

Teamwork: Understanding Our Roles

Child Advocacy Centers and the Multidisciplinary Team

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What is a Child Advocacy Center?

- Child-focused, facility-based partnership
- Forum or "home" for representatives from many disciplines to meet, discuss and make decisions about investigation, treatment and prosecution of child abuse cases
- Collaborative effort to prevent further victimization of abused children



Multidisciplinary Team

- Law Enforcement
- Child Protective Services (DCF)
- Prosecution
- Mental Health Therapists
- Medical Providers
- Victim Advocacy
- CAC Administrative Staff



The Core of the CAC

- Joint investigations
- Multidisciplinary Team Reviews
- Team intervention
- Standards set by National Children's Alliance:
 - <https://www.nationalchildrensalliance.org>
 - Will be referring to only a few of these standards in this presentation



NCA Standards for CAC Facilities

- Safe, neutral environment to meet the needs of traumatized children of all ages
- Complete separation of victims and alleged offenders
- Allow for observation of interviews by all investigating team members
- Physically safe and "child proof" for children of all ages with materials and toys that reflect diversity
- Private areas for case discussion, meetings with families, and waiting areas



What a CAC Will Do

- Develop a comprehensive multidisciplinary, developmentally and culturally appropriate trauma-informed response to child abuse, designed to meet the needs of children and their families in the community
- Establish a neutral, child friendly facility where interviews and services for abused children will be provided
- Provide needed mental health treatment, medical evaluations and other services to abused children and their families
- Facilitate information sharing and case coordination among all professionals involved in the case so that case decision-making is enhanced
- Coordinate and track investigative, prosecutorial, child protection and treatment efforts so that cases do not "fall through the cracks"



What the CAC Team Will Accomplish

- Prevent trauma to the child from multiple, duplicative contacts and interviews with different professionals
- Hold more offenders accountable through improved prosecution of child abuse cases
- Enhance professional skills to effectively respond to cases of child abuse through cross-disciplinary and cross-cultural training and support
- Enhance community awareness and understanding of child abuse/neglect issues



Joint Investigation

An investigation that includes a cooperative and collaborative approach to each step of the case from the time of the initial report to closure by all agencies involved in the investigation and decision-making.

Outcome: Improved decision-making by shared use of the case information



NCA Standards for the Multidisciplinary Team

- MDT must include representatives from:
 - Law Enforcement
 - Child Protection
 - Prosecution
 - Mental Health
 - Medical
 - Victim Advocacy
 - CAC Staff
- Team-developed agreements, written protocols and guidelines outlining the handling of child abuse cases with signed MOUs
- All MDT members involved in the case investigation and management plans of the case being reviewed are expected to participate in the MDT on that case
- Routine sharing of information among team members.

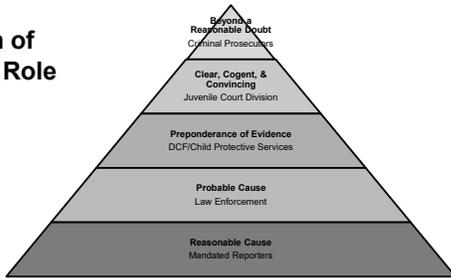


Law Enforcement Role

- Co-investigate with DCF
- Emergency protective custody for 72 hrs (not including weekends/holidays) if child found in danger, or at the request of DCF or medical, balancing:
 - Risk of serious harm or death
 - Trauma to the child if removed
 - Availability of another safe placement
- Goal is to investigate if a crime has occurred and identify the person who committed the crime
- No specific timeline for investigation
- Present findings to the DA/CA – decline, investigate further, or file charges



Burden of Proof by Role



Appreciation to Emily Kilough, MD, and MO Children's Division for the illustration



NCA Standards for Forensic Interviews

- The CAC promotes legally sound, non-duplicative, non-leading and neutral interviews
- Written guidelines & agreements about the interview process, pre- and post-case information sharing
- Specialized training for forensic interviewers
- Ability to observe & communicate during the interview
- Participation by team members with investigative responsibilities



Protocol Considerations

- CAC Clients
- What cases will be handled through the CAC?
- Case Initiation
- How will LE & DCF coordinate from the initial report?
- How to avoid multiple interviews (minimal facts)?
- How will cases be scheduled at the CAC?
- Who will do the interview?



NCA Standards for Medical Evaluations

- Specialized medical evaluation and treatment services are available to all CAC clients and coordinated with the MDT response
- Provided by health care providers with pediatric experience AND child abuse expertise
- Medical evaluation and treatment services are available regardless of ability to pay



Medical Information Communication

The HIPAA Privacy Rule provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of health information needed for patient care and other important purposes.



Medical Evaluations

When a child less than 18 years of age is alleged to have been physically, mentally, or emotionally abused or neglected or sexually abused, no consent shall be required to medically examine the child to determine whether the child has been abused or neglected. (KSA 38-2217)



HIPAA Regarding Child Abuse

- Covered entities may disclose protected health information to report known or suspected child abuse or neglect, if the report is made to a public health authority or other appropriate government authority that is authorized by law to receive such reports
- The Privacy Rule would permit a covered entity to report such cases to that authority without obtaining individual authorization
- Likewise, a covered entity could report such cases to the police department when the police department is authorized by law to receive such reports



Medical Care Issues in Child Abuse Cases

- In general, unless there has been court involvement to determine otherwise, the parents retain the right to make medical decisions for their child, regardless of the diagnosis
- The parent or guardian may have a conflict of interest when a decision to forgo life-sustaining treatment risks changing the criminal case or the parent is the suspected perpetrator of the abuse
- Parents or guardians may not appear to be acting in the best interest of the child out of refusal to acknowledge their role in the condition of the child or the seriousness of the child's condition



American Academy of Pediatrics Policy Statement

- Regardless of the cause, nature, and extent of a child's injuries, the parent or guardian should be involved, as appropriate, in all aspects of the child's care and treated with respect and due consideration for their privacy.
- Decisions to forgo life-sustaining medical treatment for a critically ill child whose injuries are the result of abuse should be made using the same guidelines as those used for any critically ill child.



Additional Considerations of Care

- Where there may be a conflict of interest in parental decision-making, a guardian ad-litem can be appointed by the court
- The MDT investigators must be kept apprised of the medical status of the child
- Having a child placed in police protective custody does not preclude the medical provider from contacting the parent for medical information; be in communication with investigators about what can or should not be shared regarding the case



Information Needed by the Medical Professional in all Child Abuse Evaluations:

- Social history and events leading to the suspicion of abuse
- Past medical records, growth parameters, immunizations, lab and X-rays
- Findings of police and scene investigations
- Specific concerns regarding previous DCF involvement, including the nature of unsubstantiated cases



Strengths of Forensic Exam

- Experienced, trained medical provider can assist in the evaluation and interpretation of findings in the context of the history
- Recognizing the significance of certain findings that are virtually diagnostic of abuse
- Accurate assessment and documentation of findings for use in protection and prosecution



Limitations of a Forensic Medical Exam for Abuse

- Physical exam, lab and X-ray findings often do not provide certainty in timing of injuries
- Reviewing previous evaluations and photos does not substitute for being involved at the time of the injury presentation
- Children sometimes have bizarre accidents and parents sometimes make up plausible stories to explain abuse



NCA Standards for Case Review

- Team discussion and information sharing regarding investigation, case status and services needed by the child and family is to occur on a routine basis
- Must include representation from ALL disciplines
- A designated individual coordinates case review
- Case review provides recommendations on specific cases



Benefits of Case Review

- Provides different perspectives and expertise
- Seamless sharing of information between disciplines
- Team makes recommendations to ensure families receive appropriate services
- Ability to review the process on cases that have concluded, both successful and unsuccessful
- Removes the "mystery" about some disciplines and procedures
- Can lead to beneficial changes in procedure



Protocol Considerations for Case Review

- What type of case review will we conduct?
 - Check list review of all active cases?
 - In-depth review of difficult cases?
 - Process review of selected cases?
- How will cases be selected for review?
- Who will lead the discussion?
- How will recommendations from case review be implemented?
- How will cases be tracked for accountability?
- How are disagreements handled in the review process?



CACSC MDT Case Review Summary



MDT Meeting Case Information Sheet

Primary Victim Name and Age:
Date of Birth:
DCF Incident number:
Sibling Name(s) and Age(s):
Primary Complainant Name & Relationship:
Alleged Offender Name(s) and Age(s):
Detention:
DCF Social Worker:
Advocate:
Medical Facility:
Mental Health Provider:
Family Preservation Workers:
Re Integration Workers:
School:
Other:

What is the purpose of referring this case for review? Please choose one or more

- o Review of forensic interview outcomes
- o Discuss case progress/obstacles/barriers
- o Review of medical evaluations
- o Discussions of child protection needs/concerns
- o Input from prosecution and sentencing decisions
- o Discuss emotional support and treatment needs for the child and non-offending family members
- o Discuss the family's reactions and response to child disclosure and involvement in the criminal justice system
- o Review of criminal and civil case disposition
- o Discuss cross-cultural issues relevant to the case

Is there any team member who would have a conflict of interest with this case and should not attend case review?

Are there any cultural/special needs for the individual/family?

Other:
Date of Incident(s) &/or Reports:
Brief synopsis/history:



CACSC MDT Core Values

- ☞ The child's well-being is always most important
- ☞ The team will constructively support the work of each member
- ☞ Individual disciplines represented by team members provide unique perspectives that will be valued
- ☞ Our work will be honest, helpful, heartfelt, and healing



Multidisciplinary Approach to Abuse Evaluations

Importance of developing a team approach (The Child Advocacy Center model):

- Ability to respond in a child-focused, therapeutic manner
- Ability to obtain necessary information about the case
 - Child protective services involvement/Social history of family
 - Medical history, growth parameters, consideration of other diagnoses
 - Police and scene investigations
 - Parental criminal history, domestic violence
 - Forensic interviews/psychological evaluations
 - Crisis and long-term therapy
- Ability to plan interventions, based on factual and complete information, in the best interest of the child and the family
- Accountability – things get done as planned



The Challenge Ahead

- Concerns about CAC development...
- Discomfort outside your territory is normal
- Not all communities can support a CAC
 - Consider using a hospital or clinic-based team to review cases
 - Work with your prosecutor on setting up reviews for cases coming to court