

WV Model Protocol

Law Enforcement On-Scene Response to Domestic Violence When Children are Present



Supported by:

Charleston West Virginia Police Department

Greenbrier County West Virginia Sheriff's Department

Huntington West Virginia Police Department

PSIMED Inc.

Putnam County West Virginia Sheriff's Department

The United States Attorney's Office Southern District of West Virginia

West Virginia Chiefs of Police Association

West Virginia Child Advocacy Network

West Virginia Coalition Against Domestic Violence

West Virginia Prosecuting Attorneys Institute

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For further information on this project, please contact:

**West Virginia Coalition
Against Domestic Violence**
5004 Elk River Road, South
Elkview, WV 25071
304-965-3552
joyce@wvcadv.org



Ariana J. Kincaid
WV Prosecuting Attorneys
Institute
(304-558-3348)

WV Child Advocacy Network
1701 5th Ave, Box #12
Charleston, WV 25387-1900
(304) 414-4455
echittenden@gmail.com



Officer Bart Baker
Greenbrier County Sheriff's
Department
206 N. Court Street
Lewisburg, WV 24901
(304) 647-6634
bart.baker@greenbriercounty.net

Trudi Blaylock
PSIMED
P.O. Box 9569
South Charleston, WV 25309
tblaylock@psimedinc.com
304-344-8515



Chris Bell, CPS Supervisor
WV Department of Health and
Human Resources Bureau for
Children and Families
Mercer County
200 Davis Street
Princeton, WV 24740
(304) 425-8738 ext 2020
chris.l.bell@wv.gov

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This document is the result of the collaborative work with the West Virginia Coalition Against Domestic Violence Survivor's With Children Workgroup.

Survivor's With Children Workgroup Participants:

Trudi Blaylock, PSIMED

Tracy Dorsey-Chapman, US Attorney's Office, Southern District of WV

Kimberly Eagle, Charleston Police Department

Trudy Laurenson, WV Child Advocacy Network

Peter Sherman, Legal Aid of WV

Nikki Tennis, WV Supreme Court Administrative Office

Sandra Dorsey

Laurie Thompsen, West Virginia Coalition Against Domestic Violence (WVCADV)

Joyce Yedlosky, West Virginia Coalition Against Domestic Violence (WVCADV)

Nikki Erwin, West Virginia Coalition Against Domestic Violence (WVCADV)

Felicia Bush, Kanawha County Victim Services Center

Emily Chittenden-Laird, WV Child Advocacy Network

Honorable Mary Ellen Griffith, Family Court Judge, 12th Judicial Circuit Family Court

Chris Bell, Mercer County Department of Health and Human Resources, Bureau of Children and Families

Catherine Munster, Esq.

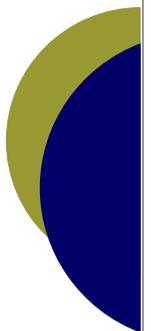
Ariana J. Kincaid, WV Prosecuting Attorneys Institute

Tom Speece, Prevention Resource Officer (PRO)

Bart Baker, Greenbrier County Sheriff's Department

This document was developed with adaptations from the following state protocols:

- **Vermont's Model Protocol: Law Enforcement Response to Children at the Scene of a Domestic Violence Incident;**
- **Iowa's Model Protocol: Law Enforcement Response to Children at the Scene of a Domestic Violence Incident;**
- **A Statewide Law Enforcement Protocol: Children Exposed to Domestic Violence California Attorney General's Office.**



Preface

It is our belief that children are influenced by how law enforcement officers respond to domestic violence and that a well-informed, sensitive response will benefit children. The intent of this protocol is to assist law enforcement officers in their response to children at the scene of domestic violence incidents. The goals of an effective response include assessing whether children have been harmed, minimizing the impact and repercussions to children who are present, and empowering children within the process as much as possible. Finally, the achievement of an effective response to children at the scene would enhance adult victim and child safety, promote offender accountability and expand the community response to domestic violence.

Research has begun to uncover and document the multiple ways that batterers and their behaviors affect children. We know that children can be exposed to battering in a number of ways including direct witnessing of violence, intervening in an assault to protect a parent, overhearing violence, seeing the injuries or bruises on a parent, as well as being harmed intentionally or unintentionally in the course of an assault. We also know that children exposed to battering can experience a range of effects including: sleep disturbances, eating problems, developmental delays, psychosomatic disorders, acting out violently, withdrawing, problems in school, depression and anxiety (see note #1)

Children experience domestic violence in different ways. Their exposure to battering occurs along a continuum that ranges from children who never see an act of violence to children who witness the murder, attempted murder, or sexual assault of their parent or other family member. Similarly the impact of this exposure to battering on children can occur across a wide continuum. Some children experience a mild level of anxiety while other children are severely traumatized. There are many variables that influence/mediate the effects of domestic violence on children, some of these include the severity and frequency of the violence, the age of the child, the resiliency and temperament of the child and the child's relationship with the parent who is battered.

1. Impact of batterers and battering behavior on children:

In the past ten years, multiple studies have been published indicating a range of ways that exposure to domestic violence impacts children.

(Groves, Betsy McAlister 2002, Children Who See Too Much, Beacon Press, Boston MA, pp. 50-78; J.L. Edleson, "Children's Witnessing of Adult Domestic Violence," Journal of Interpersonal Violence 14 no.8 (1999) 839-870)

For the purposes of this document, we agree that domestic violence can occur in both heterosexual and same sex intimate relationships and may be perpetrated by men or women. However, at times we have used gender specific language to reflect the overwhelming majority of situations where domestic violence is perpetrated by men against their female partners.

Purpose

The purpose of this protocol is to enhance law enforcement's awareness of the dangers to children exposed to domestic violence (CEDV), and to assist in establishing a department's response to better protect these at-risk children.

Objectives of protocol:

- A. To assist law enforcement officers to respond effectively to children at the scene of a domestic violence incident.
 - B. To outline an effective response which includes:
 - Assessing whether children have been (physically) harmed;
 - Minimizing the impact and repercussions to children who are present;
 - Empowering children as much as possible in the process;
 - Maintaining victim safety; and
 - Maintaining batterer accountability.
 - Maximizing officer safety.
-

Guiding Themes:

- Law enforcement response is never completely neutral and always impacts every member of the family including children;
- Safety for children and adult victims is paramount; and
- There are many variables that impact/mediate the effects of domestic violence on children (see note #2).

2. Children who live in families where domestic violence occurs have varied experiences and are impacted differently depending on a number of factors:

- **A strong caring relationship with an adult (e.g., parent, relative, teacher);**
- **Community safe havens (e.g., schools, community centers, churches);**
- **A child's own internal resources (e.g., intelligence, self-esteem, interpersonal skills).** (Osofsky, J.D. (1999). *The impact of violence on children. In The Future of Children: Domestic Violence and Children 9(3), California; The David and Lucile Packard Foundation.*)

Model Protocol Recommendations

I. Determining Whether Children are Present (once scene is secure)

A. When deciding whether to look for children, officers should consider:

1. Whether there is reason to believe that the child(ren) are injured, in danger, or at risk of substantial harm; (See Appendix A and note #3)
2. The severity of the violence;
3. If there would be no adults left to supervise any child(ren) left in the house; and
4. Whether there are enough officers present at the scene to do so safely.

3. Why should police check on children?

- **Households where domestic violence occurs are more than twice as likely to have children, as US census data predicts.** (Fantuzzo, J., Boruch, R., Berianna, A., Atkins, M., & Maracus, S. (1997). *Domestic violence and children: Prevalence and risk in five major U.S. cities. Journal of the American Academy of Child and Adolescent Psychiatry, 36*, 116-122.)
- **In these households, there is a high likelihood that children living with a batterer will witness the violence.** (Kolbo, J., Blakely, E., & Engleman, D. (1996). *Children who witness domestic violence: A review of empirical literature. Journal of Interpersonal Violence, 11* (2), 281-293.)
- **Police encounter as many as half a million children during domestic violence arrests in the US each year.** (Kilpatrick, D., & Saunder, B. (1997) *Prevalence and Consequences of Child Victimization: Results from the National Survey of Adolescents, Final Report. Research I Brief. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs National Institute of Justice. NJC 181028.*)
- **Exposure to domestic violence increases a child's risk of maltreatment. In 30%-60% of families experiencing either domestic violence or child maltreatment, the other form of violence is also present.** (Edleson, J.L. (1999). *The overlap between child maltreatment and woman battering, Violence Against Women 5:134-54.*)

B. Process for determining whether children are present:

1. In addition to information regarding children provided by the police dispatcher, officers should observe for physical evidence that may indicate the presence of child(ren) (i.e.: toys, clothes, etc.).
2. Ask the parties about child/ren, their whereabouts, and whether the child(ren) were present and intentionally or accidentally injured in the incident. Explain to the parent/guardian why it is important for officers to check on the child(ren).
3. Officers should consider whether to look for children if the parties are not able to respond to questions about the child(ren)'s welfare and there is some reason to believe that child(ren) may be present.

C. If officers decide that visual contact with children is appropriate, officers should consider:

1. The purpose of searching the house for child(ren) should be to determine their presence and welfare;
2. Asking the victim parent/guardian to go with the officer to locate the child/ren;
3. The age and developmental level of the child/ren; (see note #4)
4. Not waking child(ren) who appear to be sleeping (in the absence of other compelling reasons to do so); and

5. Whether or not to announce him/herself to the child(ren) as an *officer* based on assessment of officer safety and the child(ren)'s well being. (see note #5)

II. Health & Safety Checks on Children

- A. **If and when officers locate child(ren) on the scene, officers should determine whether the child(ren) are physically hurt by both visually observing and by asking the child/ren.**
Officers should make every attempt to comfort the child(ren). (see note #6)
- B. **If child(ren) have been injured, officers should:**
 1. Assess injuries for signs of physical abuse (non-accidental physical injury). See Appendix A: Assessing for Harm to Children
 2. Assess for Injuries due to neglect (lack of supervision, provision of minimal level of physical safety or health) such as burns, injuries from exposed wiring, excessive insect or rodent bites, injury or illness from unsanitary conditions.

4. Why assess child's age and developmental level?

- How a child will relate and think about their experiences changes as they grow.
- We can best understand how children are affected by exposure to violence and how they might respond to police intervention by considering their stage of development.
- Knowledge about child development should guide our responses and interventions with children at different ages.

Police officers who interface with children should do their best to receive training in the basics of child development.

5. Why be concerned about how to announce yourself to children ?

Children who experience violence in their homes may have a variety of feelings about police officers. Some children may see police officers as good and helpful. They may feel as though police intervention is good because it can help make the violence in their lives stop. Some children, however, may have ambivalent or even angry feelings towards police officers. If police intervention has not been perceived as helpful in the past, if police are considered "bad" by the child's family, or if police have taken offending parents, care-giving parents, or children "away" from the home, children might perceive officers as unfriendly. Some children may have been taught that police officers are enemies and dangerous to the family.

When considering how to approach children, it is suggested that officers consider their own safety in relation to what they know about the children and what they know about the severity of the domestic violence situation at hand.

6. Comforting children:

Officers can comfort children by asking about and acknowledging children's feelings, offering help, and answering any questions that children might have. As officers approach children, it is also important for them to keep in mind that children exposed to domestic violence almost always have significant relationships with and are dependent on the adult victim and/or the perpetrator. The nature of these relationships will greatly affect how children perceive the violence, the event, and the presence of police. *(Baker, L.L., Jaffe, P.G. (2002). Children Exposed to Violence: A Handbook for Police Trainers to Increase Understanding and Improve Community Responses. (p. 512). The David and Lucile Packard Foundation.)*

3. Assess for untreated illness, injury or medical condition
4. Determine whether the child(ren) need medical treatment and arrange for necessary medical treatment. Engage the victim parent/guardian in that process if possible.

C. **Officers should assess children for imminent danger** - (See Appendix A for definition pursuant to W.V. Code §49-1-3 (6)) If children are believed to be in imminent danger, the officer shall contact child protective services immediately.

D. **Officers should assess for the need to take custody without a court order** if (1) the child is abandoned or (2) the Law Enforcement Officer determines that a child is in a condition requiring emergency medical treatment by a physician and the child's parents, parent, guardian or custodian refuses to permit such treatment, or is unavailable for consent. (See Appendix A.)

E. **Officers should assess if children are at substantial risk of harm due to domestic violence.** (see Appendix A). If children are at substantial risk of harm due to domestic violence, officers shall:

1. Make a referral to child protective services within 48 hours; or
2. Contact CPS immediately if substantial risk of harm creates an imminent danger to the children. (When a report to CPS has been filed, officers should indicate to CPS Intake that there is also domestic violence in the home and the location of the batterer -i.e. arrested and in jail, moved out, etc. if known.

E. **Officers should assess dangerousness of the domestic violence perpetrator** (predominant aggressor). Dangerousness to the adult victim is linked to dangerousness to the children. (See Appendix A)

F. **Officers should assess the adult victim for substantial risk of harm to the child.** (See Appendix A). DO NOT assume that the adult victim is failing to protect the child. Many adult victims cannot protect their children if they cannot protect themselves from the domestic violence perpetrator.

G. **Follow existing child abuse protocols.**

H. **Follow existing mandated reporting law** (W.Va. code §49-6A-1 *et-erg*) When possible, work with the non-offending parent/guardian to ensure that a report to CPS is made as safely and expeditiously as possible. At a minimum, do your best to convey to the non-offending parent/guardian information about the report and the typical process and expectations related to a child abuse referral.

I. If there has been a murder, suicide or serious bodily injury to any household member, after making any mandated referral to CPS, refer family/caregiver for children to community resources that provide trauma-informed care. Officers should become familiar with community resources that provide trauma-informed care for children exposed to violence. Community resources may include:

1. Child protective services (service referrals can be requested)
2. Local Child Advocacy Center
3. Children Exposed to Violence Initiatives
4. Community and system based victim advocates
5. Other services that assist children experience trauma from exposure to violence.

“Aside from acts of abuse to the body and mind of a child, first degree murder of a child's parent is the ultimate act of savagery to that child.” (177 W.Va. 710, 356 S.E.2D 464 supreme Court of Appeals of West Virginia. Nancy Viola R. V. Randolph W. and Grady W. No. 17144. April 9, 1987.)

Healing may begin at the child's first contact with first responders whose focus is on minimizing potential trauma to children.

III. Talking with Children About the Incident

All officers who respond to domestic violence calls should be knowledgeable and trained in interacting with children at the scene of a domestic violence incident (see note 8). When talking with children at the scene of an incident, the officer should consider the following issues:

A. Talking with children on scene is not the same as a forensic interview conducted by a trained forensic interviewer. The on-scene engagement of children is primarily for the purpose of checking for safety, controlling the scene and comforting the child.

B. Safety Factors:

1. Whether there are enough officers present at the scene to do so safely;
2. The potential harm to the child(ren) from someone in the home if an officer talks with them.

C. Comfort of child, parent and officers:

1. The age and developmental level of the child(ren);
2. The emotional state of the child(ren)(see note 9);
3. Whether the child(ren) are expressing an interest in speaking with an officer;
4. The comfort level of officers in talking with child(ren);
5. The non-offending parent/guardian's preferences as to whether and how to talk with the child (ren).

D. **Generally, an officer should talk with the child(ren) outside the presence of the parent/guardian** (and other parties), or in a manner that minimizes the influence of the parent/guardian over conversations between officers and child(ren).

E. **There may be some occasions when an officer should talk with the child in the presence of a non-offending care-giving parent/guardian** in order to minimize the impact on the child(ren). Examples of these include the age, developmental level, and/or emotional state of a child.

F. Who should talk with children at the scene?

1. It is recognized that because of the realities of staffing and resources, in most cases and in most jurisdictions, only the initially responding officers will be interacting with the child(ren) at the scene of a domestic violence incident. However, if a specifically trained law enforcement officer is available to respond to the scene or for any follow-up interviews, that officer should be utilized.
2. All officers who respond to domestic violence calls should be knowledgeable and trained in interacting with children on the scene of a domestic.

8. Tips for Talking with Children

- **Address the child at eye level.**
- **Use simple, direct, age-appropriate language.**
- **If the child does not understand your role, explain it in terms that are easily understood.**
- **Allow the child to have something familiar and comforting to hold while being interviewed.**
- **Discuss confidentiality and its limits.**
- **Honor a child's loyalty to an abusive parent. Do not criticize or demean the abusive parent.**
- **Acknowledge a child's right *not* to speak. Do not coerce a child to talk if he/she is not comfortable doing so.**
- **Don't make promises you can't keep.**
- **Communicate your concern about the safety of the child.**

IV. Avoid Interviewing Witnesses in the Presence of Children

A. Where possible, avoid interviewing parties in the presence of the child(ren) so that:

1. Parents/adults don't withhold information that they fear will be detrimental to child(ren);
2. Child(ren) will not hear potentially traumatizing information; and
3. Child(ren) who may be witnesses will not be influenced by other parties' accounts.

B. When deciding whether or not to interview parties with child(ren) present, officers should consider:

1. The age, developmental level, and emotional state of the child(ren);
2. Whether there is another officer or caregiver available to supervise child(ren) separately;
3. Officer safety; and
4. Time and personnel constraints.

V. Follow Up Interviews

The preferred and recommended method of conducting all non-emergency interviews with children who are the alleged victims of child abuse or neglect or child sexual abuse, shall be to schedule an interview with the child or children at the closest Child Advocacy Center by a neutral Forensic Interviewer at the earliest possible time, as appropriate to the county based protocols. When no CAC is available for use, the investigating officer(s) and/or Child Protective Services (CPS) workers shall undertake every effort to interview the child or children in the most effective manner possible consistent with the health, safety and well-being of the child (Title 149 Legislative Rule, Series 8, Protocol for Law Enforcement Response To Child Abuse and Neglect; Section 5.1.3.c)

9. Interviews may cause added anxiety and stress for some children:

- **Interviews can be stressful and intimidating situations for children. Children who witness a violent event or who are victims of abuse may be frightened, upset and anxious.**

(Baker, L.L., Jaffe, P.G. (2002). Children Exposed to Violence: A Handbook for Police Trainers to Increase Understanding and Improve Community Responses. (p. 512). The David and Lucile Packard Foundation.)

- **The interview process (which may continue well past the first police response) may cause children anxiety and stress in addition to the stress inherent in the immediate incident.**
- **Intervention by police authorities may create immense relief and/or additional worries or distress for children (e.g., relief that the violence was stopped but the concern about the non-offending parent's injuries and the offending parent's removal from the home.).**

(Baker, L.L., Jaffe, P.G. (2002). Children Exposed to Violence: A Handbook for Police Trainers to Increase Understanding and Improve Community Responses. (p. 512). The David and Lucile Packard Foundation.)

A. When follow up interviews with children are determined as necessary, officers should consider:

1. Victim/witness availability
2. Child care issues
3. Appropriate locations for interview

B. Officers should be prepared for follow up interview with:

1. What questions to ask
2. Additional photographs, if needed
3. Additional information to share with victim/witness about what to expect at court appearances, etc.

VI. Documentation

The following information about the child(ren) should be included in your report:

1. Whether there are any children present in the residence (whether or not they appeared to be asleep or were present during the incident), their names, ages, demeanor, (e.g. excited, screaming, crying, visibly upset, shaking, etc.), and their relationship to the parties.
2. Whether the incident was committed in the presence of a child. This information may be considered by the court in a variety of ways (e.g. sentencing, civil protections, etc.).
3. Where the child(ren) were located during the incident;
4. If the child(ren) saw or heard the incident;
5. Injuries to the child(ren);
6. Statements made by children:
 - If child(ren) make statements about the incident or other statements about their mental, emotional or

physical condition, officers should document them, in quotes. If possible, officers should write exactly what the child says at the scene and include the circumstances of the statements, noting the demeanor of the child (e.g. excited, screaming, crying, visibly upset, shaking, silent, withdrawn, appearance of being shutdown, etc.). Thorough documentation can eliminate the need for child(ren) testimony (which can add additional trauma to the child(ren)).

- If these statements were spontaneous or were made in response to a question an officer asked;

7. What the officer told the children about the incident.

VII. Avoid Subduing or Arresting Someone in the Presence of Children

- A. Because child(ren) may experience a negative impact when witnessing an arrest, as a general rule (see note 11), officers should avoid:**
1. Subduing an aggressive party in the presence of child(ren); and
 2. Arresting parties in the presence of child(ren).
- B. Assessing the safety of all present at the scene is a factor when officers are considering subduing or arresting in the presence of children.**
- C. Officers should articulate to all parties present, including children, that they (the officers) are responsible for deciding to make an arrest and deciding who to arrest.**

10. Notes About Interpreting:

- Best practice discourages the use of children and other family members as interpreters for people who are Deaf and Hard of Hearing and people with limited English proficiency.
- Free telephonic interpreter services are available through Pacific Interpreters for all law enforcement, domestic violence, and sexual assault agencies in WV. Each county has been provided with an Access Code and instructions on how to utilize the service.

11. Arresting perpetrators in front of children:

- In keeping with the goal of this protocol to minimize the impact and repercussions to children who are present at a domestic violence incident, best practice would indicate not arresting in front of children. Arresting a perpetrator in front of children, especially the perpetrator's children, could have a negative impact on children long after the arrest is made.
- However, some professionals practice and train that it is best practice to arrest domestic violence perpetrators in front of children if there are enough officers to fully explain the action to the children. The philosophy behind this practice is that it is important for children, especially boys, to tangibly recognize domestic violence as a criminal act.

VIII. Separating Children from Care Giving Parent/Guardian:

A. Determining predominant aggressor:

Officers should consider the fact that separating child(ren) from their primary caregiver can be harmful. In order to avoid unnecessarily separating child(ren) from their primary caregiver, officers should consider the context of the violence and investigate for possible self-defense, self-defense of the child and predominant aggressor issues.

1. Regarding self-defense, every person has the right to use a reasonable amount of force to defend him/herself, if the person reasonably believes the following two things:
 - a. That s/he is in immediate danger of bodily harm; and
 - b. That the use of reasonable force is necessary to avoid this harm.
2. Regarding the determination of who is the predominant aggressor, officers should consider:
 - a. The existence of offensive and defensive injuries and note:
 - i. The comparative size, physical strength and capability of each party to inflict injury on the other
 - ii. The injuries and if the parties' explanations are consistent with the amount of force reportedly used by each party in response to each other's actions
 - iii. Whether the amount of force used was an appropriate, reasonable and justifiable response to the threats or force used by one party against the other.
 - b. Prior history of violence, including but not limited to past incidents (not necessarily charged) that would induce one party to react in fear and cause such injury to the other.
 - c. Other evidence (physical, circumstantial and officer's observations).
 - d. Verbal statements from parties involved and other parties present including child(ren).

B. In the case of fatality, hospitalization or arrest of care giving parent:

1. A report shall be made to CPS whenever there is a death or unlawful or malicious wounding that results in serious bodily injury of any household member as a result of domestic violence regardless of the child's exact location (see W.Va. Code §49-6-5b. When efforts to terminate parental rights required). Reports shall also be made to CPS as discussed in Section II Health and Safety Checks on pages 7-9 of this protocol.
2. If the care giving parent is able, she/he should be empowered to make decisions for temporary care of her/his child(ren). If the care giving parent is unable to participate in decision making due to medical incapacitation and no other legal or appropriate caregiver is available, a report to CPS should be made.
3. Child(ren) should be cared for in a manner that minimizes impact and repercussions to them until a transition to temporary care is finalized.

IX. Resources for Children

- A. Domestic Violence Programs offer resources and have referrals that could be helpful for both adult and child victims in accessing emergency services, support, and mental health resources. Officers can offer this contact information to both adult victims and to older children who are interested in accessing support services. (See Appendix C for Network Program List and other resources)
- B. A children's advocacy center is a child-focused, facility-based program in which representatives from many disciplines, including law enforcement, child protection, prosecution, mental health, medical and victim advocacy, child advocacy, work together to conduct interviews and make team decisions about investigation, treatment, management and prosecution of child abuse cases. For a complete listing of Child Advocacy Centers in West Virginia, go to www.wvcan.org.

Appendix A: Assessing for Harm to Children

Assess for Injuries:

1. Assess injuries for signs of physical abuse (non-accidental physical injury):
 - a Observable signs or statements of direct intentional physical injury
 - b History/explanation does not match injury
 - c Unusual or unexplained burns, bruises or fractures
 - d Untreated illness, injury or medical condition
 - e Bruising/injury as a result of excessive corporal punishment (i.e. welts/bruising in the shape of hand-print, belt, cord, board, etc), particularly in atypical areas (i.e. face, lower back, arms, etc.)
2. Assess for Injuries due to neglect (lack of supervision, provision of minimal level of physical safety or health) such as burns, injuries from exposed wiring, excessive insect or rodent bites, injury or illness from unsanitary conditions.
3. Assess for untreated illness, injury or medical condition

Assess if children are in imminent danger (W.V. Code §49-1-3(6)):

“Imminent danger” means an emergency situation in which the welfare or the life of the child is threatened. Such emergency exists when there is reasonable cause to believe that any child in the home is or has been sexually abused or sexually exploited or reasonable cause to believe that one or more of the following conditions threaten the health or life of any child in the home:

- Non accidental trauma inflicted by a parent, guardian, sibling or a babysitter or other caretaker; or
- A combination of physical and other signs indicating a pattern of abuse which may be medically diagnosed as battered child syndrome; or
- Nutritional deprivation; or
- Abandonment by the parent, guardian or custodian; or
- Inadequate treatment of serious illness or disease; or
- Substantial emotional injury inflicted by a parent, guardian or custodian; or
- Sale or attempted sale of the child by the parent, guardian or custodian; or
- The parent, guardian or custodian’s abuse of alcohol, or drugs or other controlled substance as defined in section one-hundred one, article one, chapter sixty-a of this code, has impaired his or her parenting skills to a degree as to pose an imminent risk to a child’s health or safety. (W.V. Code §49-1-3(6))

Assess for the need to take custody without a court order:

If (1) the child is abandoned or (2) the Law Enforcement Officer determines that a child is in a condition requiring emergency medical treatment by a physician and the child's parents, parent, guardian or custodian refuses to permit such treatment, or is unavailable for consent.

Appendix A: Assessing for Harm to Children Continued

Title 149, Section 8, Protocol for Law Enforcement Response to Child Abuse and Neglect:

5.2.4. Taking emergency custody without a court order.

5.2.4.a. Law Enforcement Officers may take emergency custody of a child believed to be abused or neglected without a court order if (1) the child is abandoned or (2) the Law Enforcement Officer determines that a child is in a condition requiring emergency medical treatment by a physician and the child's parents, parent, guardian or custodian refuses to permit such treatment, or is unavailable for consent.

5.2.4.a.1. If the Law Enforcement Officer discovers an abandoned child, the Law Enforcement Officer cannot remove the child as abandoned from a place until all reasonable efforts to make inquiries and arrangements with neighbors, relatives and friends have been exhausted. No child may be considered abandoned, and custody withheld from the child's parent(s), guardian or custodian if they present themselves in a fit and proper condition and request physical custody of such child. Prior to taking a child into protective custody as abandoned, the Law Enforcement Officer shall post a typed or legibly handwritten notice at the place the child is found, informing the parent(s), guardian or custodian that the child was taken by a law-enforcement officer, the name, address and office telephone number of the officer, the place and telephone number where information can continuously be obtained as to the child's whereabouts, and if known, the worker for the state department having responsibility for the child.

5.2.4.a.2. Law Enforcement Officers may take emergency custody of a child without a court order for conditions requiring emergency medical treatment. A condition requiring emergency medical treatment means a condition which, if left untreated for a period of a few hours, may result in permanent physical damage. Such conditions include, but are not limited to, profuse or arterial bleeding, dislocation or fracture, unconsciousness and/or evidence of ingestion of significant amounts of a dangerous substance. When Law Enforcement Officers take custody of a child due to the child requiring emergency medical treatment, the Law Enforcement Officer must assure that the child is taken directly to an appropriate medical facility. The Law Enforcement Officer must provide the child's parent(s), guardian or custodian the name and location of the medical facility to which the child is being taken.

5.2.4.b. When transferring emergency custody to a physician or worker from Department of Health and Human Resources, the Law Enforcement Officer must provide a typed or legibly handwritten statement identifying such officer's name, address and office telephone number and specifying all the facts upon which the decision to take the child into protective custody was based, and the date, time and place of the taking. If custody is being transferred to Child Protective Services, the Child Protective Services Social Worker may provide the Law Enforcement Officer an Emergency Placement Contract that would meet these requirements.

Assess if children are at risk of substantial harm due to domestic violence:

- Past history of child maltreatment
- Criminal history of domestic violence related crimes
- Proximity of the children to the domestic violence
- Nature of the violence or crime
- Child physically intervening

Appendix A: Assessing for Harm to Children Continued

- Child forced to participate in the domestic violence
- Use of weapons or objects that could cause harm in the presence of children
- Direct threats (including verbal threats) of serious bodily injury or death to or regarding children

Assess dangerousness of domestic violence perpetrator (predominant aggressor):

The dangerousness of the domestic violence perpetrator towards the adult victim can also be an indicator of the dangerousness of the domestic violence perpetrator towards the child(ren). Indicators of behaviors that can indicate high levels of dangerousness and/or lethality include:

- Use of weapons (threats or use of weapons)
- Threats/attempts to kill self, children and/or adult victim
- Strangulation
- High level of jealousy, possessiveness, control of daily activities
- Stalking behaviors
- Forced sex
- An escalating pattern of violence
- Unemployment

Assess Adult Victim for substantial risk of harm to child:

- Substance abuse & mental health related impairment (if parenting skills are impaired to a degree to pose imminent risk to children)
- Do not assume adult victims have failed to protect—many victims cannot protect children when they cannot protect themselves.

Appendix B

Talking with children on scene is not the same as a forensic interview conducted by a trained forensic interviewer. The on-scene engagement of children is primarily for the purpose of checking for safety, controlling the scene and comforting the child.

Key Factors in Talking to Children on the Scene

- When possible, obtain information about the child's immediate family situation and needs, including special needs.
- Introduce yourself and describe your role in simple terms.
- Explain the reason you are talking with the children.
- Sit at the child's physical level.
- Use the child's name.
- Give the child permission to tell you when he/she does not know the answer or does not understand a word or question.
- Make no assumptions about the child's knowledge base or abilities.
- Use simple words and short sentences.
- Ask one question at a time.
- Do not repeat questions.
- Avoid double negatives.
- Ensure the child understands your question.
- Avoid rushing the child. Wait for him/her to listen to your question, to think about it, and to respond to it.
- Avoid using "why" questions. "Why" questions may imply blame.
- Limit the use of questions that require a yes/no answer.
- Observe a child's non-verbal communication.

Adapted from handout developed by the *Child Witness to Violence Project*, Boston Medical Center. One Boston Medical Center Place, Mat. 5, Boston, MA 02118-2393

Appendix C: Community Based Victim Advocate Services

WV Licensed Domestic Violence Programs:

Branches, Inc.

P.O. Box 403
 Huntington, WV 25708
 (304) 529-2382
 Fax: (304) 529-2398
 1-888-538-9838
Serves the following counties:
Cabell (304) 529-2382
Lincoln (304) 824-2600
Mason (304) 675-4968
Putnam (304) 586-3865
Wayne (304) 272-9035

Family Crisis Center

PO Box 207
 Keyser, WV 26726
 (304) 788-6061
 1-800-698-1240
 Fax: (304) 788-6374
 fcc911@frontier.com
Serves the following counties:
Grant (304) 257-4606
Hampshire (304) 822-8286
Hardy (304) 257-4606
Mineral (304) 788-6061
Pendleton (304) 257-4606

Family Crisis Intervention Center

P.O. Box 695
 Parkersburg, WV 26102
 (304) 428-2333
 1-800-794-2335
 Fax: (304) 428-2398
 fcichaven.org
Serves the following counties:
Calhoun (304) 354-9254
Jackson (304) 373-0181
Pleasants (304) 684-3961
Ritchie (304) 643-2407
Roane (304) 927-3707
Tyler (304) 758-0869
Wirt (304) 428-2333
Wood (304) 428-2333

Family Refuge Center

PO Box 249
 Lewisburg, WV 24901
 (304) 645-6334
 Toll—Free: 1-866-645-6334
 Fax: (304) 645-6586w
 www.familyrefugecenter.com
Serves the following counties:
Greenbrier (304)645-6334
Monroe (304) 772-5005
Pocahontas (304) 799-4400

HOPE, Inc.

PO Box 626
 Fairmont, WV 26555-0626
 (304) 367-1100
 Fax: (304) 367-0362
Serves the following counties:
Doddridge (304) 873-1416
Gilmer (304) 462-5352
Harrison (304) 624-9835
Lewis (304) 269-8233
Marion (304) 367-1100

Lighthouse Domestic Violence Awareness Center

PO Box 275
 Weirton, WV 26062
 (304) 797-7233
 Fax: (304) 748-0741
Serves the following counties:
Brooke (304) 797-7233
Hancock (304) 797-7233

Rape And Domestic Violence Information Center

PO Box 4228
 Morgantown, WV 26505
 (304) 292-5100
 Fax: (304) 292-0204
Serves the following counties:
Monongalia (304) 292-5100
Preston (304) 329-1687
Taylor (304) 265-6534

Stop Abusive Family
 Environments
 P.O. Box 669
 Welch, WV 24801
 (304) 436-8117
 Fax: (304) 436-6528

Serves the following counties:
McDowell (304) 436-8117
Mercer (304) 324-7820
Wyoming (304) 732-8176

Shenandoah Women's Center

236 W. Martin St.
 Martinsburg, WV 25401
 (304) 263-8292
 Fax: (304) 263-8559
Serves the following counties:
Berkeley (304) 263-8292
Jefferson (304) 725-7080
Morgan (304) 258-1078

Tug Valley Recovery Shelter

PO Box 677
 Williamson, WV 25661
 (304) 235-6121
 Fax: (304) 235-6167
Serves the following counties:
Logan (304) 752-7174
Mingo (304) 235-6121

Women's Aid in Crisis

PO Box 2062
 Elkins, WV 26241
 (304) 636-8433
 Fax: (304) 636-5564
Serves the following counties:
Barbour (304) 457-5020
Braxton (304) 765-2848
Randolph (304) 636-8433
Tucker (304) 478-4552
Upshur (304) 473-0070

Appendix C: Community Based Victim Advocate Services

WV Licensed Domestic Violence Programs:

Women's Resource Center

PO Box 1476
Beckley, WV 25802
(304) 255-2559
1-888-825-7836
Fax: (304) 255-1585

Serves the following counties:

Fayette (304) 574-0500
Nicholas (304) 872-7875
Raleigh (304) 255-4066
or (304) 255-2559
Summers (304) 466-2226

YWCA Family Violence Prevention Program

1100 Chapline Street
Wheeling, WV 26003
(304) 232-2748
Fax: (304) 232-0513

Serves the following counties:

Marshall (304) 845-9150
Ohio (304) 232-2748
Wetzel (304) 455-6400

YWCA Resolve Family Abuse Program

1426 Kanawha Blvd, E
Charleston, WV 25301
(304) 340-3549
1-800-681-8663
Fax: (304) 340-3614

Serves the following counties:

Boone (304) 369-4189
Clay (304) 587-7243
Kanawha (304) 340-3549

WV Rape Crisis Centers

CONTACT Huntington

1046Sixth Avenue
PO Box 2963
Huntington, WV 25728
Hotline: 1-866-399-7273
Phone: 304-523-3447
Fax: 304-523-0558
contacthuntington.com

Family Refuge Center

117 East Washington Street
PO Box 249
Lewisburg, WV 24901
Hotline: 1-800-645-6334
Phone: 304-645-6334
Fax: 304-645-6329
familyrefugecenter.com

HOPE, Inc.

PO Box 626
Fairmont, WV 26555
Hotline: 304-367-1100
Fax: 304-367-0362

Rape & Domestic Violence Information Center

PO Box 4228
Morgantown, WV 26504
Hotline: 304-292-5100
Fax: 304-292-0204
rdvic.org

REACH Family Counseling Connection

1021 Quarrier Street, Ste. 414
Charleston, WV 25301
Hotline: 304-340-3676
Fax: 304-340-3688
familycounselingconnection.org

Sexual Assault Help Center

PO Box 6764
Wheeling, WV 26003
Hotline: 304-234-8519
Phone: 304-234-1783
800-884-7242
Fax: 304-234-8231
www.uovsahc.org

Shenandoah Women's Center

236 West Martin Street
Martinsburg, WV 25401
Hotline: 304-263-8522
Berkeley County
304-263-8292
Jefferson County
304-725-7080
Morgan County
304-258-1078
Fax: 304-263-8559

Women's Aid in Crisis

PO Box 2062
Elkins, WV 26241
Hotline: 304-636-8433
800-339-1185
Fax: 304-636-5564
waicwv.com

Women's Resource Center

PO Box 1476
Beckley, WV 25802
Hotline: 304-255-2559
888-825-7836
Fax: 304-255-1585
wrcwv.org

Appendix E

Mandated reporting chart

	Domestic	Child Abuse & Neglect	Incapacitated Adult
Who must report?	<p>Health practitioners</p> <p>a. §61-2-27: Any medical provider who provides medical treatment to a person suffering from a wound caused by a gunshot or a knife or other sharp or pointed instrument, under circumstances which would lead a reasonable person to believe resulted from a violation of the criminal laws of this state.</p> <p>b. §61-2-27a Required reporting of burns Health care provider rendering treatment of fire & chemical burns where there is reason to suspect arson.</p>	<p>§49-6A-2 Persons mandated to report suspected abuse and neglect</p> <p>a) Medical, dental or mental health professional, Christian Science practitioner, religious healer, school teacher or other school personnel, social service worker, child care or foster care worker, emergency medical services personnel, peace officer or law-enforcement official, humane officer, member of the clergy, circuit court judge, family court judge, employee of the Division of Juvenile Services magistrate, youth camp administrator or counselor, employee, coach or volunteer of any entity that provides organized activities for children, or commercial film or photographic print processor who has reasonable cause to suspect that a child is neglected or abused or observes the child being subjected to conditions that are likely to result in abuse or neglect</p> <p>b) Any person over the age of eighteen who receives a disclosure from a credible witness or observes any sexual abuse or sexual assault of a child</p>	<p>§9-6-9. Mandatory reporting of incidences of abuse, neglect or emergency situation.</p> <p>medical, dental or mental health professional, Christian Science practitioner, religious healer, social service worker, law-enforcement officer, humane officer, state or regional ombudsman or any employee of any nursing home or other residential facility has reasonable cause to believe that an incapacitated adult or facility resident is or has been neglected, abused or placed in an emergency situation, or if such person observes an incapacitated adult or facility resident being subjected to conditions that are likely to result in abuse, neglect or an emergency situation</p>
To whom is the report sent?	<p>a. A law enforcement agency within the county where the wound is treated</p> <p>b. Office of state fire marshall</p>	<p>a) Department of Health and Human Resources and to law enforcement if the reporter believes the child suffered serious physical abuse or sexual abuse/assault</p> <p>b) Department of Health and Human Resources and coordinate with any other law-enforcement agency, as necessary to investigate the report</p>	<p>Department of Health and Human Resources and coordinate with any other law-enforcement agency, as necessary</p>
When must report be made?	<p>By phone followed in writing within 48 hours.</p>	<p>Immediately, and not more than forty eight hours after suspecting the abuse or neglect</p>	<p>Immediately by phone followed by written report within 48 hours</p>



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