

- F. NICHD: National Institute of Child Health & Human Development.
- G. Sexual Abuse: Sexual assault or sexual exploitation as defined in 11165.1 PC.
- H. Unlawful Corporal Punishment: A situation where any person willfully inflicts upon a child any cruel or inhuman corporal punishment as defined in 11165.4 PC.

IV. PROCEDURES

- A. Mandatory Reporting of Child Abuse - Penal Code Section 11165.7 stipulates that all employees of a public or private institution of higher education are mandated to report child abuse or neglect occurring (or already occurred) on that institution's premises or at an official activity of, or program conducted by the institution.

Penal Code 11165.7, lists 44 specific professional occupations which are required to report suspected child abuse to the proper authority no matter where the location was in which the act occurred. These mandated reporters are provided immunity from civil and criminal liability as a result of making a required or authorized report of known or suspected child abuse. (Penal Code § 11172).

All mandated child abuse reporters must complete the California Suspected Child Abuse Report form (DOJ form #SS 8572 – see attachment A). When a child abuse incident is reported to the CSUN DPS – the responding officer will provide this form to the mandated reporter; that is if the reporting party is a mandated reporter. If not, the officer will complete this form during the preliminary investigation.

- B. Officers shall familiarize themselves with the appropriate Penal Code and Welfare & Institutions Code Sections relating to child abuse and neglect. There is a mandatory duty to report to the district attorney's office and the local child protective agency. Failure to do so is a misdemeanor and may subject the officer to civil liability. The Special Sensitive Crimes Unit Detective Sergeant, or Major Crimes Unit Detective Sergeant in his/her absence, will be responsible for ensuring that reporting is made to the appropriate agencies (see sections C. 1 and C. 2).
- C. Requirements for law enforcement investigation specify that:
 1. Each reporting agency is required by law (11169 PC) to forward to the Department of Justice (DOJ) a summary of every child abuse incident it investigates, unless the incident is determined to be unfounded or of general neglect. DOJ form SS 8583 shall be completed and submitted to DOJ by a member of the Investigations Unit immediately after the investigation is complete (Appendix B).
 2. In cases involving state licensed child care, pre-school, day-care facility, or any state-licensed foster home, the investigator assigned to the case shall immediately, or as soon as reasonably possible, telephone the State of California Department of Social Services (213) 620-3276, and provide them with the same information listed in the preliminary investigation.

The investigator shall also submit a copy of the case report within thirty-six hours (Penal Code Section 11166(k) to:

- a. Appropriate licensing agency if a community care or child care facility is involved (e.g., CSUN A.S. Children's Center).
- b. State of California, Department of Social Services
Community Care Licensing Division,
107 South Broadway, Room 6016
Los Angeles, California 90012
- c. Department of Justice
Bureau of Criminal Statistics and Special Services
P.O. Box 13417
Sacramento, California 95813
Attn: Child Abuse Central Registry

D. Confidentiality

The identity of the reporter, the report of suspected child abuse, and the information contained therein shall be kept confidential and be disclosed only as specified by law (Penal Code Section 11167 and 11167.5).

E. Preliminary Child Abuse Investigation Procedures

1. Primary officer – The primary officer assigned to the call shall assess the risk to the child and determine whether a crime has been committed through observation and initial interviews with:
 - a. Reporting party;
 - b. All witnesses;
 - c. Victim(s);
 - d. Sibling(s); and
 - e. Parents/caretakers.
2. Evidence: The preliminary investigating officer shall gather and preserve all evidence to support the allegation of child abuse including evidence specific to:
 - a. Neglect;
 - b. Emotional abuse/deprivation;
 - c. Physical abuse.
3. Physical Examination of Victim: Physical Abuse
 - a. Actual physical examination of a physically abused child is necessary in order to ascertain the nature and extent of his/her injuries.
 - b. An officer of **either sex** may examine a child who is **three years of age or younger**.
 - c. When the child is **four years of age or older**, the examination shall be performed by an officer of the **child's sex or by medical personnel**.

4. Protective custody: Determine the need for protective custody of the victim(s), sibling(s) and others by taking into consideration the following factors:
 - a. Need for medical care.
 - b. Imminent danger of continued abuse/intimidation/retaliation.
 - c. Whether the physical environment poses an immediate threat to the child's health and safety.
 - d. No parent or guardian willing to or capable of exercising control over the child; and/or
 - e. History of prior offenses or allegations of child abuse.

F. Preliminary Child Sexual Assault Investigation Procedures

1. Primary officer – The primary officer assigned to the call shall assess the risk to the child and determine whether a crime has been committed through observation and initial interviews with:
 - a. Reporting party;
 - b. All witnesses;
 - c. Parents/caretakers.
2. If the crime did not occur within the department's jurisdiction, the primary officer shall document their actions and contact the appropriate law enforcement agency to respond and take over the investigation. The shift supervisor shall be notified prior to this action.
3. If the child victim is **ten years old or older**, and the primary officer determines that a crime occurred within the department's jurisdiction, the primary officer shall follow the procedures set forth in policy 02-S.O.-001: *Sexual Assault Response and Investigation*.

The shift supervisor shall be responsible for notifying the appropriate Patrol Operations Commander (i.e., Captain or Lieutenant) and Chief of Police of all cases of suspected child abuse/sexual assault that occur within the jurisdiction of the California State University, Northridge Police Department. This notification shall be made prior to any external agency notification.

The Chief of Police shall be responsible for notifying the department public information officer and university public relations in the event of cases which may attract media attention.

4. If the child victim is **under** ten years old and the primary officer determines that a crime occurred within the department's jurisdiction, the shift supervisor shall immediately contact the Detective Sergeant, Special/Sensitive Crimes Unit, and a department sexual assault investigator (SAI) who is certified to conduct a NICHD Structured Investigative Forensic Interview (Sergeant Abundiz, Lieutenant Benavidez). If available, the SAI (NICHD certified) shall respond to the scene and assume the responsibilities of the primary investigator.

5. If a SAI is not available, the shift supervisor will notify the LAPD Devonshire Area Homicide Unit at 818-832-0537 or 38 for guidance.
6. Officers **shall not** attempt to conduct any type of interview with the child victim who is under ten years old prior to consulting with a SAI certified in the NICHD Structured Investigative Forensic Interview Protocol.
7. In the event that a sexual assault occurred within 72 hours, the primary investigator shall contact the CATS/SART Treatment Services center at 818-908-8630 for an evidentiary exam and follow the SART exam procedures set forth in policy 02-S.O.-001: *Sexual Assault Response and Investigation*.

G. Notification to the Department of Children and Family Services (DCFS)

1. If the responding officer determines that a crime has been committed, the responding officer shall notify the Department of Child and Family Services that a suspected child abuse investigation is being conducted. The notification shall be made after the officer concludes the preliminary investigation.

DCFS Hotline & Address: 1-800-540-4000
 564 South Mateo Street
 Los Angeles, CA 90013

2. The responding officer shall obtain the address and telephone number of the DCFS Regional Office that will be conducting its field investigation of the incident; obtain the name of the DCFS employee informed of the child abuse investigation; and provide the hotline with the following information:
 - a. Reporting officer's name and serial number.
 - b. Victim's name.
 - c. Nature and extent of the abuse.
 - d. What led the officer to believe the child was a victim of suspected abuse.
3. The officers shall include in the narrative of the case report the address and telephone number of the DCFS Regional Office that will be conducting the field investigation of the suspected child abuse for DCFS and the name of the DCFS employee who was informed telephonically of the investigation.

H. Additional reporting requirements: Law enforcement agencies are required by law to make the following notifications to mandated reporters of suspected child abuse:

1. Upon completion of the investigation or after a final disposition of the matter, the Special Sensitive Crimes Unit Detective Sergeant, or Major Crimes Unit Detective Sergeant in his/her absence, shall inform the person required to report the suspected child abuse of the results of the investigation and of any action taken by the agency with regard to the

child or the family (Penal Code § 11170(b)(2)).

2. This department must make information in the Department of Justice Child Abuse Central Index available to specified persons that are treating or investigating a case of known or suspected child abuse (Penal Code § 11170(b)(1)).

I. Victim / Witness Assistance Fund / Child Abuse Pamphlets

1. Investigating officers shall provide the victim and his/her family with a Marsy's Card and Resources pamphlet containing information pertaining to compensation afforded crime victims by the State of California - Witness Assistance fund. These pamphlets shall be maintained in the report forms box.
(Appendix C).
2. Investigating officers shall provide the victim and his/her family with information pertaining to the handling of child abuse cases by the Los Angeles County District Attorney's Office. These pamphlets shall be maintained in the report forms box.
(Appendix D).
3. For additional victim/witness procedures, see department policy #06-C.I.-002 – *Victim and Witness Assistance*.

V. APPENDICES

- A. DOJ Suspected Child Abuse Report form for mandated reporters
- B. DOJ Child Abuse Investigation Report
- C. California Attorney General's Office Marsy's Card and Resources for Victims
- D. Los Angeles County District Attorney's Office Child Abuse Victim/Witness Resource Pamphlet

Appendix "A"

Print SUSPECTED CHILD ABUSE REPORT Reset Form

To Be Completed by Mandated Child Abuse Reporters Pursuant to Penal Code Section 11166

CASE NAME: _____

PLEASE PRINT OR TYPE

CASE NUMBER: _____

A. REPORTING PARTY	NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY		
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS				Street	City	Zip
	REPORTER'S TELEPHONE (DAYTIME)		SIGNATURE		DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
B. REPORT NOTIFICATION	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		AGENCY		DATE/TIME OF PHONE CALL		
	<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)		ADDRESS		Street	City	Zip
	OFFICIAL CONTACTED - TITLE				TELEPHONE ()		
C. VICTIM One report per victim	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY	
	ADDRESS				Street	City	Zip
	PRESENT LOCATION OF VICTIM			SCHOOL	CLASS	GRADE	
	PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER DISABILITY (SPECIFY)		PRIMARY LANGUAGE SPOKEN IN HOME		
	IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME			TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLIGENCE <input type="checkbox"/> OTHER (SPECIFY)		
	RELATIONSHIP TO SUSPECT			PHOTOS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
D. INVOLVED PARTIES	VICTIMS/SIBLINGS						
	1. NAME		BIRTHDATE	SEX	ETHNICITY	2. NAME	
	3. NAME		BIRTHDATE	SEX	ETHNICITY	4. NAME	
	PARENTS/GUARDIANS						
	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY	
	ADDRESS				Street	City	Zip
	HOME PHONE		BUSINESS PHONE		()		
	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY	
	ADDRESS				Street	City	Zip
	HOME PHONE		BUSINESS PHONE		()		
SUSPECT	SUSPECT'S NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY	
	ADDRESS				Street	City	Zip
	TELEPHONE				()		
OTHER RELEVANT INFORMATION							
E. INCIDENT INFORMATION	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____						
	DATE / TIME OF INCIDENT		PLACE OF INCIDENT				
	NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect)						

SS 8572 (Rev. 12/02)

DEFINITIONS AND INSTRUCTIONS ON REVERSE

DO NOT submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS 8583 if (1) an active investigation was conducted and (2) the incident was determined not to be unfounded. WHITE COPY-Police or Sheriff's Department; BLUE COPY-County Welfare or Probation Department; GREEN COPY-District Attorney's Office; YELLOW COPY-Reporting Party

Appendix "A - continued"

DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM SS 8572

All Penal Code (PC) references are located in Article 2.5 of the PC. This article is known as the Child Abuse and Neglect Reporting Act (CANRA). The provisions of CANRA may be viewed at: <http://www.leginfo.ca.gov/calaw.html> (specify "Penal Code" and search for Sections 11164-11174.3). A mandated reporter must complete and submit the form SS 8572 even if some of the requested information is not known. (PC Section 11167(a).)

I. MANDATED CHILD ABUSE REPORTERS

- Mandated child abuse reporters include all those individuals and entities listed in PC Section 11165.7.

II. TO WHOM REPORTS ARE TO BE MADE ("DESIGNATED AGENCIES")

- Reports of suspected child abuse or neglect shall be made by mandated reporters to any police department or sheriff's department (not including a school district police or security department), the county probation department (if designated by the county to receive mandated reports), or the county welfare department. (PC Section 11165.9.)

III. REPORTING RESPONSIBILITIES

- Any mandated reporter who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect shall report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof *within 36 hours* of receiving the information concerning the incident. (PC Section 11166(a).)
- No mandated reporter who reports a suspected incident of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by CANRA. Any other person reporting a known or suspected incident of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by CANRA unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity. (PC Section 11172(a).)

IV. INSTRUCTIONS

- **SECTION A - REPORTING PARTY:** Enter the mandated reporter's name, title, category (from PC Section 11165.7), business/agency name and address, daytime telephone number, and today's date. Check yes-no whether the mandated reporter witnessed the incident. The signature area is for either the mandated reporter or, if the report is telephoned in by the mandated reporter, the person taking the telephoned report.

IV. INSTRUCTIONS (Continued)

- **SECTION B - REPORT NOTIFICATION:** Complete the name and address of the designated agency notified, the date/time of the phone call, and the name, title, and telephone number of the official contacted.
- **SECTION C - VICTIM (One Report per Victim):** Enter the victim's name, address, telephone number, birth date or approximate age, sex, ethnicity, present location, and, where applicable, enter the school, class (indicate the teacher's name or room number), and grade. List the primary language spoken in the victim's home. Check the appropriate yes-no box to indicate whether the victim may have a developmental disability or physical disability and specify any other apparent disability. Check the appropriate yes-no box to indicate whether the victim is in foster care, and check the appropriate box to indicate the type of care if the victim was in out-of-home care. Check the appropriate box to indicate the type of abuse. List the victim's relationship to the suspect. Check the appropriate yes-no box to indicate whether photos of the injuries were taken. Check the appropriate box to indicate whether the incident resulted in the victim's death.
- **SECTION D - INVOLVED PARTIES:** Enter the requested information for: Victim's Siblings, Victim's Parents/Guardians, and Suspect. Attach extra sheet(s) if needed (provide the requested information for each individual on the attached sheet(s)).
- **SECTION E - INCIDENT INFORMATION:** If multiple victims, indicate the number and submit a form for each victim. Enter date/time and place of the incident. Provide a narrative of the incident. Attach extra sheet(s) if needed.

V. DISTRIBUTION

- **Reporting Party:** After completing Form SS 8572, retain the yellow copy for your records and submit the top three copies to the designated agency.
- **Designated Agency:** *Within 36 hours* of receipt of Form SS 8572, send **white copy** to police or sheriff's department, **blue copy** to county welfare or probation department, and **green copy** to district attorney's office.

ETHNICITY CODES

1 Alaskan Native	6 Caribbean	11 Guamanian	16 Korean	22 Polynesian	27 White-Armenian
2 American Indian	7 Central American	12 Hawaiian	17 Laotian	23 Samoan	28 White-Central American
3 Asian Indian	8 Chinese	13 Hispanic	18 Mexican	24 South American	29 White-European
4 Black	9 Ethiopian	14 Hmong	19 Other Asian	25 Vietnamese	30 White-Middle Eastern
5 Cambodian	10 Filipino	15 Japanese	21 Other Pacific Islander	26 White	31 White-Romanian

Appendix "B"

TO BE TYPED OR PRINTED - PRESS FIRMLY - DO NOT USE FELT PEN

CHILD ABUSE INVESTIGATION REPORT
 To be Completed by Investigating Child Protective Agency
 Pursuant to Penal Code Section 11169
 (SHADED AREAS MUST BE COMPLETED)

R
C
N

A
G
Y

FOR DOJ USE ONLY

A. INVESTIGATING AGENCY	1. INVESTIGATING AGENCY (Enter complete name and check type): <input type="checkbox"/> POLICE <input type="checkbox"/> WELFARE <input type="checkbox"/> SHERIFF <input type="checkbox"/> PROBATION		2. AGENCY REPORT NO./CASE NAME:	
	3. AGENCY ADDRESS: Street City Zip Code		4. AGENCY TELEPHONE: EXT: ()	
	5. NAME OF INVESTIGATING PARTY: TITLE		6. DATE REPORT COMPLETED: MO DA YR	
	7. AGENCY CROSS-REPORTED TO:		8. PERSON CROSS-REPORTED TO:	
	9. DATE CROSS-REPORTED: MO DA YR		10. ACTION TAKEN (check only one box): <input type="checkbox"/> (1) SUBSTANTIATED (Credible evidence of abuse) <input type="checkbox"/> (2) INCONCLUSIVE (Insufficient evidence of abuse, not unfounded)	
	10A. SUPPLEMENTAL INFORMATION (Attach copy of original report.) <input type="checkbox"/> (a) INCONCLUSIVE <input type="checkbox"/> (c) ADDITIONAL INFORMATION <input type="checkbox"/> (b) UNFOUNDED (false report, accidental, improbable)		11. Active investigation conducted per PC 11169(a)? <input type="checkbox"/> Yes <input type="checkbox"/> No* Victim(s) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* Suspect(s) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> No Suspects	
	Witness(es) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> No witnesses *Explain in comments field A.12.			
	12. COMMENTS:			

B. INCIDENT INFORMATION	1. DATE OF INCIDENT: MO DA YR		2. TIME OF INCIDENT:		3. LOCATION OF INCIDENT:	
	4. NAME OF PARTY REPORTING INCIDENT: TITLE:		5. EMPLOYER: TITLE:		6. TELEPHONE: ()	
	7. TYPE OF ABUSE (check one or more): <input type="checkbox"/> (1) PHYSICAL <input type="checkbox"/> (2) MENTAL <input type="checkbox"/> (3) SEXUAL <input type="checkbox"/> (4) SEVERE NEGLECT <input type="checkbox"/> (5) GENERAL NEGLECT					
	8. IF ABUSE OCCURRED IN OUT-OF-HOME CARE, CHECK TYPE <input type="checkbox"/> (1) FAMILY DAY CARE <input type="checkbox"/> (2) CHILD CARE CENTER <input type="checkbox"/> (3) FOSTER FAMILY HOME <input type="checkbox"/> (4) SMALL FAMILY HOME <input type="checkbox"/> (5) GROUP HOME OR INSTITUTION-Enter name and address:					

VICTIMS	1. NAME: Last First Middle AKA		DOB: MO DA YR		APPROX. AGE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RACIAL	
	ADDRESS: Street City Zip Code		DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	PRESENT LOCATION OF VICTIM: TELEPHONE NUMBER:		NATURE OF INJURIES: IS VICTIM DEVELOPMENTALLY DISABLED [4512(a) W&I]? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	2. NAME: Last First Middle AKA		DOB: MO DA YR		APPROX. AGE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RACIAL	
	ADDRESS: Street City Zip Code		DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	PRESENT LOCATION OF VICTIM: TELEPHONE NUMBER:		NATURE OF INJURIES: IS VICTIM DEVELOPMENTALLY DISABLED [4512(a) W&I]? <input type="checkbox"/> YES <input type="checkbox"/> NO			

SUSPECTS	1. NAME: Last First Middle AKA		DOB: MO DA YR		APPROX. AGE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RACIAL	
	ADDRESS: Street City Zip Code		HGT WGT EYES HAIR		SOCIAL SECURITY NUMBER: DRIVER'S LICENSE NUMBER:	
	RELATIONSHIP TO VICTIM: <input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING <input type="checkbox"/> (3) OTHER RELATIVE <input type="checkbox"/> (4) FRIEND/ACQUAINTANCE <input type="checkbox"/> (5) STRANGER					
	Suspect given written notice per PC 11169(b) <input type="checkbox"/> Yes <input type="checkbox"/> No Date notice given: MO DA YR If notice not given, explain in comments field A.12.					
	2. NAME: Last First Middle AKA		DOB: MO DA YR		APPROX. AGE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RACIAL	
	ADDRESS: Street City Zip Code		HGT WGT EYES HAIR		SOCIAL SECURITY NUMBER: DRIVER'S LICENSE NUMBER:	

OTHER	1. NAME: Last First Middle		<input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING		DOB: MO DA YR		APPROX. AGE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RACIAL	
	2. NAME: Last First Middle		<input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING		DOB: MO DA YR		APPROX. AGE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RACIAL	

*RACE CODES: W-White, B-Black, H-Hispanic, I-American Indian, F-Filipino, P-Pacific Islander, C-Chinese, J-Japanese, A-Other Asian, Z-Asian Indian, D-Cambodian, G-Guamanian, U-Hawaiian, K-Korean, L-Laotian, S-Samoan, V-Vietnamese, O-Other, X-Unknown CHECK HERE IF ADDITIONAL SHEET(S) IS ATTACHED.

SS 8583 (Rev. 5/02) PINK COPY-DOJ; WHITE COPY-Police or Sheriff; BLUE COPY-County Welfare or Probation; GREEN COPY- District Attorney's Office

Appendix “C”



California Attorney General's Office

THE VICTIMS' BILL OF RIGHTS ACT OF 2008

Marsy's Card and Resources

To provide victims with rights to justice and due process

Officer's Name:	<input type="text"/>	Telephone:	<input type="text"/>
Prosecutor's Name:	<input type="text"/>	Telephone:	<input type="text"/>
Police Report Number:	<input type="text"/>		
Superior Court Case Number:	<input type="text"/>		

On November 4, 2008, the People of the State of California approved Proposition 9, the Victims' Bill of Rights Act of 2008: Marsy's Law. This measure amended the California Constitution to provide additional rights to victims. This card contains specific sections of the Victims' Bill of Rights and resources. Crime victims may obtain additional information regarding Marsy's Law and local Victim Witness Assistance Center information by contacting the Attorney General's Victim Services Unit at 1-877-433-9069.

A 'victim' is defined under the California Constitution as "a person who suffers direct or threatened physical, psychological, or financial harm as a result of the commission or attempted commission of a crime or delinquent act. The term 'victim' also includes the person's spouse, parents, children, siblings, or guardian, and includes a lawful representative of a crime victim who is deceased, a minor, or physically or psychologically incapacitated. The term 'victim' does not include a person in custody for an offense, the accused, or a person whom the court finds would not act in the best interests of a minor victim." (Cal. Const., art. I, § 28(e).)

Victim Services Unit
January 2009

Child Abuse

Protecting our children is a fundamental responsibility.



Los Angeles County
District Attorney's Office

What comes to mind when you hear the words "child molester"? A stranger in a raincoat hanging around a schoolyard? The invitation, "Want some candy, little girl?"

These stereotypes simply do not fit the facts. Most likely the molester will be someone the child knows: a parent, a family friend, a baby sitter, or a school employee.

Child sexual abuse is only part of a larger picture. Neglect and physical and emotional abuse are also serious problems.

In 1993, almost three million children were reported as abused and neglected to child protective agencies in the United States. Three children in the United States die each day as a result of abuse or neglect, according to child abuse agencies.

This pamphlet explains how the District Attorney's Office handles child abuse cases and encourages the reporting of this crime.

The child victim is our number one concern throughout the prosecution process. Our skilled attorneys will ensure that the child's best interests of the child victim in mind at all times. Protection of our children is, and will continue to be, one of my top priorities.

S. L. Cooley
Steve Cooley
District Attorney
Los Angeles County

Visit our internet Web site at:
<http://lba.co.la.ca.us>

Child Abuse and the D.A.'s Office

The District Attorney's Office becomes involved in child abuse cases after the cases are reported to the police.

Special units have been created in the District Attorney's Office to handle child abuse cases.

These units are responsible for investigating and dealing with children and child abuse problems are assigned to these units.

These prosecutors try to make the judicial process easier and less traumatic for the child victim.

Filing the Case

When the police bring a case to the District Attorney's Office, additional investigation is often requested. In some cases, a medical examination of the child victim may be arranged for both prosecution and medical purposes.

The District Attorney's Office also has specialized investigators to handle follow-up investigations. Once the case will be reviewed in an atmosphere of confidentiality. Copies of the case file, including reports and books is provided to ensure that the interview is not a threatening experience.

If the District Attorney's Office decides not to prosecute the case, the decision will be completely explained to the victim and/or her parent or guardian.

Municipal Court Arraignment

If the suspect is charged with a crime, the next step is the arraignment. The victim does not have to be present at the arraignment. At this time, the suspect is appointed a lawyer if he cannot afford one and is informed of his rights and the charges. The judge sets the case for a preliminary hearing within two weeks and sets bail.

Preliminary Hearing

This is a proceeding before a judge which establishes that there is sufficient evidence that a crime was committed and that the suspect probably did it.

The child victim will most likely be called as a witness.

The office tries to ensure that the deputy district attorney who conducts the interview will handle the case in a fair and unbiased manner.

The prosecutor will explain the preliminary hearing to the victim and will normally take the child to the courtroom before the hearing. This will help the child understand what is going to happen.

The purpose of this preparation is to keep the child from being intimidated by the court process.

If the judge decides that there is sufficient evidence to believe that the suspect probably committed the crime, the case will proceed to trial.

If the judge decides there isn't enough evidence, the case is dismissed and the suspect is released.

Superior Court Arraignment

The victim does not need to be present at the arraignment. At this time, the suspect is informed of his or her rights and the charges. In a report to the judge, there is no trial and the case is set for sentencing. If the suspect pleads not guilty, the judge will order a trial.

Postponements

There may be several postponements (also called continuances) before the case actually gets to trial. The deputy district attorney will inform the victim and/or parent(s) of the reasons for any continuance and will oppose any unnecessary continuances.

The victim will receive a subpoena to testify. The deputy district attorney will explain that the parent(s) will be called to bring their child to court only on the day the testimony is to occur. If you receive a subpoena, you may telephone the deputy district attorney whose name is on the subpoena to find out the date on the subpoena.

Prior to trial, the defense attorney or investigator may attempt to contact the parent(s) or the victim. The parent(s) may, but are not required to, talk to them and should call the prosecutor on the case immediately if this occurs.

Trial

When the trial is set, the deputy district attorney will again meet with the parent(s) and the victim to explain the trial process. The parent(s) will be encouraged to bring anyone with whom they wish to have support to them and the child. The child is entitled to have two support persons of his or her choice present while testifying.

The prosecutor will explain to the child that he or she will be questioned by the defense attorney after being questioned by the prosecutor. The prosecutor will also explain that the child can ask to have a question asked if it is not understood and may simply say he or she doesn't remember if certain details just cannot be recalled.

After all the evidence has been presented, the judge will try to determine if the defendant is guilty. All 12 jurors must agree that the defendant is guilty beyond a reasonable doubt.

The parent(s) will immediately be informed of the verdict, and the prosecutor will personally discuss the meaning of the verdict with the parent(s) and the child.

Sentencing

Approximately 30-60 days after conviction, the defendant will be sentenced. Both parent(s) and the victim will be contacted by a probation officer for a telephone interview to be included in a report to the judge on sentencing. Sometimes the probation officer will call for the statement before the trials held. At the sentencing, the parent(s) or the child may prepare a written statement to be presented to the judge or appear and make oral statements.

Victim Assistance

Crime victims may receive financial assistance from the state to pay for medical and counseling expenses. Victim assistance representatives in the District Attorney's Office will help obtain this compensation if the child is eligible. Victim Services representatives are also available to assist victims in locating attorneys and to provide information on providing court support by calling (213) 974-7489.

Pointers for Parents

- Know your children.
- Listen to them and talk with them.
- Be alert to any changes in personality, in attitude, or in behavior.
- Be alert to any physical problems.
- Teach them that it is all right to say "no" to any adult in certain situations and to tell someone about the incident.
- And, if you have any questions or wish to report possible abuse, dial **1-800-540-4000**. Professionals are available at that number 24 hours a day, seven days a week, to provide confidential advice and to take reports.

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