration in investigations of child abuse could be a primary source of evidence accepted by a court. Appropriate consents should be sought **by the doctor** before examining the child. Officers where necessary should attempt to safeguard evidence prior to a forensic medical examination by asking victims or their parent or carer to prevent the child from:

- Drinking or eating;
- Washing;
- Smoking;
- Going to the toilet;
- Removing clothing.

There may be exceptional circumstances where the above safeguards have not been or could not be complied with, or there may be undue delay in arranging a forensic

examination. In such circumstances officers may need to consider the following actions and explain the reason for them to the victim and the parent or carer as appropriate.

**a) Oral sex** – if oral sex has taken place a mouth swab should be taken as soon as possible. This is a non-intimate sample and therefore could be taken by an officer with an early evidence kit.

**b) Penetrative sex** and / or ejaculation in the vicinity of the genitalia or anus – the victim should be advised not to wash or change underwear prior to a forensic medical examination. In such circumstances the timing of any examination should be as soon as practicable. A timed record should be made of what advice has been given.

**c) Clothing** – if clothing has been changed or discarded following the offence these items should be recovered and packaged as appropriate. If circumstances require the removal of clothing prior to examination and suspect material on the head or hair may be disturbed by removing garments over the head, officers should ensure that the victim stands on a piece of paper so that evidence is not lost. Earrings and other jewellery may also be a useful source of forensic evidence. Any items should be packaged separately to avoid cross-contamination.

**d) Drug and Alcohol assisted sexual assault** – blood and urine samples should be obtained as soon as possible. Officers should use equipment included in early evidence kits. If not available a clean plastic cup can be used to collect a urine sample. Officers should make a full record of the reason for any pre-examination actions as detailed above and should inform the forensic medical examiner of these.

### **Preservation of the scene**

Protection of the scene of crime should be a consideration in all cases, including those where there is a time lapse between the report and the alleged offence. In order to identify whether an offence has occurred or the location of a potential scene officers may need to ask questions of a child / children, Officers should not be frightened of speaking to children but must ensure that open questions are used and that such questioning ceases once the relevant information has been obtained.

### **Protecting the scene:**

- Secure, preserve and control the scene to limit any access until sufficient information is available to make an informed assessment of the situation;
- Remove people and animals from the identified areas of activity, and where practicable from the whole area;
- Establish physical secondary scene parameters – potentially the whole of the premises, in serious offences;
- Note that the suspect(s) should also be treated as a scene, and other persons at the premises may also be scenes;
- Note that the suspect's actions following the incident may create further sites of forensic interest;
- Dependent upon the severity of the incident, consider erecting cordons and appointing a loggist, to record persons entering and leaving. The extent of an enquiry can always be scaled down;
- Consider any potential areas of contamination that could affect the integrity of evidential material;
- Request that a Scenes of Crime Officer attends or record the reasons why one was not requested or did not attend;
- Establish a work base in a safe area of the premises;
- Ensure the scene is photographed or videoed, where necessary, as soon as possible;

- Note that the victim is the primary scene and should be treated as such. The first concern of the officer should be the child's safety, state of mind and their ability to cope with forensic requests (this is dependent upon the age of the child concerned, their understanding and the nature of the alleged incident).

### **Documentation and onward transmission**

All details obtained must be recorded as soon as possible and an investigation log commenced.

Early liaison **must** take place with the Divisional Vulnerable Persons Team (VPT) who will act as a vital source of advice for any investigation. They should then take over the investigation if they are unable to attend the scene initially.

If a referral is to be forwarded to the VPT it is not acceptable for papers to be placed in the internal despatch or sent via fax without any additional notice, as this can cause unnecessary delay in any subsequent investigation. Every effort must be made to notify the VPT of the existence of a referral, best practice would be for any papers to be delivered to the department by hand by the original investigator.

**Do not give the victim specific timescales as to contact from the VPT or specific assurances as to how a particular investigation will be progressed. By raising unrealistic expectations that may be impossible to meet the victim and their family can quickly and unnecessarily lose confidence in the police investigation. The VPT will contact the victim and / or their carer as soon as possible.**

### **Contact with Human Services (HS)**

Early contact must be made with Human Services (however, at this time there is no 'Out of Hours' availability) as where child abuse is alleged the Police and HS have a duty to work together. Human Services may hold vital information about the child and his or her family and will also be able to carry out check on all relevant names regarding previous incidents. It is imperative that any contact with HS is recorded detailing names and contact numbers together with any action agreed by either agency.

### **Arrest strategies**

If the initial investigation provides reasonable grounds to suspect an offence has been committed and there are reasonable grounds to suspect an individual of having committed that offence an arrest should be effected if necessary to:

- Protect a child or vulnerable person
- Allow the prompt and effective investigation of the offence
- Prevent any prosecution being hindered by disappearance of the person in question

The following considerations should be taken into account when planning the arrest of a suspect:

- Current location or address of the suspect, for example, whether the suspect has access to the victim;
- Suspect's occupation, for example, whether the suspect has access to children;
- Suspect's contact with other children and especially any continuing risks that this may present;
- Preservation of evidence (a particular consideration is preserving

evidence which may be electronically stored, for example, on mobile phones or computers);

- Timing and location of the arrest, ensuring that action is proportionate to the need to protect children and to safeguard the rights of the suspect, particularly with regard to their home, work and family life;
- Consulting with other agencies, such as human services, to ensure that the arrest safeguards the welfare of the victim and other children.
- **No arrest must be delayed where there are continuing risks to the victim, any other child or any other person.**

Where an arrest is made the victim or the parent or carer should be asked for details of how they may be contacted in the event of the suspect being released from custody. They should also be asked to provide information which could assist in decisions relating to bail conditions, eg, details of the child's school, child care providers or leisure facilities.

### **Arrest by appointment**

The practice of arresting and / or interviewing by appointment should only be utilised when the gravity and circumstances of the case can justify this course of action. These decisions should be agreed and minuted in the case papers by the FPT Corporal. In cases where an arrest cannot be made as soon as practicable due to other operational demands, or an arrest has been attempted and the suspect cannot be located the suspect must be circulated as wanted and an arrest warrant obtained. Again any decision should be agreed minuted by the FPT Corporal.

### **Child Abuse Associated Investigations:**

Concerns about the safety of a child may arise from circumstances not explicitly reported as child abuse. In the following types of investigations there are likely to be child abuse issues. They should therefore be fully investigated to ensure the welfare of the child and a written record made. This information must be forwarded to the FPT once the immediate safety of any child / children has been secured.

### **Associated Investigations - Domestic Abuse**

This section is not intended to be a guide for investigating incidents of Domestic Abuse but is intended to focus on the fact that where one type of abuse exists there is a high likelihood that another will also be present. When investigating domestic abuse it is imperative that officers are alert to the potential of child protection concerns including direct abuse, neglect or emotional harm suffered by a child who witnesses or overhears abuse.

A study of children with their mothers resident in refuges following escaping from a house hold where domestic abuse was perpetrated by their father, revealed 70% of all children had suffered direct abuse in some form at the hands of their father. If a child is normally resident at an address where there is suspected domestic abuse or a victim of domestic abuse is pregnant it is imperative that this is recorded and forwarded to the VPT. If a domestic abuse incident results in the injury of a child or if a child has been used as a shield the VPT need immediate notification of the incident.

### **Associated Investigations - Adult mental illness**

Many adults who suffer with mental health issues (whether permanent or periodic) are also parents and / or carers of children. In the vast majority of cases this will have little or no impact on the quality of care provided.

A steady or sudden deterioration in an adult's mental health can in some cases place a child either at risk of harm. It has been identified that untreated adult mental illness of a parent or carer is a contributory factor in the death or serious injury to children.

**It is IMPERATIVE that any officer who becomes aware (by whatever means) of an adult whose mental illness could have an affect on the safety and welfare of a child must immediately notify their Divisional Vulnerable Persons Team outlining all their concerns. This referral should be verbally initially and then a written referral should be forwarded to the Team. The Team should ensure that Human Services are informed.** If a child is suffering or likely to suffer harm exercising powers of police protection or other emergency intervention must be considered.

### **Associated Investigations - Missing Persons**

Officers need to be vigilant to indicators of child abuse when a child is reported missing, particularly if the child is a regular missing person. In addition concern should be raised when a family or child fails to attend significant appointments with professionals or is suspected to have moved out of the local area without notice.

A child must be spoken to when found within a short time period, ideally such interviews should be conducted before the child returns to his or her home or other place of accommodation. The officer speaking to the child needs to be mindful that the child may have been at risk whilst missing and may have run away to escape abuse. The interviewer should make it clear to the child that the primary purpose of the interview is to protect his or her welfare.

A record of questions asked and any answers should be recorded. If a disclosure of any form of abuse is made contact should be made with the Divisional FPT.

### **Associated Investigations - Abuse by other children / child offending (bullying)**

Officers should recognise that when children are reported to be abusing others, or offending in other ways for example abusing drugs or alcohol that this **could** be an indicator that they are or have been a victim of child abuse.

Both victims and child perpetrators of bullying should be recognised respectively as actual and possible victims of child abuse.

### **Associated Investigations - Children subject of sexual exploitation**

Children involved in prostitution or other forms of sexual exploitation should be seen primarily as victims of child abuse. The principal law enforcement efforts should be against abusers and those who coerce children into prostitution and other forms of sexual exploitation. Research shows that children who are abused in this way are often hidden from view and may become apparent to officers carrying out unrelated investigations.

Any such child should be treated as a child in need, or a child who may be suffering harm or is likely to suffer harm and it may be necessary to execute police protection.

### **Associated Investigations - Child Homicides**

Child deaths and homicides should be investigated fully with a Senior Investigating Officer overseeing the investigation.



Senior Investigating Officers should make use of both the specialist knowledge and contacts of the VPT officers.

Investigators must also seek information from relevant partner agencies, to establish if there have been any previously recorded concerns about children and remain mindful of any relevant information held by other agencies for purposes of disclosure.

### **Associated Investigations - Animal abuse**

Where animal abuse has occurred in a house household officers should be alert to the heightened possibility of violence taking place and children at risk. The abuser to may also use animal abuse to coerce victims of abuse from reporting to the police or other agencies. A child perpetrating cruelty to animals might also indicate that the child has suffered from abuse and / or might be at risk of perpetrating abuse in the future.

## **CHAPTER FOUR**

### **Safeguarding the Welfare of the Child:**

Where an officer has assessed that a child has been harmed or is at risk of significant harm, they should decide how to place the child out of danger. In some cases it maybe sufficient to secure a child's immediate safety by taking action to remove an alleged perpetrator or by the alleged perpetrator agreeing to leave the home. Where appropriate, officers should use powers of arrest.

**Part I.4 of the new Child Care and Adoption Bill states:**

#### **Emergency Removal of Child**

##### **Apprehension of child:**

Section 25(1) Where the Director has reasonable grounds to believe that-

- a) child is in need of protection; and
- b) the health or safety of the child is in immediate jeopardy;

the Director may without the need for any further authority other than that conferred by this section, and regardless of the consent of any person, enter by force, if necessary, any premises where the child is believed to be present or to reside, and search for, locate and take the child into the custody.

Section 25(2) A police officer not below the rank of, to be decided, shall assist the Director in the removal of a child under this section where the Director requests such assistance.

(4) Apply to the Court for a Warrant.

The use of protection powers is an emergency measure used to remove a child who would otherwise be likely to be at risk of harm. There is no power to remove a child or to enforce other arrangements where the child is not considered to be at risk of immediate harm / jeopardy. There may be occasions where the child, although not at risk of such harm, is nevertheless considered to be in need of care or control, eg, where the parent or carer is taken ill or is under arrest and the child has nobody with

legal responsibility to care for them. **In all cases Human Services need to be consulted before action is taken.**

In circumstances where the police have initiated action to safeguard a child, the identification of a suitable means of temporary care is the responsibility of Human Services however, the police have an important role in providing sufficient information to assist in that decision.

Where the use of temporary alternative arrangements to parental or other lawful care is considered, any temporary carer and any residents at their address should be seen and their identity verified.

Checks should be made of the temporary carer to identify any issues which may affect their suitability with Police Human Services and other Agency records.

**Where there is a risk to the life of a child or a likelihood of serious immediate harm, the police should act quickly to secure the immediate safety of the child this may occur before consent from Human Services is obtained.**

## CHAPTER FIVE

### **Vulnerable Persons Team's:**

#### **Terms Of Reference:**

- All Child Abuse investigations will be undertaken by the Team.
- All abuse committed by anyone who has care of or responsibility for of a child, e.g. child minders, babysitters, school teachers, swimming pool attendants, scout- leaders, etc.
- 'Children in care' when the abuser is alleged to be the carer or an employee of the care organisation e.g. foster carers or children's residential unit employee.
- All children who sexually abuse other children.
- Children who suffer emotional or physical abuse as a result of domestic violence.
- Child sexual exploitation / child trafficking.
- Sudden and unexpected deaths of Children whose death does not fall within a murder enquiry. If a murder enquiry is subject of the death then the Investigation will either be conducted by the Major Crime Unit or Divisional CID with assistance from the Family Protection Unit.
- Organised abuse / institutional abuse involving child victims. Due to the potentially large numbers of victims and witnesses to be interviewed, assistance may be required from CID which will be coordinated through the Divisional Detective Inspector.
- For all Domestic Abuse offences the Vulnerable Persons Team (VPT) will act as a source of advice for officers assisting with their technical knowledge in ongoing investigations.

- All Domestic Abuse incidents will be notified to the VPT Corporal, to ensure they have been dealt with correctly.
- The VPT will liaise with Governmental and non Governmental Agencies to ensure that the necessary exchange of information and joint working practices are adopted and strengthened.

It is of utmost importance that the correct investigators and managers are selected to staff Vulnerable Persons Teams. Officers must be able to evidence sound investigative skills prior to selection.

### **Welfare**

All officers and support staff appointed to work within a VPT should be aware that they will be dealing with crimes which are very serious in their nature and they affect a vulnerable and often defenceless part of the Community. Therefore the investigations may put additional pressure upon officers as a result Management at all levels must remain vigilant to the signs of stress in their staff. When staff have been exposed to particularly harrowing situations or have been visibly affected by a particular incident or investigation, then medical assistance or advice should be sought.

### **Management of Vulnerable Persons Teams (VPT)**

The role of the VPT supervisor includes both substantive responsibilities relating to the investigation of child abuse and overseeing of Domestic Abuse incidents and Investigations and the management of staff. From 14<sup>th</sup> May 2007 both Teams will be managed by a Corporal.

It is essential that each supervisor's own workload does not detract from their supervisory functions. The supervisor's own workload should routinely be monitored by their own line manager, the Divisional Detective Inspector (Crime Manager) with a geographic responsibility for the Team.

The Corporal must actively manage the staff, child abuse investigations and oversee Domestic Abuse work and investigations. The Crime Manager for the respective Division however, will retain overall responsibility for the investigation of all crimes on their area.

Whenever a joint investigation by Police and Human Services is required into the possible injury or harm to a child, a manager from each agency should always be involved in the referral stage and in any further strategy discussion.

The **Manager** referred to will be the VPT Detective Corporal. These managers must have sight / detailed knowledge of ALL referrals immediately after their arrival in the VPT in order that informed decisions / directions can be given from the outset of any investigation. All decisions and directions will be recorded in a timely manner. Directions must be clear and specific with regard to the individual circumstances of the case.

VPT supervisors should be consistently concerned with the balance of work within the team, the welfare of individuals and the quality of their work. Supervisors must ensure that staff are given adequate opportunities to discuss workloads and regular meetings to review individual cases should be scheduled. Individual Worksheets should be utilised to ensure regular checks are made and recorded.

## **Multi –agency working (VPT Supervisors)**

Child abuse investigators should work closely with Human Services and other Agencies and must share relevant information relating to children's safety and welfare. Supervisors should strive to ensure that effective multi-agency working takes place. From time to time disagreements will occur and it is essential that these are worked through to ensure the most prompt and effective outcome for the child. In most instances such issues can be resolved by first line managers but in instances where such resolutions can not be achieved matters must be referred to more senior managers rather than a situation arising whereby a child may be left at risk.

VPT supervisors will also be expected to:

- Supervise the process of managing referrals to and from other agencies
- Represent the police at local Child Protection Meetings.
- Inform the Force Detective Superintendent and the Head of Human Services of the death of a child as a result of a criminal act or omission.

## **Managing the referral process**

All referrals for an incident of Child Abuse which are Internal or External will be directed to the Divisional Vulnerable Persons Team where the incident occurred. VPT supervisors' have a crucial role at the initial stages of the referral process. The supervisor will be required to immediately risk assess all incoming notifications and decide on the appropriate response.

All notifications must be recorded within a Referral Register within 24hrs of receipt. All initial supervisory decisions / directions will be recorded within the relevant entry.

Supervisors will ensure that incidents which require crime reports are crimed in a timely manner in accordance with force guidelines

When a notification is received the supervisor will ensure that intelligence checks have been conducted in respect of all individuals and addresses relevant to the notification all such checks must be recorded. This may be by utilising any previous records of the Police or Human Services.

The VPT supervisor will assess as to whether the information contained within each notification should be referred to partner agencies.

**The police should refer to Human Services details of any child that is suffering or may be at risk of suffering significant harm. They should also refer details of any child in need who may benefit from services offered by Human Services.**

Any referral by the police to Human Services should be made as soon as practicable by telephone in the first instance, a record should be made of the time and date of the communication and what information was passed details of the person taking the referral should also be recorded. These details should be recorded within the Referral Register within 24hrs.

## **Single point of contact**

Supervisors must ensure that where possible a child abuse investigation should rest with a named officer within the Team. This person should remain as the investigating officer for the case and the single point of contact for the child and family throughout the case. The single point of contact and any changes should be recorded and explained to the child and all other affected parties as soon as possible.

## **Strategy meetings and Child Protection Case Conferences (VPT Supervisors )**

It is best practice for a VPT Supervisor to attend strategy meetings held under child protection procedures, particularly in more complex and serious cases and those of a sensitive nature. Where this is not possible supervisors must ensure that experienced officers attend who have the relevant knowledge of the purpose and workings of such meetings and are sufficiently confident in their ability to ensure that any criminal investigation is not compromised by any agreed recommendations / actions.

Officers attending child protection case conferences must likewise be experienced in the workings and purpose of such meetings and must be aware of their requirement to represent the police. Officers should be given sufficient time to prepare for such meetings and must have a sound knowledge of the case in question.

## **CHAPTER SIX**

### **Investigation development:**

#### **The Referral Process:**

**The police should refer to Human Services details of any child that is suffering or may be at risk of suffering significant harm. They should also refer details of any child in need who may benefit from services offered by Human Services.**

#### **Mandatory reporting - Section 13 . (1) Child Care and Adoption Bill:**

This section shall apply to:

- (a) a person who, in the course of his or her professional work or other paid employment delivers health care, welfare, education, children services or law enforcement wholly or partly to children;
  - (b) a person who holds a management position in an organisation, the duties of which indicate direct responsibility for, or direct supervision of, the provision of health care, welfare, education children services or law enforcement, wholly or partly to children.
- (2) Notwithstanding the provisions of any other Act, a person who has knowledge or has reasonable grounds to suspect that a child is in need of care and protection pursuant to the provisions of section 10 shall:
- (a) without delay, report or cause to be reported, the circumstances to the Director, or to a police officer who shall report the information to the Director; and
  - (b) provide the Director with such additional information as is known or available to the person.
- (3) Subsection (2) shall apply notwithstanding the confidential nature of the information on which the report is based, save and except that nothing in this section abrogates any attorney-client privilege.

- (4) A person who fails to comply with subsection (2) commits an offence and is liable, on summary conviction, to a fine not exceeding ten thousand dollars or to a term of imprisonment not exceeding two years.

Human Services may have already been contacted as part of initial investigation to ascertain if the child and or associated parties are known to them. If at that stage full concerns about the child were not shared Human Services it should not be assumed that a referral has taken place.

The information contained within a referral to Human Services should support the assessment of the needs of the child. A referral of a child protection concern has no threshold and is the subjective assessment intended to raise awareness of the need for a closer inspection of the wider circumstances of the child. The multi agency context in which children are protected requires that agencies share information about concerns for children.

Any referral by the police to Human Services should be made as soon as practicable by telephone in the first instance, a record should be made of the time and date of the communication and what information was passed , details of the person taking the referral should also be recorded. These details will be recorded in the Referral Register within 24hrs.

The referral should contain the following as a minimum:

- Name, sex, address, and date of birth of the child subject of the referral and any other children within the family or household
- Names, sex, address and dates of birth of parents or carers or any adults in the household or having significant contact with the child
- Nature of concern, how and why it has arisen and whether any particular needs are apparent
- Details of any **relevant** information held by the police which would in any way have a bearing on the safety/welfare of the child, including any **relevant** convictions
- Referrers name address and contact number
- Details of the department / officer acting as the single point of contact.

Following initial assessment Human Services may decide that they will have no further involvement with the investigation and file the information for future reference **this however must not be pre judged by the police** and a referral must be made in the first instance. Should Human Services indicate that they will be taking no further action this should be recorded in the Referral Register and the time, date and details of the Human Services personnel providing the information and any reasoning (where provided) around the decision.

### **Responsibility for criminal investigation**

**Police officers are responsible for conducting the criminal investigation elements in a case of suspected injury or harm to a child, and will be held to account for the quality of that investigation.**

Human Services has the lead responsibility for the welfare of the child. However, Section 17 Child Care and Adoption Bill states:

- (1) Where pursuant to section 16(e), the Director decides that a fuller investigation of the circumstances of the child is necessary, the Director may, regardless of the consent of any person, carry out a full investigation of the circumstances and the condition of the child in order to determine whether the child is in need of care and protection.

- (2) An investigation by the Director pursuant to subsection (1) may include an analysis of the medical, health, social, residential, educational, economic and other factors affecting the life of the child.
- (3) Notwithstanding the provisions of any other Act, in conducting an investigation pursuant to subsection (1), the Director may, without the consent of any person:
- (a) visit the residence of the child and other places frequented by the child;
  - (b) transport the child to a place considered by the Director to be appropriate;
  - (c) interview and examine the child;
  - (d) interview the parent of the child;
  - (e) interview any person who cares for the child or any person who has had an opportunity to observe the child;
  - (f) interview any person who provides health, social, educational and other services to the child or the parent of the child;
  - (g) require information to be provided to the Director from medical, social, educational and other service records concerning the child or the parent of the child or both;
  - (h) cause an examination to be made of the physical, mental and emotional health and development of the child;
  - (i) request the parent of the child to undergo an examination of the physical, mental or emotional health or any other assessment ;
  - (j) consult with such other persons and gather such other evidence as may be necessary to complete the investigation.
- (4) Upon an application made by the Director, the Court may order any person-
- (a) to provide such information pursuant to subsection (3) to the Director;
  - (b) to allow the Director access to a person, place or record; or
  - (c) to co-operate with an investigation by the Director.
- (5) Subject to subsection (6), the Director shall provide a general report of the results of an investigation in the prescribed manner to:
- (a) the parent of the child who is the subject of the investigation; and
  - (b) the child, who is the subject of the investigation, if the child is at least twelve years old and is capable of understanding the circumstances of the investigation.
- (6) A report shall not be required pursuant to subsection (5) where:
- (a) the Director has reasonable grounds to believe that such a report will endanger the safety of the child or any other person; or
  - (b) a criminal investigation related to the matter has been initiated or is likely to occur.
- (7) A person who intimidates, threatens or assault the Director in the exercise of his or her functions pursuant to this section commits an offence and is liable on summary conviction to a fine not exceeding five thousand dollars or to a term of imprisonment not exceeding three months.

Following a child protection referral being made to Human Services a Strategy Discussion between the two agencies should take place as soon as possible. This may take the form of a telephone conversation or a multi agency meeting.

It is imperative that vital evidence gathering is not delayed whilst waiting for such a meeting to be convened, but it is also crucial that dialogue is maintained with Human Services in such circumstances to ensure both agencies are able to work together to attempt to prevent any such delays. The above Section of the Bill will also present officers with opportunities to gather evidence in pursuance of an investigation providing the Strategy Discussion takes place.

Where the police and Human Services following a strategy discussion have made a decision that it is in the best interests of the child to carry out a full criminal investigation, the police are responsible for carrying out that investigation, including the evidential interview with the victim. There may be less serious cases where, after discussion, it is agreed that the best interests of the child are served by a social services led assessment, rather than a full criminal investigation.

It may be appropriate for a social worker to accompany a police officer during some stages of the criminal investigation, such as an evidential interview, but the investigation remains the exclusive responsibility of the police. The decision as to whether to conduct a joint interview or joint visit should be determined by what is in the best interests of the child. Enquiries should be undertaken in such a way as to minimise distress to the child and to ensure that families are treated sympathetically and with respect. Distress can be minimised, for example, by limiting the number of occasions that the child has to relate an account of what has happened to them or reducing the frequency of agency visits to the child's home.

### **Managing the investigation**

An effective investigation will require the consideration and development of the following:

- Policy file (Very Serious Cases)
- Victim care plan
- Witness management plan
- Forensic management plan
- Search plan
- Suspect management plan
- Disclosure plan

**The management of the investigation should be consistent with any plan agreed at the strategy discussion.**

### **Lines of enquiry**

When concern about the welfare of a child has been expressed, investigating officers should explore the background and history to ascertain whether there is a pattern of abuse against one child or several children, or whether evidence suggests a single incident against one child. Investigations should relate to the child about whom concern has been expressed **and any other children of the family**. Information obtained should be used in any multi-agency child protection responses and any police action, including producing prosecution files. Investigating officers have an obligation to record any material that may be relevant to the investigation.

In cases of crimes against children, Supervisory officers should, from the outset, take an active role in ensuring that a thorough investigation is carried out.



This is not an exhaustive list but officers should consider these lines of enquiry from the outset, develop them further against gaps in the evidence and use them to prove or disprove critical factors in the case.

- Suspect identity checks including names used and previous addresses;
- History of previous reports;
- Police intelligence systems;
- Records relating to the suspect held by Human Services and other agencies;
- Child contact arrangements and disputes, including any court orders;
- Social services involvement in the family;
- History of the family, eg, information relating to children who have left home;
- Any circumstances in which a child has lived away from home;
- Structure of the family, including step-family relationships, previous and current partners of the parents or carers, any other children related to the suspect;
- History of domestic abuse
- Existence of civil injunctions or other legal proceedings (eg, divorce);
- Medical information that may constitute evidence, such as failure to attend medical appointments or developmental checks, repeated presentation of children with unexplained injuries, obtainable from Doctors, health visitors, midwives, hospital Accident and Emergency Department (A&E), dentist, and hospital records;
- Child developmental issues including emotional and behavioural difficulties;
- Evidence of sexual activity by a child including use of contraception, abortion, pregnancy, sexually transmitted diseases, abuse through prostitution or sexual exploitation;
- Evidence of grooming by a suspect including contact with children through working with them or applying for jobs with children, paying children for casual work, frequenting places where children congregate, contacting a child through using a mobile phone, internet chat rooms and taking photographs of children;
- Evidence of travel for the purposes of abusing children;
- Evidence of the suspect's access to computers at work and home and use of the internet to abuse children;
- Parenting style including neglect, failure to seek medical care, physical chastisement and verbal, psychological and emotional abuse;
- Evidence of alcohol or substance misuse, or mental health problems of the parent or carer;
- Significant events in a family including accidents, illness, death of a family member;
- Poor presentation and self-care skills within the family;
- Family's social integration and access to community resources including social support of relatives, neighbours and friends, and more formal networks such as the support of institutions;
- Evidence held by other agencies such as health care professionals, social services, Probation Service, Prison Service, housing services and youth workers;
- School records including teachers' notes and any matters coming to the attention of the school nurse or school councillor;
- Any circumstances in which an extra-familial suspect has gained the confidence of the child and / or parents or carers (this may include electronic communications);
- Friends and associates in whom the victim may have confided or who may have witnessed an offence or significant event, or who themselves may have been groomed or subjected to abuse by the same suspect;
- Witnesses to uncharacteristic behaviour by the victim which are linked to abuse such as withdrawal, violence or explicit sexual behaviour;

- Potential witnesses to abuse including neighbours, friends or family.

### **Additional lines of enquiry in cases of neglect**

In many cases of neglect, it may be initially unclear whether any offence has been committed. A search of relevant premises, medical examinations and interviews with suspects, children and witnesses should all be considered to show the circumstances in which a child is cared for and to prove that any neglect was willful. Where there are two carers the possibility of arresting both should be considered. This allows scrutiny of each interview without intervening collusion. If it is not possible to prove which carer was responsible for the neglect, consideration should be given to the possibility that any carers were acting together, for example, where one may have inflicted harm and the other failed to prevent it or failed to seek medical assistance.

- A house search should focus on evidence of the following:
  - Hazards such as bare electric wires, broken windows, damaged or unguarded stairs, needles, broken toilets, animal or human faeces, all of which may render lodging inadequate,
  - Hazards in the garden or nearby,
  - Kitchens revealing inadequate or unhygienic provision for food, water, cleaning cloths or household cleaning,
  - Bathrooms revealing inadequate or unhygienic provision for sewage and cleaning,
  - Medication or poisons which are accessible to children,
  - Bedrooms revealing inadequate or unhygienic sleeping arrangements,
  - Concealed food, locks on the outside of doors, inappropriate electrical appliances,
  - Weapons or implements that may match marks found on children,
  - Inadequate storage or inappropriate accessibility of medicines, dangerous drugs, drugs paraphernalia, pornography or sex aids,
  - General observations of the home circumstances dependent on the particular age and needs of the child or children in question, including inadequate play materials or toys;
- Reactions of children when spoken to and the interaction between children and parents or carers;
- Financial means of the suspect which may assist in proving that neglect was willful and as potential rebuttal evidence should finance be advanced as part of the defence or in mitigation;
- Medical examination and expert evidence as to the health, condition, physical and mental development of the child, eg, dental examination to prove the condition of a child's teeth and oral hygiene;
- Statements from neighbours, school teachers and staff from other agencies which may demonstrate the persistence of neglect such as inadequate clothing, hunger and falling asleep at school;
- Any appeals made by the child to a carer for respite or treatment and their responses to the child;
- Position and relationship of the carer to the child, including their respective ages;
- Whether the carers have been responsible for other children and their experience of caring for children, eg, feeding, nappy changing, sleeping habits and behaviour;
- Where relevant, any difficulties at birth or immediately after birth for mother, father, other carer or baby;
- Carer's understanding of any medical condition of the child;
- Any advice or instructions given by medical staff at birth or after;
- Carer's observations of the other parent's or carer's handling of the child;
- What impact the arrival of the child had on the carer's circumstances and

- relationship;
- What support was available and was received;
- Particular circumstances of the discovery of the problem including:
  - Any medical condition or agency intervention,
  - Where the child was located,
  - Description of the setting,
  - Last time the child was seen,
  - Condition of the child,
  - Details of when the child last presented as expected,
  - Action and behaviour of both the suspect and partner before, during and after events
- Details of who had care of the child at any relevant times;
- Details of who else had access to the child;
- Whether the carer can identify any hazards or inadequate care arrangements (eg, lack of food, hygiene or accessible hazards such as open fires or medicines in the home) and is aware why these present a risk of harm to the child.

### **Lines of enquiry in cases of sudden and unexpected death of an infant**

Investigation of sudden and unexpected deaths of children is the responsibility of the Divisional Detective Inspector for the area in which the child died, unless the offender or child are unknown, then it will become the responsibility of the Major Crime Team. The Division on which the child died will take initial responsibility for the investigation in all cases and call out the Major Crime Team as required.

Investigating officers should consider interviewing carers separately to avoid the possibility of each contaminating the other's version of events. Where the initial investigating officer is not from the VPT they should involve the Team at an early stage of the investigation, particularly if there are siblings or other children in the family who may be at risk or may be a useful source of information.

### **Forensic medical examination**

#### **Consent issues:**

Section 17 (3)(h) Child Care and Adoption Bill gives the Director to cause a medical examination to take place without the consent of anyone. Therefore under the authority of the Director the Police and Human Services can cause a medical to take place. However, under many circumstances a parent will already give consent for a medical examination. It is the paediatrician or forensic medical examiner who should be satisfied that consent has been obtained. Officers should, however, consider the issue of consent to examination at an early stage of an investigation, particularly where the parent or carer is a suspect. In such circumstances, a contingency plan for parental non-consent should be agreed with Human services.

The investigating officer should ensure that a timed record is maintained of all decisions and procedures undertaken in securing consent for the examination of a child. This should be included as part of a formal record of the examination.

**Placement of a child in police protection does not provide the police with parental responsibility for that child.**

#### **The following may give consent to a medical examination:**

- Any person with parental responsibility.
- The Director of Human Services, as above.
- The High Court when the child is a ward of court

- A child of sufficient age and understanding
- The Family Court as part of a direction or Child assessment order.

### **Medical consent issues - explanatory notes**

A child of any age who has sufficient understanding (generally to be assessed by the doctor with advice from others as required) to make a fully informed decision can provide lawful consent to all or part of a medical examination or emergency treatment and it is important to respect the Child's wishes.

A Child who is of sufficient understanding may refuse some or all of the paediatric assessment even though a court may have made an order.

Wherever possible the permission of a parent should be sought for children under sixteen prior to any medical examination and treatment.

Where circumstances do not allow permission to be obtained and the child needs emergency medical treatment then ,

- The medical practitioner may regard the child to be of an age and level of understanding to give her/his own consent
- The child's teacher, in loco parentis, may give the required permission providing it is not against the express wishes of a parent
- The medical practitioner may decide to proceed without consent

In these circumstances, parents must be informed as soon as possible and a full record must be made at the time.

### **Role of the Examining Paediatrician / Doctor**

For the purposes of examinations in relation to alleged child sexual abuse, a child is one under the age of 16 years. However, the Paediatricians can examine children up to the age of 19 years. All examinations should be carried out by a Paediatrician, not a Police Doctor. This is due to the specific training that Paediatricians receive and their expertise in this area of specialist work.

When a child is admitted to hospital with a suspected non-accidental injury, any member of paediatric staff may carry out the examination to ensure immediate treatment. There should be early consultation with the police and Human Services in order to avoid delay in the collection of evidence. A trained paediatrician will also be able to advise on the management of post-coital contraception, the screening and diagnosis of sexually transmitted disease and other infections to which the child may be at risk as a result of the assault.

In cases of non sexual assault or neglect of a child, it is good practice to have a medical examination conducted by a paediatrician. There may be rare occasions, however, where such an examination could be conducted by a Police Doctor, for example, where the injury amounts to a welt, cut, bruise or other uncomplicated trauma. This is a matter of judgement in the particular circumstances of a case and such judgement should include the wider and continuing responsibilities of paediatricians that may arise in respect of the child's welfare. Any decision should not be influenced by the availability or non availability of particular expertise and every effort should be made to ensure that examinations are conducted by a medical examiner qualified in the required field.

The initial assessment or examination of a child may indicate that further examination by a specialist is necessary, for example an orthopaedic specialist if bones are broken. The requirement for specific paediatric expertise should be considered when planning an examination.

### **Location of the medical examination**

The most appropriate venue for the medical examination and any follow up medical support required for child victims of sexual assaults will be the hospital where a Paediatrician is resident.

### **Timing of the forensic examination**

Where the child is in urgent need of medical attention (e.g. suffering from fractures, bleeding, loss of consciousness) they should be taken to the nearest A & E Department.

In other circumstances the strategy discussion / meeting will determine, in consultation with the duty paediatrician, the need for a paediatric assessment. A paediatric assessment involves a holistic approach to the child and considers the child's well being, including development, if under five years old and cognitive ability if older.

This assessment should always be considered when there is a suspicion or disclosure of child abuse and / or neglect involving a suspicious or serious injury, certain cases of suspected sexual abuse and serious neglect. Additional considerations are the:

- Likelihood of securing forensic evidence
- Need to obtain medical documentation
- Need to provide treatment follow up and review for injury or infection

An officer from the Vulnerable Persons Team should accompany the child (unless there are exceptional circumstances) because officers must be equipped with the confidence to question the views of professionals in other agencies including doctors, no matter how eminent those professionals appear to be. Normal frontline officers without sufficient training will not possess the skills required for this task.

Only doctors may physically examine the whole child, but other staff can note any visible marks or injuries on a body map. In child abuse cases medical evidence is vital. Officers must record all obvious injuries and always consider a medical examination if there are any signs of injuries or the child expresses any form of discomfort.

Medical examinations should be undertaken at the first available opportunity. In all cases the child should be interviewed first (unless in need of urgent medical attention) to establish the exact nature of the abuse, touching over clothing would not normally warrant a medical examination one would argue, however the Paediatrician will carry out a full medical examination of each child as many injuries may not be apparent by a minimal examination. If a medical examination is carried out prior to an interview abuse may be disclosed during the interview which had not previously been mentioned therefore necessitating a further medical examination eg a disclosure of anal penetration when a vaginal examination has already been conducted.

Consideration should be given to the most favourable circumstances in which to conduct an examination in terms of the child's needs and the effective use of resources, each case must be judged on its own merits. An examination conducted whilst a child is affected by alcohol, drugs is tired or otherwise unsettled and may not provide the most useful outcomes in terms of forensic recovery or satisfactory disclosure of information. Similarly, the ideal conditions in which the paediatrician or Police Doctor may be able to conduct an examination are likely to be during normal working hours.

In cases where it is necessary to conduct a forensic medical prior to interview, the examining Doctor or Paediatrician will need to speak to the child so that the required samples can be collected and the scope of the examination determined. Officers should refrain from inhibiting such conversation on the grounds that it might damage the integrity of any later interview with the child because it is important that the forensic medical examination is conducted thoroughly. It is in the interests of the child to ensure, if possible, that further examinations are not necessary. The conversation should be recorded by the Doctor or Paediatrician in their witness statement.

### **Planning and Recording the Forensic Medical Examination**

Planning the forensic medical examination should form part of the initial strategy discussion, and it may be appropriate for Human Services to assist in the arrangements since this may assist in their assessment of the needs of the child.

The examinations should take place at either:

<b><u>Northern Division:</u></b>	Victoria Hospital, Castries
Contact:	Paediatrician Martin Plummer
Telephone:	452 2421

<b><u>Southern Division:</u></b>	St Judes Hospital, Vieux Fort
Contact:	Paediatrician Sybil Naitran
Telephone;	454 6041

The investigating officer should meet with the Paediatrician or Police Doctor prior to an examination to discuss the purpose of the examination. As the forensic medical examination is part of the criminal investigation, the investigating officer should remain present or near to the place where it is being undertaken. To assist in the examination and to avoid trauma to the victim by requiring them to repeat information already given, the investigating officer should provide the forensic medical examiner with the account that the victim has provided to the police. All of the information provided to the forensic physician should be recorded for future reference.

Information gained during a forensic medical examination should be considered when making welfare arrangements for the child. Whenever a forensic medical examination is conducted, the following information should be documented:

- Location of the medical examination and who was present;
- Location where any samples for analysis have been stored and the reference numbers;
- Outcomes of any strategy discussion prior to or arising from the forensic medical examination;
- If and where any sensitive images have been recorded;
- Notes made by the paediatrician or Police Doctor (possibly recorded as sensitive material in prosecution files).

The forensic paediatrician or the Police Doctor should provide a written statement after any forensic medical examination, which outlines the findings of the examination and expresses their opinion. Contemporaneous notes of any spontaneous comments

by the child concerning the circumstances leading to the examination should be made available to the CPS. Where it is considered that such notes should be treated as sensitive material, reasons should be included in the prosecution file.

In cases where bite marks may be relevant advice should be sought from a forensic odontologist regarding the interpretation and proper photography of such marks. If an odontologist is not immediately available photographs of any suspected bite marks must be taken, by a Scenes of Crime Officer, with a ruler placed appropriately to ensure the size of the mark can be examined accurately at a later date if necessary. **Officers should ensure that they use all evidential opportunities presented by forensic medical examinations.**

### **Recovery of physical evidence**

In most incidents of child abuse it is likely that, at some point, legitimate access to the victim or their home has been gained by a suspect, and that the suspect may be living with, or has lived with, the victim as a parent or carer, relative or visitor. This presents different issues from those where the suspect is unidentified or has no legitimate access to the scene. In cases where the suspect has had legitimate access, it will not usually be sufficient to identify the suspect as being present at the scene from forensic evidence. The forensic investigation should consider the sequence of events as explained by each party, looking at the scene in that context. This means testing whether the information from the scene corroborates the sequence of events supplied by the suspect as well as the victims and witnesses. This principle may also apply to scenes of previous incidents.

Areas of significant evidence which could assist the investigator and the scenes of crime officer to interpret the scene include:

#### **a) Blood pattern distribution**

Although the presence of blood at the scene may provide corroboration of physical assault, pattern and distribution analysis can often establish the possible sequence of events. For example, finding marks attributable to blood soaked hair coming into contact with fixtures and fittings may corroborate stated incident details. Similarly the size of a small blood droplet may assist in establishing the height at which a victim was bleeding, therefore assisting in the re-structuring of events. Where cleaning has taken place, stained tissues, cloths, contaminated taps, plugs and other materials may provide further evidence of assault and evidence of the suspect's state of mind.

#### **(b) Fingerprints**

While finger or palm marks cannot be aged, the location of recovered material may assist in establishing the suspect's actions at the scene. The situation of marks may assist compilation of incident details, particularly if located in uncommon areas and positions. The Scenes of Crime Officers (SOCO) should record the exact situation and position of ridge detail. The position and context of these marks could be critical to the corroboration of a victim's account. Officers should discuss the likely areas of search with the SOCO.

#### **(c) Clothing and bedding**

Tears and damage to clothing may assist in the corroboration of accounts. Fibre transference between the victim and suspect may be pertinent, and the seizure of clothing bearing evidence of assault or attack may also assist enquiries. Particularly careful attention must be taken where the victim is a very young child or a baby. In such cases consideration should be given to the seizure of baby grows, bibs and other similar items including soiled nappies. Blood distribution on clothing may further

assist in clarifying the pattern of events. Clothing damaged or contaminated during an attack may be discarded or put aside for cleaning purposes. A search of items such as clothes baskets, washing baskets and other areas where clothes can be hidden may prove useful. Bedding, including mattresses may also be a useful source of evidence. Seminal fluid can remain for months or years provided the item has been kept dry and not washed.

#### **(d) Footwear impressions**

Shoe marks are sometimes recoverable from personal effects and the victim's body. Suspect footwear may contain debris resulting from victim assault. Bruises should be subjected to careful study as it is not uncommon to recover impressions from shoes or other articles in bruising.

#### **(e) Medication and feeding materials**

A child's medication and feeding materials including bottles may be a useful source of evidence, particularly in a case of suspected fabricated and induced illness.

#### **(f) DNA**

Even when the presence and identity of the suspect is not in dispute, the presence of a suspect's DNA at the scene may prove significant when subject to interpretation. For example, DNA samples recovered 'on top' of a crime scene or otherwise linked to the crime data can be interpreted as providing evidence of presence at the scene which does not precede the event in question. DNA may also be linked with items associated with the specific incident. For example, a bottle used in an assault may identify the drinker(s). Similarly a recently deposited cigarette stub used to burn a victim may identify the smoker. This type of information may help to establish some factual element to conflicting circumstantial accounts. Wherever possible request a SOCO to attend the scene. In a child abuse case, when the identity of the suspect is not in question, officers **should not** assume that DNA evidence should not be collected. Officers should consider the collection of DNA samples from all suspects on charge. Such evidence could link the suspect to other offences against children and adults.

#### **(g) Signs of a disturbance or neglect**

Disturbance or damage to the scene could verify a sequence of events or negate an account. Neglect can also be inferred from a description of the scene which could assist the SOCO in identifying evidence.

#### **(h) Injuries**

The victim is a crime scene and should be dealt with in that way. Injuries may be less apparent in cases of long-term neglect and officers should be alert to the possibility of injuries indicating a pattern of abuse over a long period of time. Any interpretation of injuries should come directly from the forensic physician carrying out the medical examination.

#### **(i) Weapons**

These may not conform to usual descriptions and may be ordinary domestic items. The configuration of marks, abrasions and bruises may offer comparison with items associated with the assault. Debris from household items used as weapons may remain in wounds, thereby providing a physical fit to damaged articles at the crime scene.



## **Photographic and Video evidence**

Photographic and video evidence should be gathered wherever possible in child abuse investigations. Expert photography can be of great value to the investigation and in court proceedings. Photographs can also be used in suspect interviews. For example, in neglect cases, video evidence can provide a record of inadequate food, clothing or home conditions and this can be used throughout the child protection process and in a prosecution.

**Still images can be matched to video recordings of the more general scene. Whenever hospital images recorded for internal damage prognosis (X-rays) have been taken, officers should consider their value as a potential source of evidence.**

## **Use of X-ray and similar techniques**

Identifying fractures and bone injuries in infants and babies is particularly difficult and it is not always possible for medical staff to give clear and unambiguous answers. It is particularly difficult, for example, to detect recent fractures to the ribs. The use of X-ray and similar techniques should form part of the investigation strategy.

A paediatric radiologist should carry out any interpretation of children's X-rays and provide a written statement of their opinion in the case.

## **Use of photographic evidence**

Officers using photographic evidence techniques should:

- Ensure that a suitably trained forensic physician documents and records injuries, rather than relying exclusively on photographic evidence.
- Be aware that photographing a child may cause distress, particularly in cases where photographing and videoing has been part of the abuse. The reaction of the child to being photographed may itself form part of the evidence and should be recorded SO.
- Photograph all injuries – bite injuries should be photographed as soon as possible;
- Photograph or video record all damage and disruption at the scene (including, signs of neglect, damaged clothing and toys) and any other details that will assist in corroborating the victim or witness accounts, or proving the offence(s);
- Use SOCO photographs whenever possible in child abuse cases, irrespective of whether Polaroid or digital photographs have been taken;
- Consider using specialist ultraviolet photography which can be used to show none visible historic bruising;
- Record video footage of crime scenes when appropriate;
- Make arrangements for the victim to be re-photographed when injuries may be more apparent;
- Take particular care when photographing darker skin tones as bruising can be more difficult to see;
- Use photographs, particularly instant, proactively to assist in the investigative interview;
- Ensure CPS have copies of any photographic evidence

## **Using Recordings of 999 calls and other calls to the police**

Tapes of emergency and other calls to the police can provide a useful source of evidence to support the prosecution of child abuse cases. In particular, investigating officers should examine recordings to identify the following:

- Identity of the caller, if they have remained anonymous;
- Demeanour of the caller;
- Background noise including unsolicited comments from witnesses, suspects and victims;
- Any first description of the incident as provided by a witness or victim.

All recordings are retained at the La Toc.

### **Victim evidence.**

#### **Planning the victim / witness interview**

When planning interviews with children, officers should take into account the following factors relating to the child as they could affect the structure, style, duration and pace of the interview:

- Age;
- Sex and sexuality;
- Race, culture, ethnicity and first language;
- Religion;
- Any physical and / or learning impairments;
- Any specialist health and / or mental health needs;
- Cognitive abilities, eg, memory, attention;
- Linguistic abilities, eg, how well they understand spoken language, (how well do they use it);
- Current emotional state and range of behaviours;
- Family members or carers and the nature of the relationships (including foster or residential carers);
- Overall sexual education, knowledge and experiences;
- Types of discipline used with the child (eg, smacking or withholding privileges);
- Bathing, toileting and bedtime routines;
- Sleeping arrangements;
- Eating and drinking requirements;
- Any significant stress recently experienced by the child and / or family, eg, bereavement, sickness, domestic violence, job loss, moving house or divorce;
- Child's views and opinions.

Planning for the interview should include consideration of the following:

- Full details of the current incident including evidence to support the alleged offence;
- Details of witnesses present during the incident;
- Nature and seriousness of the victim's injuries (physical and emotional);
- Points to prove the offences;
- Details of family members;
- History of the relationship and any incidents;
- Reference to previous incidents;
- Whether a weapon was used (how and what type);
- Details of any threats made.

When considering which subjects are to be covered during interview, the aims and objectives of the interview should be clear. Questioning should be built around the aims and objectives in order to identify further lines of enquiry and to assist in the planning for the suspect interview.

Officers should record the reasons for the interviewing strategy agreed and preserve this record for possible use in any subsequent legal proceedings. Officers should ensure that information gained from the victim and witness interviews is included in any child protection processes.

## **Police evidence**

### **First officer at the scene**

The first officer at the scene is a witness and the investigating officer should, **if a case warrants it**, interview the officer and in other cases take a full statement. Supervisors should ensure that the welfare of these officers is fully considered prior to and after the interview whenever the nature of the investigation is likely to be distressing.

Interviews should cover the officer's initial appraisal of:

- The victim's injuries and reactions and those of any other children in the house;
- Their observations of the scene;
- Identification of risk factors;
- Unsolicited comments made by the suspect;
- Any first description of the incident as provided by a witness or victim;
- Significant statements made by the suspect;
- Actions taken by the officer at the scene and afterwards, and reasons for that action, eg, any exercise of child protection powers or referral to Human Services.

Where relevant all of the above issues should be included in the officer's evidence and presented within their statement.

### **Enquiries with other potential witnesses**

The possibility of enquiries with potential witnesses and house-to-house enquiries should be identified early in the investigation. Examples include family members, neighbours, shopkeepers, visitors and friends

House-to-house enquiries may also be appropriate when obtaining general evidence relating to a particular suspect and family. Careful questioning may result in information about things said by the child, avoidance behaviour by the child; observations about things heard and seen, and the behaviour of the suspect towards the child. Although some of the evidence may be inadmissible, sometimes it has the capacity to rebut the suspect's account and can assist the investigation by confirming suspicions. Such evidence may also be important in child protection proceedings and family or civil proceedings such as child contact disputes or applications for civil injunctions.

In a child abuse investigation house-to-house enquiries may require slightly different planning as the defined area for the operation may only include the immediate neighbours of the victim. Alternatively they may include residents close to schools, parks or other places where related incidents have, or may have occurred.

Officers should consider the following:

- Sensitivity of the enquiry may require that questioning techniques are adopted to establish what the neighbour saw or heard, without disclosing the exact nature of the alleged offence or incident;
- It may be appropriate to use a standard questionnaire to elicit information;

- Questionnaires should use open questions to allow interviewees to describe previous incidents and provide further evidence. ( If in doubt seek CPS advice when preparing the questions)
- Questions should be constructed to relate to general issues about the family and / or other children who may be at risk through contact with the suspect, eg, parenting style and use of discipline.

### **Investigations involving computers**

#### **Best Practice for Search and seizure of Electronic Media.**

The overriding principle for electronic media is that 'No action taken by police or their agents should change data held on a computer or other media which may be subsequently be relied on in Court'

When planning a premises search always think Computer as they often hold a tremendous amount of incriminating evidence. If in doubt contact the IT Department and arrange for a member of staff to attend with you.

#### **Actions at the premises:**

- At the premises quickly secure the area containing the equipment
- Move people away from the computer and the power supply
- Never switch on machines and never review data with occupier(s)

#### **What to seize:**

- The computer 'case' or 'tower' – this contains the hard disk drive or 'internal memory' of the computer. There is no necessity to seize the monitor (screen), keyboard or mouse (unless computer built into monitor) – a photograph of the system will suffice
- Any power leads and / or power supply units
- Any hard disk drives not contained within the computer
- Where the system has a broadband or wireless connection seize the router.
- Any associated electronic storage media These items come in all shapes and sizes and are being up-dated regularly. A thorough search of the premises is advisable as they can be secreted in the most unlikely of places such as in kitchen storage jars, crockery in cupboards and even on key rings attached to the suspects own house / car keys!! They also appear in many guises, eg ordinary pens, keys, etc
- If the computer is switched on remove the power lead from the rear of the machine. If it is a laptop remove battery first then the power lead.
- Mobile telephones - the majority of mobile telephones available on the market have photographic as well as video facilities (3G, etc). Technology is being up-dated regularly and media cards can also be fitted into mobile telephones. They are therefore, an excellent storage device. Establish from the owner if there are any pin lock codes. If the phone is switched on, switch it off at the scene. During the search recover any original boxes for the phones (contain useful code numbers) and any chargers and data transfer cables.
- All video tapes including pre-recorded tapes – it only takes a piece of cello tape to make them recordable! The OIC is responsible for viewing any seized video tapes
- Notebooks or pieces of paper containing passwords and / or e-mail addresses as well as bank account / credit card details. Try to establish from the owner if there are any passwords on the system.

- Digital and conventional cameras including any films that appear undeveloped.
- All electronic organisers and Personal Digital Assistants (PDA's). Seize all cables and cradles. NB the PDA's need to be left on charge whilst in police possession otherwise data will be lost.

Consideration should be given to searching any other premises to which the suspect has access to, especially works premises.

### **Storage of seized items:**

It is highly likely you will recover a number of items from a particular area of the scene you are searching – in particular video tapes, floppy discs, DVD's and / or CD's. In such cases, they should initially be exhibited as separate collective items as they will be viewed via separate means, eg 50 x DVD's, 25 x video tapes, etc.. Each collective item can then be placed in a separate exhibit's bag under one exhibit number. Ensure the **exact location** of seizure is clearly marked on the exhibit label, for example:

**50 x DVD's (Ref. No. DR/1)  
25 x video tapes (Ref. No. DR/2)  
seized from the TV cabinet in the  
lounge at 6 Acacia Avenue, Shortend**

All items should be placed in an exhibits bag, secured with a plastic seal and an exhibit label should be attached to the **OUTSIDE** of the bag to ensure correct continuity

If in doubt about viewing material or any technical issues speak to the IT Department.

## **CHAPTER 7**

### **Post Arrest and Suspect Management:**

#### **Suspect Interviews**

Supervisors must ensure that all officers conducting suspect interviews are regularly engaged in interviewing persons suspected of Child abuse.

**Supervisors must also ensure that officers conducting suspect interviews in child abuse cases have had sufficient opportunity to view any interviews or witness statements, these can then be used for planning when conducting a suspect interview.**

#### **Principles of conducting a suspect interview**

- (a) Interviewing should be planned, conducted by experienced interviewers and completed around an interview strategy.
- (b) Understanding the legal requirements and points to prove, or defences of an offence, are key elements in achieving interview aims and objectives.

The seven principles of investigative interviewing are listed below, along with special considerations for child abuse cases and details of the stance an interviewer should adopt.

**1.** The role of investigative interviewing is to obtain accurate and reliable information from suspects, witnesses and victims in order to discover the truth about matters under police investigation. In addition to obtaining a first account from a child abuse suspect, the following areas should be considered when planning lines of questioning:

- Circumstances leading up to the alleged offence;
- Motive when committing the alleged offence;
- Character of the suspect;
- Previous child abuse by the suspect;
- General relationships with children and child contact arrangements, if applicable;
- Nature of other relationships, past and present, including history of abuse and controlling behaviour on the part of the suspect (eg, domestic violence);
- Relationship with other family members, family structure and functioning;
- Any circumstances in which children of the family have lived away from home;
- Contact with external support agencies;
- Parenting style, where applicable;
- Self care and care of other family members, where applicable;
- Significant family events, such as deaths and illnesses;
- Issues relating to grooming such as membership of children's organisations and fostering of interests in children's websites;
- Other abuse towards strangers and acquaintances;
- Any drug or alcohol misuse issues.

Information from the suspect interview should be used in police bail decision making. It should also assist in the decision making of the CPS and the courts in determining the appropriate method of protecting any children deemed to be at risk of harm, and assessing and managing risk.

**2.** Investigative interviewing should be approached with an open mind. Information obtained from the person who is being interviewed should always be tested against what the interviewing officer already knows or what has or can be reasonably established.

- Interviewers should adopt an ethical and impartial approach to the suspect interview;
- Interviewers should seek to establish what happened in a non-judgemental way;
- If the suspect attempts to minimise their involvement then any contradictory facts known by the interviewer should be put to them during the interview.

**3.** When questioning anyone, a police officer should act fairly in the circumstances of each individual case.

- Each interview should be considered on its merits;
- Explanations as to why incidents occurred should be sought and probed;
- Interviewers should not allow their own value judgements to influence a set of circumstances or explanation given but should explore the thought processes of the suspect.

**4.** The police interviewer is not bound to accept the first answer given. Questioning is not unfair because it is merely persistent.

- If a suspect gives an account as to why the offence happened but this does not equate with the investigation findings, then this account should be challenged;
- Relevant questioning around areas needed to prove the offence should be conducted for as long as necessary, taking into account all of the circumstances;

- Tone and delivery of the questions should be in a format that avoids criticism or collusion.
5. Even when the right to silence is exercised by a suspect the police still have the right to put questions.
- Interviewers have a responsibility to question the suspect thoroughly in order to afford them the opportunity to give their account;
  - A particular area of questioning might result in the suspect deciding to waive their right to silence;
  - In order to achieve the full impact of a potential adverse inference in the event of a prosecution, questions should have been put to the suspect.
6. When conducting a suspect interview, police officers are free to ask questions in order to establish the truth.
- In child abuse cases there may be a history of abuse, including previously unproven allegations which should be introduced into the interview process;
  - Questions should always be relevant to the offence being investigated;
  - Admissibility is for the courts to decide.
7. Vulnerable people, whether victims, witnesses or suspects, should be treated with particular consideration at all times.
- Questioning of suspects should not be unfair or oppressive;
  - An appropriate style should be adopted when dealing with a vulnerable person;
  - Different interpreters should be used for the suspect, victim and witnesses;
  - Arrangements should be made for people with hearing impairments. These might include using sign language interpreters, lip speakers, speech to text reporters or specific interpreters for those with dual sensory impairment.

### **Managing risks associated with released suspects or defendants**

When a decision has been made to release a suspect with or without charge, consideration should be given to the risks posed by the suspect to the victim and risks posed by others to the suspect.

This is particularly relevant to those occasions when the suspect is a member of the victim's household, a relative, friend or associate with routine access or circumstances in which they have access to other children. Advice should be sought from your Supervisor if you are concerned.

### **Remand and police bail**

Where a suspect is charged with an offence related to child abuse, consideration should be given to asking the CPS to apply for a remand in custody.

Prior to a decision to allow bail, victims and their parent or carer should be consulted (where possible). All efforts should be made to impose effective bail conditions that protect victims, children and witnesses from further intimidation and abuse. In this context, children include other children who may be placed at risk of harm.

If there is insufficient evidence to charge a suspect or the advice of CPS needs to be sought, consideration should be given to releasing them under section 47(3) of PACE to enable further enquiries to be completed. This will allow time for other witnesses to come forward and for a more detailed investigation to be undertaken.

Remember that anyone who interferes with any witness or victim can commit the offence of perverting the course of Justice.

### **Informing the suspect of no further action**

Where it is decided that no further action will be taken against a suspect, they should be advised of that outcome. In particular, suspects should be advised to retain and preserve any documents or other evidence that supports their defence. This is necessary as the investigation could be resumed, for example, if any fresh evidence comes to light, or new or historic allegations are made which are relevant to the original investigation.

### **Keeping the victim and parent / carer informed**

Once a decision on bail has been made and before the suspect has actually been released, the investigating officer **must** contact the victim and parent or carer. The victim and parent or carer should be updated throughout the investigation and during the pre-trial period. In particular they should be informed of any decision to charge and / or bail the suspect, including details of any bail conditions. A description of the conditions that have been placed on the suspect should be given to the victim and carer along with what action should be taken if the conditions are breached. Once a decision has been made to bail a suspect, their release should not be delayed by difficulties in contacting the victim or their representative.

Where a joint investigation with Human Services is ongoing they should be informed where practicable of the status of the suspect due to the impact on the victim and / or their family.

### **Retraction / Withdrawal statements**

An officer from the VPT should take any withdrawal statement from a child victim. If a withdrawal statement is taken with care it may still be used as evidence in current or future criminal proceedings, as evidence in the child protection process or within the family court system, eg, in a child contact dispute.

Where there is suspicion that a child is being pressured or coerced to make a withdrawal statement, efforts should be made to speak to the child separately from the person(s) suspected of coercion. Coercion to withdraw a statement may also be grounds to remove a child to a place of safety. In such cases officers should also consider investigating relevant connected offences, eg, perverting the course of justice, intimidating a witness or harassment.

Reasons for the withdrawal of a statement, such as fears of court appearance or intimidation by the suspect, should result in discussions with the CPS to explore the options available to protect vulnerable witnesses, including special measures.

### **Taking comprehensive withdrawal statements**

A withdrawal statement should contain the following information:

- Details of the person(s) present when the statement is taken
- Confirmation that the original statement given to the police was true( if the account given originally is to be amended an explanation for this should be included)
- Whether the victim has been put under pressure to withdraw
- Victim's reasons for withdrawing the allegation
- With whom they have discussed the case - particularly anyone who has advised them or their parent or carer ie, solicitor
- Impact on the child's life if the case is continued



Withdrawal statements should be forwarded to the CPS and accompanied by a report from the officer taking the statement. The report should detail their observations about the reasons for the victim's withdrawal of their statement and their views about whether the case should proceed. It must be stressed that because a withdrawal statement is made it is still possible to carry on with a case to court and obtain a prosecution.

### **File preparation**

The police should provide as much information as possible to the CPS in order that the Crown Prosecutor can make an informed decision about each case.

#### **The CPS requires the following information:**

- All relevant victim statements (including withdrawal statements, medical statements and any statement made on behalf of the victim);
- All relevant witness statements (including, for example, neighbours and other children);
- Details of all case exhibits (including photographic evidence);
- Defendant interviews;
- Any photographic, video or CCTV evidence;
- Relevant police records, for example, pocket notebook entries, incident logs, custody records and 999 tapes;
- Crime reports and intelligence relating to previous allegations including those against other victims, which may indicate potential similar fact evidence;
- Any past or current civil proceedings;
- Any previous convictions;
- Details of the victim's injuries (medical, photographic and written);
- Description of the scene with any photographic evidence or relevant statements including those from the first officer at the scene;
- Whether the defendant used a weapon;
- Whether the defendant made any threats before or has made any since the attack;
- Whether the defendant planned the attack;
- Details of any other children having regular contact with the defendant;
- Details of any suspected grooming activity by the defendant;
- Chances of the defendant offending again;
- Measures taken to protect the victim from the defendant such as exercise of police protection powers;
- Whether the defendant, victim or witness requires an interpreter;
- Names of any interpreters used during police interviews;
- Any requests by the defendant, victim or witness for an interpreter of the same sex or of a particular ethnic group, political orientation or affiliation;
- Evidence of the suspect or defendant or their relatives or associates contacting the victim or their family since the incident or post charge;
- Any relevant records or statements from other agencies;
- Details of previous involvement of Human services and any joint agency action;
- Details of any mental health problems, drugs and alcohol misuse relating to any party in the case;
- Details of the wishes and feelings of the victim and parent or carer about going to court;
- Details of other potential evidence or evidence currently being processed and therefore not available as part of the file, and when this will become available.

## **Pre trial therapy for child witnesses**

Concern has been expressed that witnesses, and in particular child witnesses, have been denied therapy pending the outcome of a criminal trial for fear that their evidence could be tainted and the prosecution lost. This concern may conflict with the need to ensure that child victims are able to receive, as soon as possible, effective treatment to assist their recovery. In the context of this potential conflict, the following matters are relevant:

- Many child victims express the wish to see their abuser convicted and punished;
- There is a wider public interest in ensuring that abusers are brought to justice to prevent further abuse;
- All accused persons are entitled to a fair trial.

Both child care professionals and police investigators have a mutual interest in ensuring that child witnesses who receive therapy prior to a criminal trial are regarded as witnesses who are able to give reliable testimony.

## **Preparing a Child Witness for Court**

Child victims and witnesses can benefit from visiting the court prior to the date of the trial so that they are familiarised with the court and court processes. Officers should organise this with the Family Court or other court as applicable.

## **Media Handling**

At the investigation stage the investigating officer should be aware of the potential dangers of uncontrolled or inappropriate media reporting on future criminal proceedings. Some cases that have attracted media attention have led the defence to suggest that the defendant is unable to have a fair trial due to the level and nature of media reporting.

If there are concerns about media interest early liaison with the PR Department should take place.

There are many legal restrictions governing what might be said to the media during the course of criminal and / or care proceedings, and there may be injunctions in force. Whenever it is apparent that a particular case has attracted the interest of the media, advice should be sought from your Supervisory officer and a media strategy agreed. The strategy should involve participation from all other agencies concerned in the investigation, particularly Human Services. It should ensure that agreed, consistent statements are issued by designated spokespersons and that staff in each agency have a clear line of referral. Victims and their families should be protected from the potential trauma that may be associated with media interest. Press releases should avoid identifying victims so that they may be shielded from media attention.

When officers respond to questions posed by the media, they should be guided by the following principles:

- Ensure the welfare of the child, including the protection of their identity and that of any other children;
- Avoid further harm to children;
- Consideration for the victim(s) and their families;
- Respect for the professional status of each agency involved;
- Need for the content to be informed and informative;
- Lawfulness;

- Potential for harm to future criminal proceedings;
- Need for the media to receive consistent messages from all agencies involved, including the message that abuse of children is taken seriously;
- Details of the support provided to victims who come forward;
- Consideration for the alleged offender(s) and their families.

## CHAPTER 8

### Multi agency working:

#### Communications Between Agencies

The majority of concerns about children arise through routine contact with families by a range of agencies. Initially the potential for abuse or harm to the child may not be apparent. For the police, routine contact can include dealing with child offenders, missing children and domestic violence. In health settings, concern may arise when treating an injury originally presented as accidental. In an educational setting, concern may arise following a disclosure of abuse by a child to a teacher. While staff within agencies, including the police, should discuss any concerns with the family this should only be done where such discussion will not place a child at increased risk of harm or jeopardise a criminal investigation.

#### Referrals to the police

The Child Care and Adoption Bill places a statutory duty on all Agencies involved with children to report all issues of abuse or suspected abuse to Human Services. Where a crime is alleged then this information should be referred to the Police as soon as possible in order that a criminal investigation is commenced.

This enables the police and Human Services to share any relevant information that they each hold and to consider how to proceed in the best interests of the child at the soonest opportunity. Where it is decided that it is in the best interests of the child to proceed with a full criminal investigation, the investigation is the responsibility of the police.

There will, however, be less serious cases where, after discussion, it is agreed that the best interests of the child are served by Human Services led assessment rather than a full criminal investigation. **This does not relieve the police from their duty to investigate crime and in every case there will be a requirement for an initial investigation.**

The welfare of the child should in all cases take priority. Where any doubt exists as to the seriousness of the case, the police should take responsibility from the outset for any investigation necessary to determine whether or not the case is appropriate solely to Human Services investigation or if it requires further criminal investigation. This is because in many cases it is difficult to determine how serious or otherwise the allegations are, or to assess whether any other children have been a victim of or are at risk of harm from the same offender, until an initial investigation has taken place. Where a joint decision is made that a case should result in Human Services led intervention, this decision should be documented and the decision reviewed as appropriate.

When the police receive a referral from another agency it should be recorded in the Referral Register at the Vulnerable Persons Team. The process of managing,

recording and assessing referrals and other information relating to child abuse should be intrusively supervised on a regular basis by the Divisional Detective Inspector.

Incidents not identified as a crime should be retained and be retrievable via computer based searchable police records for use in the event of any further investigations or future requests for information by other agencies.

### **Referrals to social services**

All concerns about children who are suffering or likely to suffer harm and concerns about children who are in need should be passed to Human Services as outlined previously, refer to Page 20.

### **Strategy discussions**

A strategy discussion between the police, Human Services and other agencies, when relevant, should take place if there is reasonable cause to suggest that a child is suffering or likely to suffer significant harm, or is a child in need. A strategy discussion may take the form of a meeting organised by Human Services or by other means (usually telephone). It is best practice for a VPT supervisor to attend strategy meetings held under child protection procedures, particularly in more complex and serious cases and those of a sensitive nature.

Under no circumstances must a criminal investigation be **unnecessarily** delayed for the purpose of convening a strategy discussion, particularly where there are issues of possible loss of forensic or medical evidence. Likewise an interview with the child should not be unnecessarily delayed solely for the purposes of a strategy discussion, unless it is in the best interests of the child.

In such circumstances an early strategy discussion between managers from the VPT and Human Services must take place to ensure that Human Services have the opportunity to comment on any proposed course of action.

The purpose of the strategy discussion is to agree whether to initiate enquiries and whether to commence a core assessment, it should also serve to assist in the coordination of the criminal investigation and Human Services action. The initial assessment is the lead responsibility of Human Services.

During a strategy discussion information should be shared between agencies and a plan formulated to:

- Share other available information;
- Agree the conduct and timing of any criminal investigation;
- Decide whether a core assessment should be initiated or continued if it has already begun;
  - How the core assessment will be carried out – what further information is required about the child and family and how it should be obtained and recorded,
  - Who will carry out what actions, by when and for what purpose.
- Agree what action is required immediately and in the short term to safeguard the child and / or provide interim services and support. Where a child is in hospital, this should include how to secure the safe discharge of the child;
- Determine what information about the strategy discussion will be shared with the family, unless such information sharing may place a child at risk of harm or jeopardise a criminal investigation;
- Determine if legal action is required;
- Coordinate a press strategy, if relevant.

During the strategy discussion, police officers should discuss the basis of any criminal investigation and any relevant processes that other agencies might need to know about, including the timing and methods of evidence gathering. For example, an officer should identify any actions by agencies which may jeopardise the criminal investigation, such as sharing particular information with a suspected offender. In some criminal investigations it may also be useful to involve other agencies in planning an interview with a child.

As stated above not all strategy discussions require a face-to-face meeting and a telephone call or series of calls may suffice initially. However, in complex types of abuse or neglect a meeting is likely to be the most productive way of discussing the child's welfare and planning future action. More than one strategy discussion may be necessary.

All strategy discussions should have detailed minutes, which include a clear and auditable process, to ensure that all participants are aware of any risks, actions agreed for managing risks and decisions made. A record of the discussion (sometimes referred to as the strategy discussion record) should be circulated to those present.

### **Joint visits**

The purpose of a joint visit is to actually see the child and establish the child's welfare. Joint visits should be planned and the Police and Human Services should have defined roles. Joint visits are a useful investigative tool and can greatly assist the risk assessment process. Such visits are appropriate in the following circumstances:

- If it is suspected that the child is a victim of crime;
- Whenever there is little or no information on which to assess whether the child is at risk of harm;
- To assess a child's cognitive development and ability to provide an account during a video interview.

### **Child Protection conferences**

Any strategy discussion may recommend proceeding to a child protection conference. A child protection conference should be convened if concerns about a child are substantiated and the child is judged to be at continuing risk of significant harm.

Where a criminal investigation has been undertaken or is ongoing VPT staff should attend all initial conferences and should inform the VPT supervisor that the conference is taking place. In those **exceptional** circumstances in which an officer is unable to attend, the VPT supervisor should be informed of the reason for non-attendance. This should be documented and a report of police actions, progress of the investigation and other relevant information sent to the chair of the conference.

### **The initial child protection conference**

The initial child protection conference brings together family members, the child, where appropriate, and those agencies most involved with the child and family. A suitably experienced member of the VPT should attend all initial conferences, the officer must have full knowledge of the workings and purpose of the conference, be fully conversant with the case and be sufficiently confident in their ability to ensure that the police investigation is not compromised by any agreed recommendations / actions.

The attending officer must record the outcome of the meeting and any significant factual information. The VPT supervisor must also be informed of the outcome.

The purpose of the initial child protection conference is:

- To bring together and analyse in a multi-agency setting the information that has been obtained about the child's health, development and functioning, and the parents' or carers' capacity to ensure the child's safety and promote the child's health and development;
- To make judgements about whether a child is at continuing risk of significant harm, and whether a child protection plan should be put in place;
- To decide what future action is needed to safeguard the child and promote their welfare, to describe how that action will be implemented and with what intended outcomes.

Human Services should coordinate a core group which will develop a child protection plan. This is a Human Services responsibility and police officers do not have a specific role in this part of the process.

The timing of an initial child protection conference will depend on the urgency of the case and on the time needed to obtain relevant information about the child and family.

The minutes of the conference must be thoroughly checked on receipt by the VPT Officer for accuracy and filed with the case papers for future reference.

### **Involvement of the child and family members and associated issues**

The involvement of family members should be planned carefully. It may not always be possible to involve all family members at all times in the conference, eg, if one parent is the alleged abuser, if there is a high level of conflict between family members or if there is a history of domestic violence. Adults and any children who wish to make representations to the conference may not wish to speak in front of one another. There may be exceptional circumstances where it is necessary to exclude one or more family members from the whole or part of a conference.

The conference is primarily about the child, and although the presence of the family is normally welcome, those agencies represented should be able to share information in a safe and non threatening environment. Human Services procedures should set out criteria for excluding a parent or carer, including the evidence required to exclude them.

A police officer who has information to share at the conference where a suspect may be present should contact the conference chair prior to the conference and request that the information exchange be confidential within the meeting.

The chair will usually exclude the suspect from the conference for this part of the proceedings. If this is not possible the officer should submit the information in writing to the chair and it should be recorded that the information could not be shared with all agencies at the conference.

The decision to exclude a parent or carer from the child protection conference rests with the chair of the conference acting within Human Services procedures. If the parents are excluded or are unable or unwilling to attend a child protection conference they should be given the opportunity to communicate their views to the conference by another means.

## **Information for the conference**

Human Services should provide a written report to the conference which summarises the information obtained in the course of the initial assessment. It is unlikely that a core assessment will have been completed in time for the conference as such assessments are expected to take along period to complete.

Other agency representatives attending the conference should bring details of their involvement with the child and family. This includes information concerning their knowledge of the child's health and development, the capacity of the parents or carers to safeguard the child and promote the child's health and development. Contributors, including the police, should provide a written report in advance which should be made available to those attending.

All those providing information should take care to distinguish between fact, observation, allegation and opinion. **Police officers should ensure that all details of recent police visits to the family are recorded.**

The conference should agree a date for the first child protection review conference and under what circumstances it might be necessary to convene the conference before that date.

## **Review conferences**

The first child protection review conference should be held within three months of the initial child protection conference.

The purpose of the child protection review conference is to discuss the safety, health and development of the child against criteria set out in the child protection plan. The review requires as much preparation, commitment and management as the initial child protection conference.

Every review should consider explicitly whether the child continues to be at risk of significant harm and needs to be safeguarded through adherence to a formal child protection plan.

The police should review all information available and a written report should be prepared and supplied to the conference chair when an officer is unavailable to attend. This report should update the conference about any new information and should include views on the child's safety. In criminal cases all documents which are records of meetings or discussions should be retained as unused material pending potential disclosure.

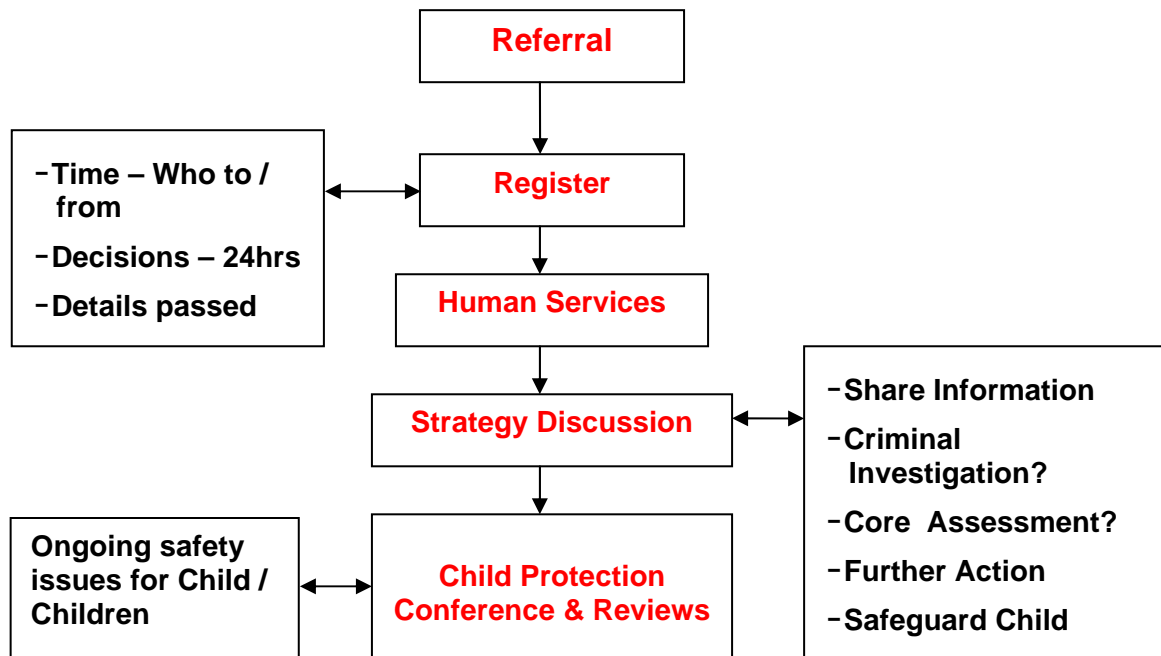
Where a criminal investigation is ongoing, the police representative at the conference should request that information with regard to the investigation is confidential. Early discussions should take place with the chair of the conference who should then manage the information exchange by excluding the parents from that part of the conference. If this is not complied with the officer may not be able to fully share all of the information available. The overriding consideration is the welfare of the child and any activity must be carried out with minimum disruption to the conduct of the conference.

## **Meeting with a suspect while on bail**

The attendance at a child protection conference of a suspect who is on bail should be raised with the chair prior to the conference. A child protection conference is not an interview and the discussion that takes place is for the benefit of the child's welfare.

An officer attending such a conference however should consider their responsibilities as a police officer. If a suspect makes any admission of a criminal offence during the conference, consideration should be given to the ongoing criminal investigation and the requirement for a suspect to be cautioned and their comments recorded.

### Multi Agency Referral and Meeting Diagram





# Appendix 1

## Sample Offences

This is not a definitive list of all offences which may be committed against or with children but a quick search list to assist as a guidance tool. All offences refer to the Criminal Code Of Saint Lucia 2004 unless otherwise stated.

<u>OFFENCE</u>	<u>SECTION</u>
1. Causing the death of a child	82 (1) and (2)
2. Unlawful Command to Kill	83 (1) and (2)
3. Murder	85 to 88
4. Death caused by negligence or Recklessness	92
5. Suicide	94
6. Administering noxious substance	96
7. Wounding & Associated Offences	97 to 103
8. Negligent Harm by omission	105 to 113
9. Threat of Death	114
10. Assault	115
11. Aggravated Assault on male under 12 yrs or female	116
12. Lawful chastisement	117
13. Stalking	118
14. Child Abuse – Failure to report	119
15. Kidnapping	120
16. False Imprisonment	121
17. Rape	123
18. Unlawful sexual connection	124
19. Inducing sexual intercourse or Connection by force etc	125
20. Sexual intercourse with child under 12 yrs	126
21. Sexual intercourse with person 12 to 16 yrs	127
22. Sexual intercourse with adopted minor	128
23. Sexual intercourse with minor employee	129
24. Indecent assault	130
25. Indecent act	131
26. Gross indecency	132
27. Buggery	133
28. Bestiality	134
29. Unlawful detention of person with intent to have sexual intercourse	135
30. Transmission of Aids	140
31. Procuring and Abetting for the purposes of Prostitution	141
32. Procuring defilement or abatement of defilement By Guardian or Parent	142
33. Trading in Prostitution by Female	149
34. Living on earnings from Prostitution	151
35. Conspiracy to defile	153
36. Defilement of person suffering from mental Illness	154
37. Permitting or aiding and abetting defilement	156
38. Incest	157
39. Attempt Incest	158
40. Abduction	160

41.	Abduction of unmarried person under 16yrs	161
42.	Abduction of any person with intent to marry and defile.	162
43.	Termination of Pregnancy and Child birth offences	164 to 168
44.	Child Abandonment or exposure to harm	169 & 170
45.	Child Stealing	171 & 172
46.	Child substitution	173
47.	Concealment of body of child	174 & 175
48.	Sale of pornographic material	330
49.	Causing harassment, alarm or distress	356
50.	Compounding Crime	371
51.	Compounding any offence involving a child	373
52.	Causing a person to refrain from giving evidence In a criminal trial	374
53.	Perverting the Course of Justice	376
54.	Naked or indecently clothed in public	502
55.	None compliance with any Court Order will be subject to the Terms of the Specific Court Order.	
56.	Disposal of intoxicants to under 18yr old	49 Liquor Licensing Act 2004
57.	Person under 16yrs not to be sent to obtain Liquor	50 Liquor Licensing Act 2004
58.	Employment of under 18 yr old in bars	51 Liquor Licensing Act 2004