

Model Set of Standards
for Pennsylvania's
Multidisciplinary Investigative Teams

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Acknowledgements

The Department of Human Services (DHS), Office of Children, Youth and Families (OCYF) greatly acknowledges* and supports the work done to revise and expand upon the 2013 Model Set of Standards for Pennsylvania’s Multidisciplinary Investigative Teams.

This updated document is intended to assist the dedicated people who participate in the evaluation of children for whom there is a concern for maltreatment: child protection, law enforcement, medical and mental health, Child Advocacy Centers, tribes/tribal organizations, victim advocates, prosecutors and others. The focus of our collaborative efforts is to protect, serve, and advocate for our most precious resource – our children.

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Introduction

In 2010, as part of the Commonwealth's plan to implement and appropriate federal Children's Justice Act (CJA) funding, Pennsylvania's Child Abuse and Prevention Treatment Act (CAPTA) Steering Committee prioritized the development of a Model Set of Standards for Multidisciplinary Investigative Teams (MDITs). This was in order to provide counties with standardized guidance about the effective development and ongoing operations of the county's MDIT and investigation protocols as required by Pennsylvania's Child Protective Services Law (CPSL), 23 Pa.C.S. Chapter 63.

During that same time period, Pennsylvania's Task Force on Child Protection (Task Force) was created by the Pennsylvania General Assembly and the Governor to review Pennsylvania's CPSL. The Task Force released a comprehensive report and recommendations in November 2012, and many recommendations were subsequently adopted into law from 2013 to 2015. The Task Force recognized the need for and value of developing model statewide standards to better ensure that county-based practices are more consistent and of high quality. That recognition reinforced the value of the CAPTA Steering Committee's development of the original Model Set of Standards in May 2013.

Since the goal remains to have a Model Set of Standards that refers to current Pennsylvania law and promotes best practices, the CJA Task Force decided in 2017 to provide an update to the Model Set of Standards. As before, these standards were developed collaboratively by professionals from law enforcement, children and youth services, prosecution/District Attorney's offices, mental health services, substance use disorder services, medical services, disability rights advocacy services, children's advocacy centers, victim services, as well as child and family advocacy services. Many of these standards are based upon recommendations included in the National Children's Alliance's (NCA) *Standards for Accredited Members* (National Children's Alliance [NCA], 2017).

This Model Set of Standards emphasizes the value and need for a shared vision and action plan that ensures coordination. It also recognizes and respects that each discipline (e.g., law enforcement, child protective services, prosecution, medical and mental health services, victim services and child advocacy) has a distinct role to play within their shared commitment to the best interests of children, which includes:

- ❖ Promoting the safety of the child;
- ❖ Minimizing the trauma experienced by the child;
- ❖ Avoiding duplication of fact-finding, including the child's exposure to multiple or leading interviews;
- ❖ Assuring racial equity throughout the MDIT process;
- ❖ Preserving the integrity of evidence; and
- ❖ Supporting justice and healing.

This Model Set of Standards is intended to generate meaningful dialogue, to produce objective assessment of community strengths and challenges, and where needed, to trigger changes in policy and practice within the context of community need and available resources. This update to the Model Set of Standards represents the next, but not final step, in Pennsylvania's long-standing commitment to promoting a child's best interest and justice through multidisciplinary investigations and interventions. Together we can and will strengthen our shared commitment to better protect every child in Pennsylvania.

Glossary

The following words and phrases will be used throughout the Model Set of Standards and are included herein for your reference. Unless otherwise cited, definitions are taken directly from the CPSL.

Bodily injury	Impairment of physical condition or substantial pain.
Child	An individual under 18 years of age. (<i>NOTE: For fatality and near fatality case reviews, some counties include individuals under 21 years of age.</i>)
Child Abuse	<p>Intentionally, knowingly or recklessly doing any of the following:</p> <ol style="list-style-type: none"> 1. Causing bodily injury to a child through any recent act or failure to act. 2. Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act. 3. Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act. 4. Causing sexual abuse or exploitation of a child through any act or failure to act. 5. Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act. 6. Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act. 7. Causing serious physical neglect of a child. 8. Engaging in any of the following recent acts: <ol style="list-style-type: none"> i. Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child. ii. Unreasonably restraining or confining a child, based on consideration of the method, location or the duration of the restraint or confinement. iii. Forcefully shaking a child under one year of age. iv. Forcefully slapping or otherwise striking a child under one year of age. v. Interfering with the breathing of a child. vi. Causing a child to be present at a location while a violation of 18 Pa.C.S. § 7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement. vii. Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known: <ol style="list-style-type: none"> a. Is required to register as a Tier II or Tier III

	<p>sexual offender under 42 Pa.C.S. Ch. 97 Subchapter H (relating to registration of sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed.</p> <ul style="list-style-type: none"> b. Has been determined to be a sexually violent predator under 42 Pa.C.S. § 9799.24 (relating to assessments) or any of its predecessors. c. Has been determined to be a sexually violent delinquent child as defined in 42 Pa.C.S. § 9799.12 (relating to definitions). d. Has been determined to be a sexually violent predator under 42 Pa.C.S. § 9799.58 (relating to assessments) or has to register for life under 42 Pa.C.S. § 9799.55 (b) (relating to registration). <p>9. Causing the death of the child through any act or failure to act.</p> <p>10. Engaging a child in a severe form of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act (TVPA) of 2000 (114 Stat. 1466, 22 U.S.C. § 7102). (See Human Trafficking definition below for TVPA definitions)</p>
ChildLine	<p>A toll-free hotline number and web-based system operated by DHS that is part of a mandated statewide child protective services program designed to accept child abuse referrals and general child well-being concerns, and transmit the information quickly to the appropriate investigating agency. ChildLine is responsible for receiving verbal and electronic referrals 24 hours a day, seven days a week. Additionally, ChildLine receives and finalizes child abuse investigation outcomes and general protective services assessment outcomes.</p>
Children's Advocacy Center (CAC)	<p>A local public agency in this Commonwealth or a not-for-profit entity incorporated in this Commonwealth which:</p> <ul style="list-style-type: none"> 1. Is tax exempt under section 501(c)(3) of the Internal Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. § 501(c) (3)); and 2. Operates within this Commonwealth for the primary purpose of providing a child-focused, facility-based program dedicated to coordinating a formalized multidisciplinary response to suspected child abuse that, at a minimum, either onsite or through a partnership with another entity or entities, assists county agencies, investigative teams and law enforcement by providing services, including forensic interviews, medical evaluations, therapeutic

	<p>interventions, victim support and advocacy, team case reviews and a system for case tracking.</p> <p>The National Children's Alliance defines a CAC as: "a child-focused center that coordinates the investigation, prosecution, and treatment of child abuse while helping abused children heal" (NCA, 2017).</p>
Commercial Sexual Exploitation of Children	The use of any person under the age of 18 for sexual purposes in exchange for money, goods, or services or the promise of money, goods, or services.
County Agency Also known as: County Children and Youth Agency (CCYA)	The county children and youth social service agency established pursuant to section 405 of the act of June 24, 1937 (P.L.2017, No.396), known as the County Institution District Law, or its successor, and supervised by the department under Article IX of the act of June 13, 1967 (P.L.31, No.21), known as the Human Services Code.
Cultural Competency	<p>The capacity to function in more than one culture, requiring the ability to appreciate, understand and interact with members of diverse populations within the local community (NCA, 2017).</p> <p>The National Center for Cultural Competence from Georgetown University also defines cultural competency as: "a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency, or those professions to work effectively in cross-cultural situations" (National Center for Cultural Competence, 2018).</p>
Direct Support Professionals	Individuals who work directly with people with physical disabilities and/or intellectual disabilities with the aim of assisting the individual to become integrated into his/her community or the least restrictive environment.
Fatality	The death of a child which results in an investigation where the child is the subject of suspected child abuse or neglect - (<i>NOTE: Not defined in the CPSL, but referred to in the law</i>).
Forensic Interview	An interview conducted by a specially trained interviewer to obtain information from a child about abuse allegations that will support accurate and fair decision-making by the MDIT within the criminal justice, child protection, and service delivery systems. Forensic interviews are coordinated to avoid duplicative interviewing, and are conducted in a manner that is developmentally and culturally sensitive, unbiased, fact-finding, and legally sound (NCA, 2017).
Forensic Methods	<p>Sound methods and techniques of evidence gathering that lead to reliable and credible evidence, and aid in conducting an analysis of the evidence as it applies to the facts of the investigation or assessment in order to reach an objective conclusion. Some examples of forensic methods are:</p> <ol style="list-style-type: none"> 1. Forensic interview of a child victim; 2. Medical exam of child; 3. Critical analysis of a child's injuries and the explanation of those injuries;

	<ol style="list-style-type: none"> 4. Deoxyribonucleic acid (DNA) evidence that corroborates the victim's report; 5. Sexual Assault Nurse Examiner (SANE) exam; 6. Suspect/perpetrator statements; 7. Witness statements; 8. Photograph of crime scene; and 9. Photograph of injury (Texas Department of Family and Protective Services, 2007).
Founded Report	<p>A child abuse report involving a perpetrator that is made pursuant to 23 Pa.C.S. Chapter 63, if any of the following applies:</p> <ol style="list-style-type: none"> 1. There has been a judicial adjudication based on a finding that a child who is a subject of the report has been abused and the adjudication involves the same factual circumstances involved in the allegation of child abuse. The judicial adjudication may include any of the following: <ol style="list-style-type: none"> (i) The entry of a plea of guilty or nolo contendere. (ii) A finding of guilt to a criminal charge. (iii) A finding of dependence under 42 Pa.C.S. § 6341 (relating to adjudication) if the court has entered a finding that a child who is the subject of the report has been abused. (iv) A finding of delinquency under 42 Pa.C.S. § 6341 if the court has entered a finding that the child who is the subject of the report has been abused by the child who was found to be delinquent. 2. There has been an acceptance into an accelerated rehabilitative disposition program and the reason for the acceptance involves the same factual circumstances involved in the allegation of child abuse. 3. There has been a consent decree entered in a juvenile proceeding under 42 Pa.C.S. Ch. 63 (relating to juvenile matters), the decree involves the same factual circumstances involved in the allegation of child abuse and the terms and conditions of the consent decree include an acknowledgment, admission or finding that a child who is the subject of the report has been abused by the child who is alleged to be delinquent. 4. A final protection from abuse order has been granted under section 6108 (relating to relief), when the child who is a subject of the report is one of the individuals protected under the protection from abuse order and: <ol style="list-style-type: none"> (i) only one individual is charged with the abuse in the protection from abuse action; (ii) only that individual defends against the charge;

	<p>(iii) the adjudication involves the same factual circumstances involved in the allegation of child abuse; and</p> <p>(iv) the protection from abuse adjudication finds that the child abuse occurred.</p>
Health Care Provider	A licensed hospital or health care facility or person who is licensed, certified, or otherwise regulated to provide health care services under the laws of this Commonwealth, including a physician, podiatrist, optometrist, psychologist, physical therapist, certified nurse practitioner, registered nurse, nurse midwife, physician's assistant, chiropractor, dentist, pharmacist, or an individual accredited or certified to provide behavioral health services.
Human Trafficking	<p>Any activity in violation of section 3011 (relating to trafficking in individuals) either alone or in conjunction with an activity in violation of section 3012 (relating to involuntary servitude) of 18 Pa. C.S. Trafficking in individuals is defined as a second-degree felony offense when the person recruits, entices, solicits, harbors, transports, provides, obtains or maintains an individual if the person knows or recklessly disregards that the individual will be subject to involuntary servitude; or knowingly benefits financially or receives anything of value from any of these acts. A person commits a felony of the first degree if the person engages in any of these acts that result in a minor being subjected to sexual servitude. (18 Pa.C.S. § 3001).</p> <p>The TVPA includes the following two definitions referenced in the CPSL:</p> <p><u>Severe Forms of Trafficking in Persons</u> - (A) Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or (B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.</p> <p><u>Sex Trafficking</u> - the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act (114 Stat. 1466, 22 U.S.C. § 7102).</p>
Indicated Report	<p>(1) Subject to paragraphs (2) and (3), a report of child abuse made pursuant to this chapter if an investigation by the department or county agency determines that substantial evidence of the alleged abuse by a perpetrator exists based on any of the following:</p> <p>(i) Available medical evidence.</p> <p>(ii) The child protective service investigation.</p> <p>(iii) An admission of the acts of abuse by the perpetrator.</p>

	<p>(2) A report may be indicated under paragraph (1)(i) or (ii) for any child who is the victim of child abuse, regardless of the number of alleged perpetrators.</p> <p>(3) A report may be indicated under paragraph (1)(i) or (ii) listing the perpetrator as "unknown" if substantial evidence of abuse by a perpetrator exists, but the department or county agency is unable to identify the specific perpetrator.</p>
Labor Trafficking	The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (22 U.S.C § 7102).
LGBTQIA+	An acronym that stands for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual/Aromantic; the plus sign stands for and encompasses a broad range of other sexual orientations, gender identities, and gender expression.
Medical Evaluation, Medical Forensic Exam or Forensic Rape Examination	An examination conducted by a health care provider, ideally one who has specialized education and clinical experience in the collection of forensic evidence and treatment, of children who have disclosed or is suspected of being abused. The child should receive timely health assessment, treatment and interventions regardless of the probability of forensic evidence. Photographic documentation of examination findings is the standard of care (U.S. Department of Justice, 2016).
National Children's Alliance (NCA)	The national association and accrediting body for children's advocacy centers (CACs) throughout the nation and the Commonwealth.
Near Fatality	A child who is in serious or critical condition, as certified by a physician, where that child is a subject of the report of child abuse.
Non-perpetrator	A person who has committed abuse or a crime against a child, but does not meet the definition of a perpetrator under the CPSL (See definition of perpetrator below). (<i>NOTE: Non-perpetrator is not defined in the CPSL, but is referenced in the law.</i>)
Pediatric Examiner	The health care provider conducting the pediatric sexual abuse medical forensic examination. Jurisdictions rely on a range of health care providers (e.g., Physicians, Sexual Assault Nurse Examiners (RN), advance practice providers such as Nurse Practitioners (e.g., Doctor of Nurse Practice or Family Nurse Practitioner) and Physician's Assistants (PA)), who have been specially educated and completed clinical requirements to provide medical forensic care to prepubescent children. Communities may refer to their trained pediatric examiners by specific terms and acronyms based upon the discipline of practitioners and/or specialized education, clinical experiences and board certification (US. Department of Justice, 2016.)
Perpetrator	<p>A person who has committed child abuse as defined in the CPSL. The following shall apply:</p> <ol style="list-style-type: none"> 1. The term includes only the following:

	<ul style="list-style-type: none"> (i) A parent of the child. (ii) A spouse or former spouse of the child's parent. (iii) A paramour or former paramour of the child's parent. (iv) A person 14 years of age or older and responsible for the child's welfare or having direct contact with children as an employee of child-care services, a school or through a program, activity or service. (v) An individual 14 years of age or older who resides in the same home as the child. (vi) An individual 18 years of age or older who does not reside in the same home as the child but is related within the third degree of consanguinity or affinity by birth or adoption to the child. (vii) An individual 18 years of age or older who engages a child in severe forms of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102).
Serious Bodily Injury	Bodily injury which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of function of any bodily member or organ.
Serious Mental Injury	<p>A psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment, that:</p> <ul style="list-style-type: none"> 1. Renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic or in reasonable fear that the child's life or safety is threatened; or 2. Seriously interferes with a child's ability to accomplish age-appropriate developmental and social tasks.
Serious Physical Neglect	<p>Any of the following when committed by a perpetrator that endangers a child's life or health, threatens a child's well-being, causes bodily injury, or impairs a child's health, development, or functioning:</p> <ul style="list-style-type: none"> 1. A repeated, prolonged, or egregious failure to supervise a child in a manner that is appropriate considering the child's developmental age and abilities. 2. The failure to provide a child with adequate essentials of life, including food, shelter, or medical care.
Sexual Abuse or Exploitation	<p>Any of the following:</p> <ul style="list-style-type: none"> 1. The employment, use, persuasion, inducement, enticement, or coercion of a child to engage in or assist another individual to engage in sexually explicit conduct, which includes, but is not limited to, the following:

- (i) Looking at the sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in any individual.
- (ii) Participating in sexually explicit conversation either in person, by telephone, by computer, or by a computer-aided device for the purpose of sexual stimulation or gratification of any individual.
- (iii) Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual.
- (iv) Actual or simulated sexual activity for the purpose of producing visual depiction, including photographing, videotaping, computer depicting, or filming.

This does not include consensual activities between a child who is 14 years of age or older and another person who is 14 years of age or older and whose age is within four years of the child's age.

2. Any of the following offenses committed against a child:

- (i) Rape as defined in 18 Pa.C.S. § 3121 (relating to rape).
- (ii) Statutory sexual assault as defined in 18 Pa.C.S. § 3122.1 (relating to statutory sexual assault).
- (iii) Involuntary deviate sexual intercourse as defined in 18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse).
- (iv) Sexual assault as defined in 18 Pa.C.S. § 3124.1 (relating to sexual assault).
- (v) Institutional sexual assault as defined in 18 Pa.C.S. § 3124.2 (relating to institutional sexual assault).
- (vi) Aggravated indecent assault as defined in 18 Pa.C.S. § 3125 (relating to aggravated indecent assault).
- (vii) Indecent assault as defined in 18 Pa.C.S. § 3126 (relating to indecent assault).
- (viii) Indecent exposure as defined in 18 Pa.C.S. § 3127 (relating to indecent exposure).
- (ix) Incest as defined in 18 Pa.C.S. § 4302 (relating to incest).
- (x) Prostitution as defined in 18 Pa.C.S. § 5902 (relating to prostitution and related offenses).
- (xi) Sexual abuse as defined in 18 Pa.C.S. § 6312 (relating to sexual abuse of children).
- (xii) Unlawful contact with a minor as defined in 18 Pa.C.S. § 6318 (relating to unlawful contact with minor).

	(xiii) Sexual exploitation as defined in 18 Pa.C.S. § 6320 (relating to sexual exploitation of children).
Sexual Assault Nurse Examiner (SANE)	<p>Registered nurses who have completed specialized education and clinical preparation in the medical forensic care of the patient who has experienced sexual assault or abuse (International Association of Forensic Nurses, n.d.).</p> <p>SANEs who have been trained in the pediatric curriculum may be referred to as a "Pediatric SANE," which is sometimes referred to as PSANE.</p>
SOGIE	<p>An acronym for "Sexual Orientation, Gender Identity, and Gender Expression".</p> <p>Sexual Orientation is the type of emotional, romantic, or sexual feelings a person has toward others. Every individual has a sexual orientation that evolves over time.</p> <p>Gender Identity is a person's innate, deeply felt psychological sense of gender, which may or may not correspond to the person's sex assigned at birth. Gender identity is distinct and separate from sexual orientation and the sex a person is assigned at birth. Everybody has a gender identity, not just people who are transgender.</p> <p>Gender Expression is how a person communicates their gender to others (Wilber & Marksamer, 2006).</p>
Unfounded Report	Any allegation made pursuant to the CPSL that could not be substantiated due to lack of evidence to support the allegation of child abuse, or the investigating child welfare agency could not complete the investigation within 60 days.
Victim Advocate	Professionals trained to support victims of crime. Advocates offer victims information, emotional support, and help finding resources and filling out paperwork. Sometimes, advocates go to court with victims. Advocates may also contact organizations, such as criminal justice or social service agencies, to get help or information for victims. Some advocates staff crisis hotlines, run support groups or provide in-person counseling. Victim advocates may also be called victim service providers, victim/witness coordinators, or victim/witness specialists (National Center for Victims of Crime, 2018).

MDIT Requirements under Pennsylvania Law

Pennsylvania's CPSL requires each county in the Commonwealth to establish an MDIT to "coordinate child abuse investigations between county agencies and law enforcement" (23 Pa.C.S. § 6365(c)). Specifically, if "the suspected child abuse is alleged to have been committed by a perpetrator, and the behavior constituting the suspected child abuse may include a violation of a criminal offense, the appropriate county agency and law enforcement officials shall jointly investigate the allegation through the investigative team" (23 Pa.C.S. § 6334.1).

The MDIT is to be convened by the District Attorney, and "shall consist of those individuals and agencies responsible for investigating the abuse or for providing services to the child and shall *at a minimum* include a health care provider, county caseworker, and law enforcement official" (23 Pa.C.S. § 6365(c)).

What are the required protocols pursuant to the CPSL?

One of the key requirements of the CPSL is the development of protocols by the County Children and Youth Agency (CCYA) and the District Attorney to convene the MDIT and coordinate the investigation of child abuse cases. Specifically, the protocol must outline how to address cases that involve the following crimes against children:

- ❖ The following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under Federal law or the law of another state:
 - Chapter 25 (relating to criminal homicide)
 - Section 2702 (relating to aggravated assault)
 - Section 2709.1 (relating to stalking)
 - Section 2901 (relating to kidnapping)
 - Section 2902 (relating to unlawful restraint)
 - Section 3121 (relating to rape)
 - Section 3122.1 (relating to statutory sexual assault)
 - Section 3123 (relating to involuntary deviate sexual intercourse)
 - Section 3124.1 (relating to sexual assault)
 - Section 3125 (relating to aggravated indecent assault)
 - Section 3126 (relating to indecent assault)
 - Section 3127 (relating to indecent exposure)
 - Section 4302 (relating to incest)
 - Section 4303 (relating to concealing death of child)
 - Section 4305 (relating to dealing in infant children)
 - A felony offense under section 5902(b) (relating to prostitution and related offenses)
 - Section 5903 (c) or (d) (relating to obscene and other sexual materials and performances)
 - Section 6301 (relating to corruption of minors)
 - Section 6312 (relating to sexual abuse of children)
 - The attempt, solicitation or conspiracy to commit any of the offenses set forth in this paragraph.
- ❖ A felony offense under the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act.
- ❖ Sexual abuse or exploitation.

- ❖ Bodily injury or serious bodily injury caused by a perpetrator or non-perpetrator.
- ❖ Child abuse caused by a perpetrator or non-perpetrator.
- ❖ Repeated physical injury to a child under circumstances which indicate that the child's health, safety or welfare is harmed or threatened.
- ❖ A missing child report.
- ❖ Severe forms of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102) (23 Pa.C.S. § 6340(a)(9) and § 6344).

Additionally, the CPSL requires that the protocol include standards and procedures to be used in receiving and referring reports and coordinating investigations. These protocols must include a system for sharing investigative information obtained as a result of any interview. Per the CPSL, the protocol shall include any other standards and procedures that will help avoid duplication of fact-finding efforts and minimize the trauma to the child (23 Pa.C.S. § 6365(c)).

How can we share information?

As mentioned above, the CPSL requires that the protocol address information sharing between members of the MDIT. This is very important as DHS or an agency is required by law to notify law enforcement and the District Attorney when a report of suspected child abuse may also be a criminal offense (23 Pa.C.S. § 6340(a)(10)). Similarly, law enforcement officials who receive reports of suspected child abuse are also required to make a report to DHS immediately (23 Pa.C.S. § 6334). CCYA and law enforcement officers are required to use DHS' ChildLine for determining the existence of reports of child abuse or general protective services reports in the statewide database or reports under investigation (23 Pa.C.S. § 6332).

If there is a report of child abuse where the alleged perpetrator is not a defined perpetrator under the CPSL, DHS or a CCYA must immediately transmit the information to law enforcement pursuant to county protocols (23 Pa.C.S. § 6368). These types of reports are commonly known as Law Enforcement Officials reports.

The CPSL stresses in 23 Pa.C.S. § 6339 that child abuse reports, including, but not limited to, report summaries of child abuse, reports by mandated reporters, medical reports, photographs, X-rays, and any other information obtained concerning alleged instances of child abuse in the possession of DHS or the CCYA are confidential. However, 23 Pa.C.S. § 6340(a)(1) and § 6340.1 allow that information to be shared among all members of the MDIT. As protocols are developed, significant thought should be given to how to accomplish information sharing goals and requirements.

Information sharing is key to MDIT success and the law **ALLOWS it.**

Occasionally, MDIT members may question whether or not certain information can be shared between team members. The CPSL specifically directs that information that would otherwise be confidential can be shared with "multidisciplinary team members assigned to the case" (23 Pa.C.S. § 6340(a)(1) and § 6340.1).

In addition, Pennsylvania's Act 115 of 2016 expanded the release of information to law enforcement to aid their investigation of severe forms of trafficking in persons or sex trafficking as defined by federal law.

What are the other types of multidisciplinary teams required by law?

It is important to note that the CPSL and other state laws also require CCYAs to develop additional multidisciplinary teams – which are separate and distinct from MDITs – to address issues involving children. These include establishing a multidisciplinary review team, a child fatality and near fatality review team, and a multidisciplinary child death review team. **More information about these types of review teams can be found in [Appendix A](#).**

Roles and Responsibilities of the MDIT

While the previous section highlights those minimum requirements set out by the CPSL, this guide is intended to aid MDIT development above and beyond the minimum requirements of the law. The sections which follow take into consideration the minimum legal standards, but will guide the user to develop a strong, coordinated MDIT. In addition, much of the information included in this section is required by the National Children's Alliance (NCA) for CACs and MDITs to obtain accreditation.

Generally, a coordinated MDIT approach facilitates efficient interagency communication and information sharing, ongoing involvement of key individuals, and support for children and families. Each agency gains the benefit of a broadened knowledge base from which decisions are made, thorough and shared information, and improved and timely evidence gathering (NCA, 2017).

Who should you include on your MDIT?

The CPSL requires that law enforcement, a CCYA, and a health care provider be included in the MDIT convened by the District Attorney.

The 2017 NCA Standard for a core multidisciplinary investigative team is:

- ❖ Prosecution;
- ❖ Child protective services;
- ❖ Law enforcement;
- ❖ Medical professional;
- ❖ Mental health professional;
- ❖ Victim advocate; and
- ❖ CAC staff (if the county has a CAC).

Ideally, in the best interest of the child, this core team should communicate and coordinate regarding interviews and other interventions so as to reduce potential trauma to children and families and improve services overall, while preserving and respecting the rights, mandates, and obligations of each respective agency on the MDIT. The team should collaborate around each case, with each member representative contributing their knowledge, experience, and expertise for a coordinated, comprehensive, compassionate, and professional response (NCA, 2017).

A county may decide to expand their MDIT, either permanently or on a case-by-case basis, as needed, to include other professionals, such as:

- ❖ Representatives from the county's sexual assault resource center or domestic violence program (inclusion of which can also satisfy the NCA standard related to victim advocate);

- ❖ Representative from the county's Child Victims of Human Trafficking-Commercial Sexual Exploitation of Children (CVHT-CSEC) Outreach Team, which includes: CVHT-CSEC Survivor Mentor, CVHT-CSEC Dedicated Support Advocate, and Specialized Mental Health Treatment Provider (See [Appendix G](#));
- ❖ Professionals in intellectual disabilities or physical disabilities services;
- ❖ Disability advocates;
- ❖ Licensed providers of substance use disorder services;
- ❖ Guardians ad litem;
- ❖ Direct support professionals (e.g., Therapeutic Staff Support);
- ❖ Children and youth solicitors;
- ❖ Adult and juvenile probation officers;
- ❖ Sheriffs or deputy sheriffs;
- ❖ County detectives;
- ❖ Dependency (civil) attorneys;
- ❖ Out-of-home care licensing personnel;
- ❖ Federal investigators, including Federal Bureau of Investigation (FBI), military law enforcement, or Immigration and Customs Enforcement (ICE);
- ❖ School personnel;
- ❖ Early Intervention professionals or early childhood providers; and
- ❖ Others, as needed and as appropriate for an individual child, family, or community (NCA, 2017).

Ultimately, it is up to each county MDIT to determine what, if any, additional disciplines may be useful in case discussion.

What are the roles and responsibilities of each core member?

Prosecution. The District Attorney is required by law to convene the MDIT, assist in the development of the county's protocol, and participate in MDIT activities (23 Pa.C.S. § 6365(c)). As a member of the MDIT, the District Attorney and/or their staff will work with the CCYA, law enforcement, forensic interviewers, medical professionals, and family and victim advocates to assist in the strategic gathering of evidence. The prosecutor has many legal tools to assist in gathering evidence, such as the power to seek court orders or issue subpoenas.

Evidence gathered by the MDIT through forensic methods will ultimately be used by the prosecution to determine whether or not criminal charges can be supported. It is the responsibility of the prosecutor to review all the evidence, suggest additional avenues of investigation, and upon completion of the investigation, make a charging determination. Ultimately, if the evidence warrants criminal charges, the District Attorney or the Assistant District Attorney will be the person responsible for presenting the facts to a judge or jury in court.

While the purpose behind convening the MDIT is not limited solely to decision-making about whether or not to file criminal charges against any party, it is important for all team members to remember that every step they take in a child abuse investigation could ultimately be used at trial by the prosecutor or defense attorney. The prosecutor may eventually call on any member of the MDIT to be a witness at trial and testify as to the investigative steps taken, and the evidence gathered from those steps. With the help of sound investigative techniques by MDIT members, prosecutors hold offenders accountable and ensure community safety (NCA, 2017).

Child Protective Services. According to the CPSL, CCYAs are required to jointly develop a protocol with the District Attorney, share information with law enforcement regarding child abuse and non-perpetrator cases, and participate in MDIT activities. Effective information sharing through the MDIT places CCYA workers in a better position to monitor child safety and parental support, provide assistance to non-offending parents, and provide recommendations regarding placement and visitation (NCA, 2017).

CCYA staff are often responsible for initially investigating claims of suspected child abuse that are reported either to the CCYA directly or through ChildLine at DHS.

Law enforcement may take a child into temporary protective custody to remove them from a potentially harmful situation (See 42 Pa.C.S. § 6324). CCYA staff could only take a child into temporary protective custody with a court order providing judicial authorization (See 23 Pa.C.S. § 6315).

In addition to working on the MDIT, CCYAs are tasked by the CPSL with making a determination if the child abuse case is founded, indicated, or unfounded. In general, a founded report of child abuse means that there has been a judicial adjudication determining that a child has been abused (e.g., the perpetrator has been convicted of a crime related to the abuse). An indicated report means that the investigation has determined that substantial evidence of the alleged abuse by a perpetrator exists, but there has been no judicial adjudication (e.g., no criminal conviction). An unfounded report would be any report that is not a founded or indicated report (e.g., a case where there is not enough evidence to support a claim of child abuse). CCYAs are required to make these determinations within a certain period of time following the discovery of the abuse, and report their findings to DHS for inclusion in the ChildLine statewide database.

In addition to the timelines for determinations, CCYAs are also required to complete certain portions of their investigations within very specific time frames. Law enforcement is not bound by the same timeframes and should be mindful of the legal requirements CCYAs face when investigating child abuse.

The CCYA is also required by the CPSL to provide child protective services (e.g., the child abuse investigation process; prevention and treatment services; parenting skills training; emergency caretaker services; emergency shelter care; emergency medical services; etc.) and general protective services (e.g., services that help prevent abuse, neglect, and exploitation; temporary, substitute placement in a foster family home or residential child-care facility for a child in need of care; providing a permanent, legally assured family for a child in temporary, substitute care who cannot be returned

What's the difference between...?

A child abuse report will result in one of the following outcomes/determinations:

- ❖ **Indicated report** – Substantial evidence of child abuse exists. No judicial action against the perpetrator.
- ❖ **Founded report** – Substantial evidence of child abuse exists and action has been taken by a judge against the perpetrator.
- ❖ **Unfounded report** – Not enough evidence to support an indicated or founded report.
- ❖ **Pending Investigation** – Determination could not be made due to an on-going criminal investigation. This outcome is updated to either Indicated, Founded or Unfounded, once the criminal investigation is completed.

*See Glossary for full definitions of indicated, founded, and unfounded.

to his own home, etc.). CCYAs not only work with the specific child abuse survivor to assess them for services, but also take into consideration the entire family's needs in order to offer services, if appropriate.

More information about CCYA responsibilities, law enforcement responsibilities, and a comparison of timelines can be found in [Appendix B](#).

	Communication is Key! Required Timelines for Investigations and Determinations by County Child and Youth Agencies (CCYA)
Response Times 23 Pa. C.S. 6368 (b)	<p>Upon receipt of report the CCYA worker is to immediately start an investigation and see the child:</p> <p><i>Immediately</i> if emergency protective custody is required, has been or will be taken OR it cannot be determined from the report whether emergency protective custody is needed.</p> <p><i>Within 24 hours of receipt of the report</i> in all other cases.</p>
Notice of Investigation 23 Pa. C. S. § 6368 (l)-(m)	<p><i>Prior to interviewing a subject of a report</i>, the CCYA must orally notify the subject who is about to be interviewed of the existence of the report, the subject's right to counsel and other basic rights, and the subject's rights to have an attorney present.</p> <p><i>Oral notification must be followed</i> by written notice within 72 hours UNLESS: The notification is likely to threaten the safety of a survivor, a subject of the report who is not a perpetrator, or the investigating CCYA worker; cause the perpetrator to abscond; or significantly interfere with the conduct of an investigation.</p>
Completion of Investigation 23 P.a. C. S. § 6368 (m)	<p><i>Determinations as to</i> whether to accept the family for services and whether a report is founded, indicated, or unfounded must be completed within 60 days in all cases and if the CCYA cannot complete the investigation within 30 days, the particular reasons for the delay must be described in the child protective services record.</p> <p><i>Written notice must be provided</i> to all subjects of the report prior to the CCYA reaching a finding on the validity of the report.</p>

Law Enforcement. Law enforcement is required to jointly investigate with CCYAs allegations of child abuse which may also include a violation of a criminal offense (23 Pa.C.S. § 6334.1(2)). Law enforcement agencies can include local municipal police officials, county detective offices, and the Pennsylvania State Police. With support and advocacy functions attended to by other MDIT members, law enforcement personnel will have more time to focus on other aspects of the investigation (NCA, 2017).

If law enforcement suspects that a child is a potential survivor of abuse, they are to ensure the immediate safety of the child and any other child in the home, and then immediately notify DHS via ChildLine of the report of suspected abuse (23 Pa.C.S. § 6334(a)). Conversely, if DHS receives a report that alleges a criminal offense has been committed against a child, DHS is charged with notifying appropriate law enforcement of the offense (23 Pa.C.S. § 6334(c)).

Law enforcement agencies are responsible for initially investigating criminal complaints. In MDIT investigations, law enforcement should take the lead on determining whether or not covert methods of investigation are available. Communication with team members is key to protecting the integrity of a criminal investigation. As noted above, CCYA workers are required to investigate and notify involved individuals of an investigation within a certain timeframe. **If law enforcement intends to utilize covert methods of investigation or wishes to be the first to interview an alleged perpetrator or witness, that must be communicated to the CCYA worker in a timely manner.**

In addition, law enforcement is responsible for gathering any forensic evidence, including physical evidence, electronic evidence, and surveillance evidence. If any other member of the team should find themselves in possession of potential evidence (i.e., text messages or letters relating to the investigation), that evidence should be immediately turned over to law enforcement.

More information about types of investigations and investigative concerns can be found in the [Investigations and Additional Considerations](#) section of this document.

Medical Professionals/Health Care Providers. The CPSL requires a health care provider be included as a member of the MDIT.

A medical evaluation holds an important place in the multidisciplinary assessment of child abuse. An accurate and complete history is essential in making medical diagnoses and determining appropriate treatment of child abuse. While the collection and documentation of potentially forensically significant findings are vital, the referral of children for medical evaluations and medical forensic exams should NOT be limited to those for which evidence is anticipated (NCA, 2017).

In addition, because many children are familiar with the helping role of doctors and nurses, they may disclose information to medical personnel that they might not share with investigators. In fact, some children are able to describe residual physical symptoms to medical providers even when no injury is seen. However, information gathering must be coordinated to avoid duplication (NCA, 2017).

While the CPSL's definition of a *health care provider* is very broad, NCA Standards require that the provider have specialized training in the evaluation of child physical and/or sexual abuse (NCA, 2017). The NCA Standard includes a child abuse pediatrics sub-board physician, physicians without board certification or board eligibility in the field of child abuse pediatrics, advanced practice nurses, physician assistants with a minimum of 16 hours of formal didactic training in the medical evaluation of child sexual abuse, and sexual assault nurse examiners (without advanced practitioner training) with a minimum of 40 hours of coursework specific to the medical evaluation of child sexual abuse followed by a competency based clinical preceptorship (NCA, 2017). Programs in smaller or more rural areas may have limited access to qualified examiners and are therefore encouraged to develop mentoring or consultative relationships with experts in other communities.

Additional benefits and purposes of a medical examination:

- ❖ To document and address a medical condition resulting from abuse;
- ❖ To differentiate medical findings that are indicative of abuse from those which may be explained by other medical conditions;
- ❖ To assess the child for any developmental, emotional, or behavioral problems; and
- ❖ To reassure and educate the child and family.

Ideally, the health care provider serving as part of the MDIT should be the pediatric examiner and/or the medical director that provides your county's child abuse survivors with the medical evaluation or forensic exam. They can provide insight into the findings of their evaluation or exam, and explain certain medical conditions common to child abuse to the team. (See also 23 Pa.C.S. § 6340.1)

Furthermore, pediatric examiners must have a process for expert review. Medical professionals providing services to CAC clients must demonstrate, at a minimum, that 50% of all findings deemed abnormal or "diagnostic" of trauma from sexual abuse have undergone expert review by an "advanced medical consultant" (NCA, 2017). This is not to be confused with peer review. A peer review process should be established with an experienced pediatric examiner to strengthen examiner skills and documentation.

Remember: In cases of sexual abuse, Pennsylvania allows qualified experts to testify as to facts and opinions regarding specific types of victim/survivor responses and behaviors (42 Pa.C.S. § 5920(b)). Depending on the medical professional's background and training, he or she may be able to provide this expert testimony.

More information about medical best practices can be found in the [Development of the MDIT Protocol](#) section of this document.

Mental Health/ Intellectual Disability Professionals. A mental health/intellectual disability (MH/ID) professional is another valuable member of the MDIT. This professional should be trained in trauma-focused, evidence supported mental health treatment strategies. This professional should be knowledgeable in working with children with developmental disabilities, and know how to access resources for interacting with children who have sensory issues or need other environmental stimuli considerations. When involved, this professional should assist the team with maintaining a trauma-informed approach to the child and family at every stage of the MDIT intervention strategy (NCA, 2017). The proper follow-up care for victims and caregivers will help victims heal and reduce the likelihood that they will be victimized again (Texas Department of Family and Protective Services, 2007).

The common focus of the MDIT is to foster healing by minimizing the impact of trauma on a child when there are allegations of abuse. Remember that the MDIT intervention begins at the first point of contact with the child and family. Maintaining a trauma-informed approach to all interactions with the child and family will help to limit the impact of the primary traumatic events, those that are the focus of the investigation, while reducing the potential for secondary, “response-induced” or “system-induced” trauma. The response of family and other adults is an important mediator of recovery and resiliency, and should therefore be informed of the impacts trauma can have on the victim’s perceptions, beliefs, behavior, and needs. Throughout the investigative and intervention process, adults should be attentive to: 1) the emotional and physical safety of the child victim; 2) the child’s need to experience trustworthiness in adult behaviors; 3) the child’s need to experience a sense of control by making meaningful choices; 4) the child’s need for inclusion and collaboration on matters related to trauma; and 5) the child’s need for empowerment (Fallot, 2011; Fallot & Harris, 2009). Taken together these factors promote healing and a sense of personal mastery (Hodas, 2012).

Some examples of how members of the MDIT and other adults can engage in trauma-informed practice include the following:

- ❖ Maintain a welcoming, non-judgmental attitude;
- ❖ Display empathy regarding the traumatic event and any post-trauma hardships and be aware that premature reassurance can be experienced as invalidation;
- ❖ Give information about what is going on and what to expect.
- ❖ Accept that children may be ambivalent or reluctant, fearful or suspicious, distracted or focused on own needs, uncertain or confused about whether or not they were a victim, whether or not events were “real” and/or whether they are at fault or “in trouble”;
- ❖ Provide education about typical normative responses to trauma;
- ❖ Be prepared to help children manage and regulate fear, shame and anger;
- ❖ Promote family support with the child’s consent;
- ❖ Offer mental health and trauma treatment referrals in a supportive, non-stigmatizing manner.

More information about mental health best practices can be found in the [Development of the MDIT Protocol](#) section of this document.

Victim Advocate/Assistance. Coordinated victim advocacy services are critical to a child’s and family’s comfort and their ability to participate in an ongoing investigation, possible prosecution proceedings, and intervention and treatment services (NCA, 2017). MDITs are formed to lessen the trauma to the child victim. Therefore, one of the priorities for the MDIT should be assisting the child victim and their non-offending parent(s)/caregivers (Texas Department of Family and Protective Services, 2007).

Specific victim support services may be provided in a variety of ways, such as through local victim service provider agencies, internal CAC family advocate staff, and system-based victim-witness advocates employed by the District Attorney’s office. Services can include:

- ❖ Crisis assessment and intervention, risk assessment, and safety planning;
- ❖ Presence at the forensic interview in order to participate in information sharing, inform and support the family throughout the coordinated, multidisciplinary response, and assess the needs of child and the non-offending caregiver;
- ❖ Education and access to victims’ rights and crime victims’ compensation;
- ❖ Assistance in obtaining other supportive services, such as housing, transportation, protective orders, food, public assistance, etc.;

- ❖ Referrals for specialized, trauma-focused mental health treatment;
- ❖ Access to transportation and accompaniment for court-related functions;
- ❖ Updates to the family on case status;
- ❖ Coordination of case management meetings with all individuals providing services (NCA, 2017); and
- ❖ Victim assistance can benefit both civil and criminal cases as those victims and caregivers who receive the necessary support will be more likely to cooperate with law enforcement, Child Protective Services (CPS), and the prosecution. Ensuring that they are receiving the proper help will lessen the need for CPS involvement in the current case and in the future (Texas Department of Family and Protective Services, 2007).

Victim assistance can be beneficial for both civil and criminal cases as victims and caregivers who receive the necessary support will be more likely to cooperate with law enforcement, CPS, and the prosecution. Regular contact with the victim's support system will allow members to recognize potential situations that may arise, such as recanting or perpetrator contact with the victim, which should be addressed prior to trial. It is important to be aware of resources the child or support system may need. The more support victims and their non-offending caregivers receive, the less dependent they will be on the perpetrator (Texas Department of Family and Protective Services, 2007), and thus be less likely to recant due to financial or emotional pressure.

Victim Confidentiality

In order for the MDIT to share information freely, all team members should sign confidentiality agreements. Your members must understand that much of the case-related information is confidential and should not be discussed outside the team (Texas Department of Family and Protective Services, 2007).

In Pennsylvania, victim advocates are held to an additional confidentiality standard (i.e., unless a victim waives their confidentiality in a signed written document prior to testimony or disclosure, a victim advocate is not permitted to testify or disclose confidential communications made to the advocate (23 Pa.C.S. § 6116)). One particularly sensitive issue could surround an individual's SOGIE status. MDITs should consider utilizing a confidentiality provision, including language regarding the disclosure of a youth's SOGIE status, in drafting their protocols. Requesting a waiver of confidentiality in order for a victim advocate to more fully participate in the MDIT process will likely prove valuable to the team and the child.

To see an example of a confidentiality agreement in a MDIT Protocol, please see [Appendix D](#).

Children's Advocacy Center (CAC) staff. A CAC is a separate, accessible, child-focused setting designed to provide a safe, comfortable, and neutral place where forensic interviews can be conducted and other CAC services can be appropriately provided for children and families. While every center may look different, and be located in a different setting (e.g., non-profit entity, hospital,

victim advocacy organization, county offices, etc.), each environment is designed to help children and families feel physically and psychologically safe and comfortable (NCA, 2017).

Staff of a CAC, which may include an executive director, a forensic interviewer, a Pediatric Sexual Assault Nurse Examiner, a victim advocate, a scheduling assistant, a family advocate, and others may assist and/or participate on the MDIT.

At a minimum, where a county does not have a CAC, every effort should be considered to create a safe, neutral, child-focused setting for the forensic interview process and medical forensic exams. These efforts include:

- ❖ Attending to the physical setting: assuring it meets basic child safety standards, ensuring that alleged offenders do not have access to the interview space, providing adequate supervision of children and families while they are on the premises, and creating an environment that reflects the diversity of clients served;
- ❖ Acknowledging that there is no one “right” way to build, design or decorate a child friendly space. Counties should take care to ensure that team members have access to work space and equipment onsite to carry out the necessary functions associated with their role including, but not limited to, meeting with families and appropriate exchange of necessary information; and
- ❖ Giving special attention to designing and decorating the client service areas. The appearance of the space can help facilitate children and families’ participation in the process, largely by helping to alleviate anxiety and instill confidence and comfort in the intervention system. It should communicate, through its design and materials, that the space is a welcoming and child-oriented place for all children and their non-offending family members (NCA, 2017).

MDITs that do not have a CAC in their county should strongly consider reaching out to neighboring counties to utilize CAC services and/or their facility. For more information about this process, contact the Pennsylvania Chapter of Child Advocacy Centers and Multidisciplinary Teams (PA CAC/MDT).

Who else should you consider in order to build and sustain a successful MDIT?

While not required by NCA as core members of the MDIT, the following key personnel are needed to facilitate the activities of the MDIT. Current MDIT members can fill either role, or it could be filled by a separate employee:

- ❖ **MDIT Coordinator.** Each MDIT should designate a person to coordinate and facilitate team activities. Coordinator duties could include scheduling and organizing MDIT meetings, data collection and case tracking, and actively participating in and facilitating MDIT case review discussions. The importance of a MDIT Coordinator cannot be overstated. As MDIT members turnover, protocols develop, and change or conflict arises, strong communication is required to hold the team together. A designated coordinator can help facilitate communication and keep the group focused on the best interests of the child.

Because the District Attorney is statutorily required to convene the MDIT, some counties in Pennsylvania have assigned an Assistant District Attorney to coordinate MDIT efforts. The coordinating effort could also come from any other core member of the MDIT or be assigned to a staff member from the CAC, or another agency. Some counties have opted to hire an independent MDIT coordinator to help develop a burgeoning team, or shepherd a developing team through its processes; and

- ❖ **Forensic Interviewer.** The purpose of a forensic interview is to obtain a statement from a child in a developmentally and culturally sensitive, unbiased, and fact-finding manner that will support accurate and fair decision making by the involved MDIT in the criminal justice and child protection systems. Forensic interviews should be child-centered and coordinated to avoid duplication (NCA, 2017).

Communities can vary with regard to who conducts the child forensic interview. *At a minimum, anyone in the role of a forensic interviewer should have initial and ongoing formal forensic interviewer training.* This role may be filled by a CAC employed forensic interviewer, law enforcement officers, CCYA workers, medical providers, federal law enforcement officers, or other joint investigation team members according to the resources available in the community (NCA, 2017).

More information on MDIT roles can also be found in the [Development of the MDIT Protocol](#) section.

The Development of the MDIT Protocols

The CPSL requires the CCYA and the District Attorney to jointly develop a protocol for the convening of the MDIT for any case of child abuse by a perpetrator involving crimes against children which are set forth in 23 Pa.C.S. § 6340(a)(9) and (10) (See also 23 Pa.C.S. § 6365). While this is the minimum standard, **all** of the core representatives of the MDIT must be involved in the development of the protocol as it will guide the collective activities of their child abuse investigations.

Where should you begin?

Interagency Agreements. Prior to developing protocols, MDITs should develop a written interagency agreement or Memorandum of Understanding (MOU) that is signed by authorized representatives of all the MDIT agencies. The MOU must clearly commit the signed parties to the MDIT (and/or CAC) model for its multidisciplinary child abuse intervention response. The 2017 NCA Standards require the following parties to sign the interagency agreement:

- ❖ Law Enforcement Officials;
- ❖ Child Protective Services Professionals;
- ❖ Prosecution Officials;
- ❖ Mental Health Professionals (including Substance Use Disorder Professionals);
- ❖ Medical Professionals;
- ❖ Victim Advocates; and
- ❖ Children's Advocacy Center staff (if available).

The written agreements formalize interagency cooperation and commitment to the MDIT (and/or CAC) policy, which ultimately ensures continuity in practice. These written agreements should be reviewed annually and re-executed upon changes in practice, policy, or agency leadership (NCA, 2017). **An example of an Interagency Agreement/MOU can be found in [Appendix C](#).**

What should you include in your MDIT Protocols?

Once the written interagency agreement or MOU finalizes the formation of the MDIT, members

should at a minimum develop written protocols that address how the MDIT will function on a day-to-day basis. The CPSL requires that the protocols address:

- ❖ When the MDIT is to convene;
- ❖ Standards and procedures to be used in receiving and referring reports:
 - Pursuant to § 6340(c), providing the identities of reporting sources to members of MDITs and/or CACs is not permissible. All identifying information for referral sources must be redacted by law enforcement officials and CCYAs;
- ❖ Standards and procedures to be used in coordinating investigations of reported cases of child abuse;
- ❖ A system for sharing the information obtained as a result of any interview; and
- ❖ Any other standards and procedures to avoid duplication of fact-finding efforts and interviews to minimize the trauma to the child (23 Pa.C.S. § 6365(c)).

In addition, your protocol should also address instances when an allegation of child abuse cannot be investigated under the CPSL because the alleged offender does not meet the definition of a perpetrator under the law, but the complaint does suggest the need for investigation. Under this scenario, the CCYA is mandated to immediately transmit the information to the proper authorities, including the District Attorney, the District Attorney's designee or other law enforcement officials, in accordance with the county protocol for investigative teams required by 23 Pa.C.S. § 6365.

Law enforcement officials who receive reports of suspected child abuse are also required to make a report to DHS immediately (23 Pa.C.S. § 6334). A county's MDIT protocol should also address instances where law enforcement should contact the CCYA directly when a report of suspected child abuse is received. Please refer to 23 Pa.C.S. § 6334.1 to know when law enforcement or the CCYA is responsible for assuming the lead responsibility for an investigation.

Protocols should be developed with input from the entire MDIT, reviewed minimally every three years, and updated as needed to reflect current practice (NCA, 2017). MDITs may find it best to regularly review their protocol as it is implemented, and make amendments as needed. Your protocol should address the roles and responsibilities of each discipline, the key functions of the MDIT, and your interaction with the CAC, if available (NCA, 2017).

The Roles and Responsibilities of Each Discipline. The roles and responsibilities for each discipline member, as described above, should be considered and included throughout the MDIT protocols by ensuring the following:

- ❖ The member representing the discipline has the authority to do so;
- ❖ The discipline involved has the ability and/or authority to accomplish the defined roles and responsibilities;
- ❖ The protocols clearly define member roles and responsibilities; and
- ❖ The discipline agrees to accept roles and responsibilities defined in the protocol (NCA, 2017).

Effective teamwork can provide for better outcomes during a multidisciplinary investigation. It is essential that team members have clarity of their responsibilities. It is recommended that the protocol provide details for each member's role in the process, which includes investigation, interviewing, reporting and documentation, and training responsibilities. County protocols should also include details on their extended communication to the county's MDIT process and a mechanism for collaborative case planning (NCA, 2017).

Key Functions of the MDIT. There is a guide to the creation of protocols as well as a sample of Pennsylvania-based MDIT protocols included in [Appendix D](#). The protocols address the following key questions:

- ❖ What is the purpose of your team? This may be the team's mission statement, but it can be more concrete, such as "to investigate all child abuse reports in our county".
- ❖ Who are the members of your team?
- ❖ What kinds of cases will your team investigate? All child abuse? Only child sexual abuse and exploitation? Only felony physical abuse? Neglect and abandonment?
- ❖ How will investigations be conducted? Who will do what? Who will interview survivors and who will interrogate suspects? Who will remove children from their home when necessary to ensure their safety? Who will collect physical evidence? Who will refer survivors for physical examinations?
- ❖ When will your team members perform certain tasks? Within a specified time from receipt of report? After consultation with other team members? In a particular sequence?
- ❖ Where will particular events occur? Will interviews be conducted at a certain location (e.g., at a CAC, at another site)? Will interrogations be completed at a different location? Will specific locations be prohibited unless there are unusual circumstances?
- ❖ How will your team members carry out assignments? Will they be done jointly? Who must be present? How long will others wait? Will child interviews be recorded on video, audio or other mechanism? Will non-team personnel such as parents be allowed to be present?
- ❖ What information can be shared under what circumstances?
- ❖ How will your decisions be made? By whom and at what stage?
- ❖ When and where will your team meet?
- ❖ How will your meetings be conducted?
- ❖ When (or how frequently) will your protocol and team function be evaluated? How and by whom? (U. S. Department of Justice, 1998).

In order to successfully address the key functions of the MDIT, your protocols should also consider the following:

Forensic Interviews of Child Witnesses. The main purpose of the MDIT approach is to minimize a child experiencing additional trauma and to avoid duplication of fact-finding efforts, including avoiding exposing the child to multiple interviews that involve only some of the required MDIT members.

The protocol must outline how interviews will be coordinated to eliminate duplicate interviews and how the child's statement will be taken in a manner that is non-leading, avoids additional trauma for the child, and meets the various legal requirements and needs of each of the investigating agencies (Texas Department of Family and Protective Services, 2007). Ideally, MDIT members should take trauma-informed trainings, such as Minimal Facts training, to understand the coordinated interview process.

The protocol should also outline whether the interview will be electronically recorded and how the video will be preserved and accessed. Best practice is to preserve the interview electronically for use and utilization by all team members. Protocols should address how and under what circumstances electronic copies of an interview may be shared. Interpreters may also be needed to communicate with the child witness and their family members. Best practice is to secure a neutral interpreter, not a family member, to provide these translation services. The protocol should outline who will provide translation services (e.g. hospital staff) and consider confidentiality concerns. Protocols should also

address which MDIT member is responsible for securing a translator for the forensic interview process.

Case Tracking. Case tracking is an important component of a MDIT and should be included in the MDIT's protocol. Case tracking refers to a systematic method in which specific data is routinely collected on each case that is reviewed by the team. Case tracking systems can be computerized, but smaller communities with limited resources or small caseloads can track child abuse cases manually (NCA, 2017).

Case tracking systems provide essential demographic information, case information, and investigation/intervention outcomes. Case tracking gives team members accurate information that they can use to inform children and families about the current status and disposition of their cases (NCA, 2017). Please note that child abuse cases can take an extensive period of time to bring to closure. Thus, an individual's case tracking can last for several months, if not years. This is particularly true if criminal investigations remain open despite closure of a CPS investigation. The protocols should contain a method for police to update the MDIT/case tracking system on a regular basis regardless of the length of the open investigation.

Case tracking information must include, but is not limited to:

- ❖ Demographic information about the child and family (including disability status);
- ❖ Demographic information about the alleged perpetrator;
- ❖ Type(s) of abuse;
- ❖ Relationship of alleged perpetrator to child;
- ❖ Team involvement and outcomes;
- ❖ Charges filed and case disposition in criminal court;
- ❖ Child protection outcomes; and
- ❖ Status/outcome of medical and mental health referrals (NCA, 2017).

The case tracking system can also be beneficial to communities because it can be used to:

- ❖ Evaluate the MDIT process;
- ❖ Generate statistical reports; and
- ❖ Access information that is needed for grant writing and reporting purposes.

Each team needs to determine the type of case tracking system that will suit its needs (e.g., NCATrak, Excel spreadsheet, etc.). Case tracking should be compliant with all applicable privacy and confidentiality requirements.

MDIT Meetings/Case Review. Case review is the formal process that enables the MDIT to monitor and assess its independent and collective effectiveness so as to ensure the safety and well-being of children and families (NCA, 2017).

Ideally, your team should meet on a predetermined regular basis to discuss cases that have been the subject of a multidisciplinary investigation. All core members of the MDIT should be required to attend case review (NCA, 2017).

Case Tracking: Outcomes Matter

MDIT members should utilize case tracking systems to track the status of child abuse cases and their outcomes. Several state agencies, including DHS and the Pennsylvania Commission on Crime and Delinquency, require outcome data as a condition of funding.

Many teams find that their meetings are more organized if it is the responsibility of one person to organize and facilitate them (Texas Department of Family and Protective Services, 2007). The 'MDIT Coordinator' role is discussed on page 25 of these Model Standards and is often the natural choice to organize and facilitate these meetings.

Formal case reviews serve multiple purposes by creating a space for MDIT members to share and discuss their various expertise, provide mutual support, and make informed, collective decisions (NCA 2017). In addition, the case review can be a healthy space for MDIT members to work through conflicts and barriers that arise surrounding a particular case.

Protocols surrounding formal case review should include: frequency of meetings, designated attendees, case selection criteria, a process for adding cases to the agenda, a designated facilitator, a mechanism for distribution of an agenda or notification of cases to be discussed, procedures for follow-up recommendations to be addressed, and location of the meetings (NCA, 2017).

Tips for Developing Case Review Meetings (U.S. Department of Justice, 2007):

Designate the following:

- ❖ A regularly scheduled time and place (such as the first Monday of every month);
- ❖ The person responsible for organizing the meetings;
- ❖ The person responsible for facilitating the meetings;
- ❖ A list of team members who are expected to be present at each meeting;
- ❖ A list of which cases will be reviewed at each meeting (for example, some teams review all cases, others review all new cases, and others review cases as requested);
- ❖ A process for reviewing cases after an investigation is complete; and
- ❖ A process for placing a case on the agenda that falls outside the standard criteria for review.

Medical Considerations. In order to develop protocols relating to medical considerations, you *must* consult with a qualified medical professional. Protocols should address, amongst other things, the timeliness of the medical examination. Medical forensic exams should be prioritized as emergent, urgent, or non-urgent based on screening criteria developed by skilled medical providers or by a local MDIT with qualified medical representation (NCA, 2017).

- ❖ Indications for *emergency* evaluation:
 - Medical, psychological, or safety concerns such as acute pain or bleeding, suicidal ideation, or suspected human trafficking;
 - Alleged assault that may have occurred within the previous 72 hours (or other state-mandated time interval) necessitating collection of trace evidence for later forensic

- analysis;
- Need for emergency contraception; and
- Need for post exposure prophylaxis (PEP) for sexually transmitted infections (STIs) including human immunodeficiency virus (HIV);
- ❖ Indications for *urgent* evaluation:
 - Disclosure of abuse by child;
 - Sexualized behaviors by the child;
 - Sexual abuse suspected by a multidisciplinary team member; or
 - Family concern for sexual abuse, but contact occurred more than two weeks prior without emergency medical, psychological, or safety needs identified;
- ❖ Indications for non-urgent, *follow-up* evaluation:
 - Findings on the initial examination are unclear or questionable necessitating re-evaluation;
 - Further testing for STIs not identified or treated during the initial examination;
 - Documentation of healing/resolution of acute findings; and
 - Confirmation of initial examination findings, when initial examination was performed by an examiner who had conducted fewer than 100 of such evaluations (Adams, Kellogg, Farst, Harper, Palusci, Frasier, Levitt, Shapiro, Moles, & Starling, 2016).

According to the NCA standards, MDIT protocols should consider addressing the following:

- ❖ Referral of all children who have disclosed or are suspected survivors of child sexual abuse for a medical evaluation by a provider with specialized training, regardless if forensic evidence is anticipated;
- ❖ A directive that CCYA staff or law enforcement should not be present in the medical exam room;
- ❖ A directive that the medical history and physical examination findings must be carefully, thoroughly, and legibly documented, including a statement on the significance of findings and treatment plan; and
- ❖ A directive that diagnostic quality photographic and/or video documentation of anogenital exam findings is the standard of care. Photo documentation enables required peer review and continuous quality improvement (NCA, 2017).

Finally, some additional considerations for a comprehensive medical protocol include:

- ❖ Developing a testing and treatment protocol based on current Centers for Disease Control and Prevention (CDC) standards;
- ❖ Establishing a referral process for acute and non-acute mental health needs;
- ❖ Establishing a referral process for ongoing medical needs; and
- ❖ Developing a protocol for follow up examinations if indicated.

It should be emphasized that specialized medical evaluations must be available and accessible to all CAC clients regardless of their ability to pay (NCA, 2017). Children's families should not incur expenses related to forensic evidence collection. Any uncovered costs should be clearly discussed with the family (U.S. Department of Justice, 2016).

Mental Health Considerations. Without effective therapeutic intervention, many children who experience trauma will suffer ongoing or long-term adverse social, emotional, developmental, and mental health outcomes that may impact them throughout their lifetimes. Further, the risk for such outcomes is multiplied by pre-existing, secondary, and/or repeated trauma exposures. There are

evidence-based mental health and trauma treatments and other empirically supported practices that can reduce both the impact of traumatic experience and the risk of future victimization and abuse. For these reasons, the MDIT mental health protocol must include a comprehensive trauma assessment and specialized trauma-focused mental health services conducted by professionals trained in trauma-focused and empirically supported interventions for child survivors and non-offending family members (NCA, 2017).

Further, family members are often central to the child's ongoing protection and recovery and mental health is often an important factor in a caregiver's capacity to support the child. Therefore, family members may benefit from counseling and support to address any personal impact of the child's victimization on the mental health of caregivers who may be survivors of past or current domestic violence or other trauma that would affect the way they respond to the child's trauma experience, the child's allegations, or the child's attempts to cope and to respond to the caregiver's attempts to support and protect the child. Counseling for caregivers and siblings may also help reduce the risk of future abuse and minimize secondary trauma to the child and the family. Mental health treatment for non-offending family members may focus on support and coping strategies, education about sexual abuse and other forms of victimization, trauma, management of grief, anger, shame and self-blame, family dynamics, parenting challenges, and specific trauma-related impacts on the family and the child's interactions with the community. Siblings and other children may benefit from opportunities to discuss their own reactions to events and address family dynamics within a confidential therapeutic setting (NCA, 2017).

Child Survivors with Disabilities. As children with disabilities are more than twice as likely to be physically or sexually abused as children without disabilities, each MDIT must ensure that the developed protocol addresses effectively meeting the needs of child survivors with disabilities (Petersilia, 2001; Sobsey & Mansell, 1994). The identification of specific specialized resources and supports (e.g., communication specialists, sign language interpreters, etc.), their contact information, and payment arrangements and responsibilities should be addressed within the protocol and reviewed regularly for accuracy. Forensic interviewers and persons who conduct medical examinations should have specialized training in meeting the needs of children with disabilities. Teams without this expertise should have identified external resources to provide these services.

Prior to direct intervention with a child with a disability, and whenever possible, MDIT members must familiarize themselves with how the child's disability may impact both receptive and expressive communication, behavior, movement, and perception. Preparation is essential to making appropriate accommodations for the child. With parent or guardian permission, resources for this information may include the family, the child's teacher, direct support professionals, case managers, related services personnel such as speech or occupational therapists, the school psychologist, or mental health/intellectual disability/developmental disability personnel. **See [Appendix E](#) for more information and resources on interacting with individuals with autism and developmental disabilities.**

Cultural Competency Considerations. A MDIT must be mindful of the jurisdiction it serves because any child in their community could be a potential survivor of abuse. Child abuse occurs throughout all cultures. Culture can influence how the child and family view the investigative team and how the team members view the family and the child (NCA, 2017).

Cultural competency is defined as: the capacity to function in more than one culture, requiring the ability to appreciate, understand, and interact with members of diverse populations within the local community. Cultural competency is as basic to the model protocol philosophy as developmentally appropriate, child-friendly practice (NCA, 2017). **See the [Glossary](#) for a more comprehensive definition of cultural competency.**

Like developmental considerations, diversity issues influence nearly every aspect of work with children and families. Diversity issues should be considered when welcoming a child and family to a CAC, employing effective forensic interviewing techniques, analyzing information to make a determination about the likelihood of abuse, selecting appropriate service providers, and securing help for a family in a manner in which it is likely to be utilized and effective. MDITs must be willing and able to understand the child's and the family's world views, adapt their practices as needed, and offer help in a manner in which it can be utilized (NCA, 2017). This includes the ability to assess the extent to which each child's expression of gender matches or diverges from cultural and social expectations in the child's family and community. More comprehensive information on children who identify as lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual/aromantic, and + (LGBTQIA+) can be found below.

Proactive planning and outreach should focus on culture and degree of acculturation, ethnicity, religion, socioeconomic status, disability, gender identity, and sexual orientation. Investigative teams should seek to understand the child and the family's culture as much as possible and as quickly as possible. These factors contribute to a client's world view, unique perceptions, and experiences throughout the investigation, intervention, and case management process. By addressing these factors in a culturally competent environment, children and families of all backgrounds feel welcomed, valued, respected, and acknowledged by the MDIT (NCA, 2017).

Children who Identify as LGBTQIA+. The MDIT should provide guidance in its protocols for how the team will take into account each child's SOGIE and how it affects them on a daily basis. Being aware that many LGBTQIA+ individuals who are system-involved have experiences of trauma can help staff train to these unique forms of trauma and be able to recognize early signs of distress (Wilber & Marksamer, 2006). LGBTQIA+ adolescents have the same needs for support, acceptance, and validation from peers, family members, and adults as all young people (Wilber & Marksamer, 2006). It is also important to treat individuals holistically; LGBTQIA+ identity is not all that defines them.

Staff should avoid assuming that an individual who identifies as LGBTQIA+ has a mental health challenge. However, LGBTQIA+ individuals are at a greater risk for mental illness or substance use disorders due to external influences from their environment.

If your team is serving a youth who identifies as LGBTQIA+, everyone should be made aware of the name and associated gender pronouns the youth prefers. When discussing and interacting with the individual, the preferred name and pronouns should be used unless disclosing this information will present a threat to the individual.

How do you successfully implement MDIT protocols?

MDIT members must be familiar with the protocols and understand they are responsible for following them. The MDIT should discuss how to distribute copies of the protocols to all members and should also develop a plan for sharing the protocols with new members as they join (Texas Department of Family and Protective Services, 2007). While NCA Standards only require review every three years, regular review of the protocols is essential to team-member buy-in and understanding. The MDIT

should consider regularly scheduled protocol meetings to discuss both changes to and implementation of the protocols.

The MDIT may wish to convene a training committee to pool training resources of the members of the investigative team and the community, develop training ideas, and ensure regular delivery of cross training to all members of the MDIT that promotes multidisciplinary investigations and improves investigation skills (Texas Department of Family and Protective Services, 2007). There are numerous trainings offered throughout Pennsylvania that are a benefit to members of an MDIT. Associations offering trainings can be found in the [Additional Resources](#) section of this document.

How should you resolve conflict?

In implementing your MDIT protocol, it is likely that situations will arise in a case where your MDIT members do not agree. Usually members are able to work beyond disagreements, however, if conflicts are not resolved, this could lead to a division in your team that damages its effectiveness. Ells' [Forming a Multidisciplinary Team to Investigate Child Abuse](#) provides a helpful understanding of managing team conflicts (U.S. Department of Justice, 1998).

Before a conflict arises, your team should discuss how to resolve conflict. You should consider your interagency agreement or MOU as a starting point when conflict arises. Consider building into your protocols a requirement that conflict be resolved with either a face-to-face meeting or a phone call. It is important to remember that much can be lost in the context of an email or a text message as we increasingly use electronic means of communication. Sometimes reminding others of their role in serving the best interests of the child will also help lay the groundwork for resolution. In the event a conflict arises over an investigation or for any other reason, having a pre-determined conflict resolution plan helps your team find a quick resolution and move beyond the conflict (Texas Department of Family and Protective Services, 2007).

Conflict within a team is inevitable and normal, but team effectiveness is measured not by the amount of conflict but by the manner in which conflict is resolved. Conflict that thwarts the team's ability to accomplish its mission is a core conflict and must be resolved in a constructive fashion and by consensus. This does not mean that team members must agree on every point, but they must find ways to support solutions that maintain agency integrity and further the team's purpose. Resolving core conflicts should result in "win-win" conclusions (U.S. Department of Justice, 1998).

Other conflicts may involve peripheral problems. Peripheral issues can be dealt with more quickly, without necessarily building consensus.

MDITs facing conflict are encouraged to:

- ❖ Characterize the problem. Look at it from a systems perspective;
- ❖ Acknowledge relevant goals and interests by recognizing diverse agency objectives; and
- ❖ Negotiate (but do not confuse negotiations with compromise) (U.S. Department of Justice, 1998).

Investigations and Additional Considerations

How can you prepare for different types of investigations?

Below is a list of potential situations/investigations your MDIT is likely to face, and as such, you may want to address them in your county protocols. Even if you choose not to include investigative strategies in your protocols, the information below is meant to offer suggestions and tips for dealing with various investigative situations.

Child Pornography/Cyber-Crimes.

An allegation of child pornography or other cyber-crime may be the original allegation or it may arise during the course of an investigation. Your MDIT members should be aware of this issue and the team should be prepared to pursue an allegation of child pornography or cyber-crime if one does arise (Texas Department of Family and Protective Services, 2007). As in other cases, the CCYA investigates allegations involving child pornography or cyber-crime when a child has been alleged to have been abused by a perpetrator as defined by the CPSL. This would include any individual regardless of the relationship to a child if the allegation is related to human trafficking. If there is no allegation of abuse of a specific child, the CCYA will refer these cases to local law enforcement, or in some instances, the District Attorney's office, an Internet Crimes against Children (ICAC) Taskforce, Pennsylvania's Attorney General's office, or other state or federal law enforcement agencies. This is considered to be a form of commercial sexual exploitation of children (CSEC) and therefore meets the definition of child abuse according to the CPSL.

The following factors may hinder investigations into whether or not a child is being trafficked:

- ❖ Survivors may not self-identify as victims or survivors;
- ❖ Survivors may exhibit extreme distrust of and animosity toward authority figures;
- ❖ Survivors may form a relationship with their traffickers or pimps, known as a "trauma bond";
- ❖ Survivors and perpetrators are often skilled at concealing their situations;
- ❖ Survivors may use false identification documents or may not be in control of personal identification documents;
- ❖ Foreign-national survivors may fear deportation; and
- ❖ Survivors may fear harm or retribution because of their pledges of services to repay a debt known as debt-bondage.

Human Trafficking of Children and Youth. The Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113-183) makes provisions to prevent, identify, and address sex trafficking of children and youth known to the child welfare system, including those removed from the home of origin and living in out-of-home care, and mandates efforts to protect children at risk of sex trafficking. Pennsylvania's Act 115 of 2016 makes provisions to ensure that suspected or known child victims of human trafficking (CVHT) are properly identified, screened, and assessed; all reports involving children who are suspected or known to be victims of sex trafficking are properly investigated; that victims are provided with necessary treatment and services; and CCYA workers are provided with training in order to properly identify, screen, assess, and provide comprehensive services for children who are or at risk of being victims of severe forms of trafficking in persons or sex trafficking.

CCYAs must ensure that a screening assessment is conducted for children and youth within their supervision. Use of the CVHT Screening Tool is recommended. **For more information on the screening tool - please see [Appendix F](#).**

It is rare for child victims of human trafficking to self-identify as trafficking “victims.” It is also often difficult to determine whether a minor is in fact a victim. The widespread lack of awareness and understanding of human trafficking means that oftentimes victims are treated as criminals rather than as survivors of crimes. Victims will likely present to the CCYA, law enforcement, or a local service agency because of another form of abuse, neglect, or dependency. Thus, victims require a highly specialized and coordinated investigative response which is focused upon the primary goals of safety and treatment.

Once survivors are recovered from their traffickers, they may feel isolated and may present as confused and afraid. Support is necessary to help them gain confidence and secure safety from their trafficker. Child survivors have been targeted when sought out by predators, tricked when the trafficker invests time, effort, and money to gain trust of the child then reveals the true intent of victimization, and traumatized by their trafficker who uses psychological manipulation so that the child truly believes that the trafficker loves and cares for his/her well-being.

Pennsylvania’s Act 130 of 2018 provides for the “safe harbor” for victims of sexual exploitation. Safe Harbor requires the development of specialized programs and services for sexually exploited children that address a victim’s needs, such as safe housing, education, employment and life-skills training, case management, medical treatment, trauma therapy, and any other services identified for each victim. Act 130 of 2018 also makes provisions that allow victims to have immunity from prosecution for a violation of 18 Pa.C.S. § 5507 (relating to obstructing highways and other public passages) and 18 Pa.C.S. § 5902(a) (relating to prostitution and related offenses). The creation of the “Safe Harbor for Sexually Exploited Children Fund” will allow a victim to be reimbursed for the costs of removing or covering up a tattoo with an identifying mark.

When psychological control is coupled with physical control such as threats, violence, or drug addiction, the child may feel trapped, powerless, and dependent upon the trafficker. This condition, which is known as “trauma bonding”, is further described as a strong link to the trafficker based in what the child perceives as an incredibly intense or important relationship, but one in which there has been an exploitation of trust and/or power. Trauma bonding is a learned tactic for survival and common between exploited children and the exploiter. It is difficult to break and long-term treatment and counseling for survivors is required.

Post-Traumatic Stress Disorder (PTSD) is also common among children exposed to human trafficking and may be characterized by such symptoms as anxiety, depression, insomnia, irritability, flashbacks, emotional numbing, and hyper-alertness. Child survivors of human trafficking often have unique needs given the frequent nature of multiple acts of sexual exploitation or violence by multiple offenders over potentially a sustained period of time.

Traffickers may be or may pose as the child’s parent, relative, caregiver, or legal custodian. A suspected child victim of human trafficking should never be placed with a parent, relative, caregiver, or legal custodian if there is evidence that the person in question is the trafficker or there are no feasible services that could allow the parent to protect the child in their own home. Once separated, it is common for traffickers to find their survivors and attempt to regain control. Survivors should be placed in a shelter for dependent children or placed with a parent or other custodian, regardless of

immigration status, if that is in the child's best interest. Child survivors of human trafficking may not be placed in a secure facility unless a delinquency petition has been filed or if they are determined to be a danger to self or others under authorization of the Interstate Compact for Juveniles (ICJ).

Safe Haven. Act 201 of 2002, also known as The Newborn Protection Act, took effect in February 2003 and was amended in 2014. This act states that a parent of a newborn (defined as a child less than 28 days old as reasonably determined by a physician) may leave the child in the care of a hospital or a police officer at a police station without being criminally liable, providing that the following criteria are met:

- ❖ The parent expresses orally or through conduct that they intend for the hospital or police officer to accept the child; and
- ❖ The newborn is not a victim of child abuse or criminal conduct.

Safe Haven also requires that designated hospital staff or police officers take protective custody of a newborn. Police officers are to ensure the newborn is transported to a hospital and placed into the care of a health care provider. Health care providers are to perform medical evaluations and any acts necessary to care for and protect the physical health and safety of the child. The hospital is also required to notify the CCYA and local law enforcement, if they are not already involved. The CCYA is to make diligent efforts to notify a parent, guardian, or other family member of the whereabouts of the newborn (unless prohibited by court order) and the reasons for the need for protective custody. The CCYA will find a safe and permanent home for the baby. Law enforcement is required to investigate whether the child is reported as missing or is a victim of a crime.

Child Abduction. Your team should discuss cases of child abduction that involve parents and custody issues as well as other situations of abduction and determine when child abduction will require investigation with a multidisciplinary approach (Texas Department of Family and Protective Services, 2007).

Child-on-Child Cases. Your team should discuss agency policies regarding child-on-child abuse cases and other cases that involve a child or juvenile who physically or sexually perpetrates abuse on another child. Your team should be aware that children with sexual behavior problems who offend on other children may also be survivors of abuse and that trauma-informed protocols should be in place to deal with them accordingly (Texas Department of Family and Protective Services, 2007). Very often, child-on-child cases involve a child under 14 (and therefore a non-perpetrator under the CPSL) engaging in a sexual act on a child who is their relative (i.e., cousin, sibling, etc.). While these cases will commonly be labeled as law enforcement cases, there is often a child protective services or general protective services concern as well. It is important for both law enforcement and professionals from the CCYA to recognize how important continued joint investigation is in these cases. It is also important to recognize that not all child-on-child sexual acts are abnormal or concerning.

In Pennsylvania, please note that child-on-child contact is addressed as follows in the CPSL:

- (1) Harm or injury to a child that results from the act of another child shall not constitute child abuse unless the child who caused the harm or injury is a perpetrator (i.e. over the age of 14 and either a household member, or having a supervisory role over the victim child); and
- (2) Notwithstanding paragraph (1), the following shall apply:
 - (i) Acts constituting any of the following crimes against a child shall be subject to the reporting requirements of this chapter:
 - a) rape as defined in 18 Pa.C.S. § 3121 (relating to rape);

- b) involuntary deviate sexual intercourse as defined in 18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse);
 - c) sexual assault as defined in 18 Pa.C.S. § 3124.1 (relating to sexual assault);
 - d) aggravated indecent assault as defined in 18 Pa.C.S. § 3125 (relating to aggravated indecent assault);
 - e) indecent assault as defined in 18 Pa.C.S. § 3126 (relating to indecent assault); and
 - f) indecent exposure as defined in 18 Pa.C.S. § 3127 (relating to indecent exposure).
- (ii) No child shall be deemed to be a perpetrator of child abuse based solely on physical or mental injuries caused to another child in the course of a dispute, fight or scuffle entered into by mutual consent; and
 - (iii) A law enforcement official who receives a report of suspected child abuse is not required to make a report to the department under section 6334(a) (relating to disposition of complaints received), if the person allegedly responsible for the child abuse is a non-perpetrator child (i.e. Under the age of 14) (23 Pa.C.S. § 6304(f)).

You MUST consider the age of the child when making determinations in child-on-child sexual abuse cases. Whether or not the contact was “consensual” is not always a determinative factor. For example, a child under the age of 13 cannot *legally* consent to engaging in sexual contact as defined by 18 Pa.C.S. Chapter 31 (i.e. a 12-year-old can under no circumstance *legally* consent to sexual contact with a 14-year-old). Where children are 13-15, they can legally consent to sexual contact, so long as the person with whom the child is having sexual contact is less than four years older (i.e. a 13-year-old can consent to sexual contact with another child that is 16, but NOT with a child who is 17). As with any sexual abuse case, the dynamics and surrounding circumstances must always be taken into consideration.

Child Fatalities. Your team should consider the careful and deliberate needs of a fatality investigation. The CCYA’s role is very different from the law enforcement role and communication is paramount to success. While the CCYA’s role is to determine whether maltreatment was involved in the child’s death, identify the responsible party, and then take appropriate action to protect any surviving siblings, only a law enforcement investigator has the training, expertise, and legal mandate to execute search warrants, collect and evaluate evidence, interrogate suspects, and file criminal charges. Without clear and consistent communication, missteps by any entity can lead to charged conflict when holding someone accountable for the death of a child is at stake (Walsh, 2005).

Child Neglect. Child neglect may be hard to spot and can be difficult to prosecute criminally. However, your team should consider how the CCYA and law enforcement should communicate regarding these cases. While Endangering the Welfare of Children (EWOC) cases are not required by the CPSL to be investigated by the MDIT, best practice dictates that your MDIT pursue these cases together. Often, in neglect and EWOC cases, establishing a timeline of events can help prove neglect, and the institutional knowledge of the CCYA as well as prior child protective services and general protective services referrals can be instrumental in a criminal investigation. Remember, the CPSL makes the sharing of otherwise confidential reports allowable when there is an MDIT investigation. When questions of information sharing arise, please see 23 Pa.C.S. § 6340(a)(1) and § 6340.1.

Physical Abuse. Reports alleging physical abuse may feel overwhelming due to the sheer volume of allegations that make their way into the ChildLine system. Physical injury to a child can range from

minor bruising to permissive corporal punishment to extreme cases of aggravated assault. Despite the variance in physical injury reports, it is important to remember that the leading cause of death in Pennsylvania children is physical abuse. Your MDIT must take care to identify and investigate valid physical abuse cases as early as possible. This means that the initial contact with an alleged survivor of physical abuse and the family is extremely important. Your protocol should include a system for assessing the severity of physical abuse allegations and what should or should not be further investigated by the MDIT.

The CPSL requires an MDIT investigation for bodily injury or serious bodily injury caused to a child or the *repeated physical injury* to a child under circumstances which indicate that the child's health, safety, or welfare is harmed or threatened.

Repeated physical injuries individually may not always rise to a level of noticeable severity, but the cumulative nature of each injury could be indicative of long term abuse. It is imperative that the MDIT communicate multiple reports of sentinel injuries in order to identify on-going physical abuse cases.

The leading cause of death of Pennsylvania children is physical abuse and most of those children are under the age of three (Pennsylvania Department of Health, 2017). In all cases of serious physical abuse, examination of siblings by a knowledgeable medical provider, and forensic interview of other child witnesses **is essential** (Christian & the Committee on Child Abuse and Neglect, 2015.)

Furthermore, age must be taken into consideration when assessing physical abuse cases. Below are some suggestions for responding to situations with young children who present with allegations of physical abuse:

- ❖ **Any child under that age of two:** Children in this age range who present with injuries such as bruises, burns, fractures, head, and abdominal trauma that *could be* the result of physical abuse should urgently have a medical evaluation by a knowledgeable medical provider who collaborates closely with the MDIT. The medical provider should be able to offer a detailed analysis and diagnosis as to why the injuries constitute physical abuse. Any time a child under two presents with these types of injuries, your investigation will benefit from pediatric imaging such as skeletal surveys and head and abdominal imaging.
- ❖ **Children two to five years of age:** When a child in this age range presents with physical injuries to include significant bruising, patterned bruising, burns, fractures, abdominal injuries, or head trauma, your team should always consider a medical evaluation and photography while injuries are present. If the medical evaluation is not completed while the injuries are still visible, consider making a referral to a Medical Center or Children's Hospital that is equipped to review images and make recommendations according to American Academy of Pediatrics standards.

Sexual Abuse. All allegations of sexual abuse should be investigated by the CCYA in collaboration with the MDIT. As with other types of investigations, communication amongst MDIT members is critical. Due to these cases almost always involving a criminal element, interviews of alleged perpetrators and witnesses should be discussed prior to any action. Consider including a mechanism for communication in sexual abuse cases in your protocols.

What types of special considerations should you be prepared to address?

There are a number of unexpected or unusual things that can come up in the course of an MDIT investigation. Below are some more common special considerations that your team should consider including in its protocols.

Cases Involving a Conflict of Interest within your MDIT. Your MDIT should consider its procedure for investigating cases that involve a member of the team either as a suspect/perpetrator or as a survivor or family member of a survivor (Texas Department of Family and Protective Services, 2007).

Military. If your team is serving an area with a large concentration of military personnel or a military base, you may need to consider developing protocols with the military establishment. Your team should be aware that an existing MOU may be in place and should be taken into consideration when developing protocols (Texas Department of Family and Protective Services, 2007).

High Profile/High Media Attention. Any child abuse investigation has the potential of becoming high profile. Your team may want to discuss the various policies of member agencies regarding disclosing information. Your team may want to determine what information should not be disclosed in order to protect a survivor's privacy and dignity as well as preserve evidence (Texas Department of Family and Protective Services, 2007).

Cases Involving Multi-Jurisdictional Law Enforcement. There are some types of child abuse cases that are the subject to federal, state, and local law enforcement jurisdiction. As with any MDIT case, communication is key to a successful investigation. If a situation arises where there are multiple law enforcement agencies working on the same case, your team may want to consider:

- ❖ Nominating a "team leader" from within one of the law enforcement agencies to shepherd the investigation and be the primary point of contact for all team members;
- ❖ Developing one specific point of contact from each agency to communicate with other team members;
- ❖ Scheduling weekly (or daily) conference calls to discuss the investigation and share information; and
- ❖ Entering into a separate MOU with federal (FBI) or statewide (Attorney General's Office) law enforcement prior to the start of an investigation to dictate how they will interact with the local CAC or MDIT should this type of an investigation arise.

These cases can be delicate to navigate; however, the safety of any child must always outweigh the need for secrecy or surreptitious investigative steps. The ONLY way to ensure both safety and investigative integrity is through continued communication.

Child Abuse in Another State where the Victim Child and the Alleged Perpetrator are Residents of the Commonwealth. A report of suspected child abuse by a resident perpetrator occurring in another state shall be referred by DHS to the CCYA where the child resides in this Commonwealth and shall be investigated by the CCYA as any other report of suspected child abuse by a perpetrator if the other state's child protective services agency cannot or will not investigate the report (23 Pa.C.S. § 6334(h)). Remember, if the allegation of abuse includes potential criminal activity, law enforcement in the local jurisdiction and the District Attorney's office should still be notified (23 Pa.C.S. § 6340(a)(10)).

Child Abuse in Another State where Only the Alleged Perpetrator is a Resident of this Commonwealth. If suspected child abuse occurs in a jurisdiction other than this Commonwealth and only the alleged perpetrator is a resident of this Commonwealth, the report of suspected child abuse shall be referred to the CCYA where the alleged perpetrator resides. The CCYA shall do all of the following:

- (1) Notify the CCYA of the jurisdiction in which the suspected child abuse occurred; and
- (2) If requested by the other agency, assist in investigating the suspected child abuse (23 Pa.C.S. § 6334(i)).

Remember, if the allegation of abuse includes potential criminal activity, law enforcement in the local jurisdiction and the District Attorney's office should still be notified (23 Pa.C.S. § 6340(a)(10)).

Child Abuse in Another State where Only the Victim Child is a Resident of this Commonwealth. A report of suspected child abuse occurring in another state where only the victim child resides in this Commonwealth and where the other state's child protective services agency cannot or will not investigate, the report shall be assigned as a general protective services report to the CCYA where the child resides (23 Pa.C.S. § 6334(j)). Remember, if the allegation of abuse includes potential criminal activity, law enforcement in the local jurisdiction and the District Attorney's office should still be notified (23 Pa.C.S. § 6340(a)(10)).

Conclusion

This Model Set of Standards reflects a comprehensive effort to provide communities with important tools to improve practice at a local level. No Model Set of Standards, however, can ever fully capture all the necessary elements or predict all the questions that need to be answered as local teams strive to achieve and sustain practice improvements.

Counties are thus strongly encouraged to reach out to their OCYF Regional Office representatives or statewide associations, such as the Pennsylvania District Attorney's Institute (PDAI), the PA CAC/MDT, the Northeast Regional CAC, Disability Rights Pennsylvania, the American Academy of Pediatrics, Pennsylvania Coalition Against Domestic Violence, and the Pennsylvania Coalition Against Rape for technical assistance in developing their MDIT and in locating appropriate trainings. A full list of available resources can be found in [Additional Resources](#) section of these Model Set of Standards.

Funding opportunities for MDITs are currently available through federal Children's Justice Act funding. Established and developing MDITs and CACs are also available for funding on an annual basis through the Pennsylvania Commission on Crime and Delinquency, which administers funding through Act 28 of 2014, Act 1 of 2013 (better known as the Endowment Act), the Federal Victims of Crime Act (VOCA), and the Pennsylvania's Crime Victims' Compensation Fund. Depending on the funding stream, funds can be used to support personnel positions, including an MDIT coordinator, forensic interviewer, victim advocate, and others; medical and mental health costs; operating costs of the CAC; equipment; NCA dues and client tracking systems; and trainings and conferences. It is important for CCYAs to include planning and budgeting for MDITs while completing their yearly Needs-Based Plan and Budgets.

Together, we can and will strengthen our shared commitment to protect every child in Pennsylvania.

Appendices

Appendix A – Other Multidisciplinary Teams Required by PA Law

Pennsylvania law requires County Children and Youth Agencies (CCYA) to develop additional multidisciplinary teams – which are separate and distinct from *multidisciplinary investigative teams* (MDITs) – to address issues involving children. These include the following:

Multidisciplinary Review Team. According to 23 Pa.C.S. § 6365(b), county agencies “shall make available among its services a multidisciplinary review team for the prevention, investigation and treatment of child abuse and shall convene the multidisciplinary review team at any time, but not less than annually:

- (1) To review substantiated cases of child abuse, including responses by the CCYA and other agencies providing services to the child.
- (2) Where appropriate to assist in the development of a family service plan for the child.”

This review team, which is distinct from the MDIT, is convened by the county children and youth agency to review substantiated cases of child abuse (i.e. founded and indicated reports of child abuse). This team can serve as a resource to the CCYA as the agency works with the family to develop a family service plan for the child.

Child Fatality or Near Fatality Review Team. According to 23 Pa.C.S. § 6365(d), “a child fatality or near fatality review team shall be convened by a county agency in accordance with a protocol developed by the county agency, the department and the District Attorney in a case when a child dies or nearly dies as a result of child abuse...”. Specifically, the team is to be convened when “there is an indicated report or when the county agency has not made a status determination within 30 days. The team may convene after a county agency makes a determination of an indicated report and shall convene no later than 31 days from the receipt of the oral report to the department of the suspected child abuse.”

According to 23 Pa.C.S. § 6365(d), a child fatality or near fatality review “team shall consist of at least six individuals who are broadly representative of the county where the team is established and who have expertise in prevention and treatment of child abuse. With consideration given to the circumstances of each case and availability of individuals to serve as members, the team may consist of the following individuals:

- (1) A staff person from the county agency.
- (2) A member of the advisory committee of the county agency.
- (3) A health care professional.
- (4) A representative of a local school, educational program or child care or early childhood development program.
- (5) A representative of law enforcement or the District Attorney.
- (6) An attorney-at-law trained in legal representation of children or an individual trained under 42 Pa.C.S. § 6342 (relating to court-appointed special advocates).
- (7) A mental health professional.

- (8) A representative of a children's advocacy center that provides services to children in the county. The individual under this subparagraph must not be an employee of the county agency.
- (9) The county coroner or forensic pathologist.
- (10) A representative of a local domestic violence program.
- (11) A representative of a local drug and alcohol program.
- (12) An individual representing parents.
- (13) Any individual whom the county agency or child fatality or near fatality review team determines is necessary to assist the team in performing its duties."

Please note if a child resided in another county within the 16 months preceding the fatality or near fatality, that CCYA should also be part of the child fatality or near fatality review team of the county where the child abuse occurred.

According to 23 Pa.C.S. § 6365(d):

- "(2) Members of the team shall be responsible for all of the following:
 - (i) Maintaining confidentiality of information under sections 6339 (relating to confidentiality of reports) and 6340.
 - (ii) Providing and discussing relevant case-specific information.
 - (iii) Attending and participating in all meetings and activities as required.
 - (iv) Assisting in the development of the report under paragraph (4) (v).
- (3) The county agency, in accordance with the protocol and in consultation with the team, shall appoint an individual who is not an employee of the county agency to serve as chairperson.
- (4) The team shall perform the following:
 - (i) Review the circumstances of the child's fatality or near fatality resulting from suspected or substantiated child abuse.
 - (ii) Review the delivery of services to the abused child and the child's family provided by the county agency and review services provided to the perpetrator by the county agency in each county where the child and family resided within the 16 months preceding the fatality or near fatality and the services provided to the child, the child's family and the perpetrator by other public and private community agencies or professionals. This subparagraph includes law enforcement, mental health services, programs for young children and children with special needs, drug and alcohol programs, local schools and health care providers.
 - (iii) Review relevant court records and documents related to the abused child and the child's family.
 - (iv) Review the county agency's compliance with statutes and regulations and with relevant policies and procedures of the county agency.
 - (v) Within 90 days of convening, submit a final written report on the child fatality or near fatality to the department and designated county officials under section 6340(a)(11). Within 30 days after submission of the report to the department, the report shall be made available, upon request, to other individuals to whom confidential reports may be released, as specified by section 6340. The report shall be made available to the public, but identifying information shall be removed from the contents of the report except for disclosure of: the identity of a deceased child; if the child was in the custody of a public or private agency, the identity of the agency; the identity of the public or private agency under contract with a county agency to provide services to the child and the child's family in the child's home prior to the child's death or near fatality; and the

identity of any county agency that convened a child fatality or near fatality review team in respect to the child. The report shall not be released to the public if the District Attorney certifies that release of the report may compromise a pending criminal investigation or proceeding. Certification by the District Attorney shall stay the release of the report for a period of 60 days, at which time the report shall be released unless a new certification is made by the District Attorney. The report shall include:

A. Deficiencies and strengths in:

- I. compliance with statutes and regulations; and
- II. services to children and families.

B. Recommendations for changes at the State and local levels on:

- I. reducing the likelihood of future child fatalities and near fatalities directly related to child abuse and neglect;
- II. monitoring and inspection of county agencies; and
- III. collaboration of community agencies and service providers to prevent child abuse and neglect (23 Pa.C.S. § 6365(d)).”

The team must submit a final written report on each child fatality or near fatality to the Department of Human Services (DHS) and designated county officials consistent with §6340(a)(11) of the Child and Protective Services Law (CPSL) within 90 days of convening that includes information pertaining to the following:

- ❖ deficiencies and strengths in compliance with statutes and regulations and services to children and families including cooperation between law enforcement and county agencies during investigations of suspected child abuse;
- ❖ recommendations for changes at the state and local levels on reducing the likelihood of future child fatalities and near fatalities directly related to child abuse and neglect;
- ❖ recommendations for changes at the state and local levels on monitoring and inspection of county agencies; and
- ❖ recommendations for changes at the state and local levels on collaboration of community agencies and service providers to prevent child abuse and neglect.

The final county review may also include information on the circumstances of the child's fatality or near fatality, summary of all past and current public, private and community services, the nature and extent of the review, and the findings of the review.

DHS must then respond to the county review team final written report within 45 days of receipt of the report. DHS is required to conduct an independent review and provide a report. Regional Offices conduct reviews and participate in local reviews.

The law allows for the release of information to the public by DHS or county agencies during the course of the fatality or near fatality investigation. However, DHS or county agencies are not permitted to release confidential information to the public until their report is finalized. The information that may be released by DHS or county agencies during the initial course of investigation includes:

- ❖ The identity of the child if it is a fatality;
- ❖ If the child was in the custody of a public or private agency and the identity of that agency;
- ❖ The identity of the public or private agency under contract with a CCYA to provide services to the child and the child's family in the home;
- ❖ A description of services provided by the public or private agency (23 Pa.C.S. § 6365(d.1)); and

- ❖ The identity of any CCYA that convened child fatality or near fatality review team in respect to the child.

The final reports completed by DHS and the CCYA must also be released to the public within six months from the date initially reported to ChildLine. Upon release of the report, identifying information must be removed from these reports with the exception of:

- ❖ The identity of the deceased child;
- ❖ If the child was in the custody of a public or private agency and the identity of that agency;
- ❖ The identity of the public or private agency under contract with a CCYA to provide services to the child and the child's family in the child's home prior to the fatality or near fatality; and
- ❖ The identity of any CCYA that convened a child fatality or near fatality review team in respect to the victim child.

The only exception that permits the withholding of the release of these reports is when the District Attorney certifies that the reports' release may compromise a pending criminal investigation or proceeding. DHS posts the county/local review team reports, DHS's response to these reports, as well as DHS's report on the DHS website to facilitate release to the public as required by the law.

Public Health Death Review Act (Act 87 of 2008). In addition to the provisions in the CPSL (23 Pa.C.S. Chapter 63), the Public Health Death Review Act also requires the formation of both a state-based and local/county based child death review multidisciplinary teams. Act 87 requires reviews of ALL child deaths, regardless of circumstance, unlike Act 33 reviews.

Local Teams are county-based but can be two or more counties within the region. They review their respective child deaths between birth through 21 years of age. The overall outcome is to promote safety and reduce child fatalities. Local Team members represent the follow disciplines, or any other person deemed appropriate by the majority of the team:

- ❖ county children and youth agency;
- ❖ District Attorney or a designee;
- ❖ local law enforcement;
- ❖ Court of Common Pleas;
- ❖ physician who specializes in pediatric or family medicine;
- ❖ county coroner or medical examiner;
- ❖ emergency medical services; and
- ❖ local public health agency.

Local Teams are permitted to review the following information: Coroner's report, death and birth certificates, law enforcement record and interview, medical records, information and report by the county children and youth agency, Fire and Emergency Services, available report and records by the courts, animal control, Emergency Medical Services (EMS) records, traffic fatality reports, and any other records necessary to conduct the review. All meetings are confidential and closed to the public, and all members and meeting attendees must sign a confidentiality statement. This includes anyone appearing before the review team. No individual or agency is subject to civil or criminal liability by providing information and all proceedings, deliberation, and records are privileged and confidential and are not subject to discovery, subpoena, or introduction into evidence.

Local Teams provide case report data to the National Center for Fatality Review and Prevention in addition to an annual report to the State Child Death Review Team. Local Teams are charged to:

- ❖ Identify factors which cause injury and death, including modifiable risk factors;

- ❖ Make recommendations regarding the following:
 - Improvement to health and safety policies in the commonwealth; and
 - Coordination of services and investigations by child welfare agencies, medical officials, law enforcement and other agencies; and
- ❖ Make recommendations to local agencies relating to the procedures and other actions to reduce injury and death of children.

Appendix B – CPSL Investigative Timeline Requirements

	County Children and Youth Agency (CCYA)		Law Enforcement
Purpose of Investigation	<p>Investigations are to include:</p> <ol style="list-style-type: none"> 1) Determination of the nature, extent and cause of any condition listed in the report of suspected child abuse. 2) Determination of the safety of or risk of harm to the child or any other child if each child continues to remain in the existing home environment. 3) Actions necessary to provide for the safety of the child or any other child in the child's household. § 6368 (c) 		<ol style="list-style-type: none"> 1) Determine if there is a criminal allegation and identify victim and suspect listed in report of suspected child abuse. 2) Determine the urgency of any standard or forensic interviews, the need for immediate evidence collection or other expedient actions that are required. 3) Coordinate with CCYA and prosecutor's office and conduct further investigation and criminal arrest if charges are warranted.
Availability; Creating/receiving reports	CCYAs have 24/7 continuous availability to receive reports of suspected child abuse (both oral and written) § 6366	The Department/ ChildLine 24/7 continuous availability to receive reports of suspected child abuse	<ol style="list-style-type: none"> 1) 24/7 continuous ability to receive reports of suspected child abuse from CCYAs through emergency communications center if report is urgent and child or children are in danger. 2) Non-Urgent reports are received by Criminal Investigative Division of law enforcement agency from CCYA and/or via ChildLine.
	Direct reports to CCYAs; CCYAs ensure the safety of the child and any other child in the child's household and immediately contact the Department/ChildLine §6368 (a)	Reports taken by the Department, via ChildLine staff; sent to CCYAs immediately; District Attorney's office is a secondary recipient.	<ol style="list-style-type: none"> 1) Law enforcement officers will ensure the safety of the child and other children in the child's household and immediately contact ChildLine to make a report of suspected child abuse if the report is made directly to law enforcement. § 6334(a)

	County Children and Youth Agency (CCYA)	Law Enforcement
Response Times	<p>Upon receipt of report the CCYA must immediately start an investigation and see the child within the following time frames:</p> <ol style="list-style-type: none"> 1) Immediately if emergency protective custody is required, has been or will be taken OR it cannot be determined from the report whether emergency protective custody is needed. 2) Within 24 hours of receipt of the report in all other cases. § 6368 (b) 	<ol style="list-style-type: none"> 1) Immediately if there is an indication the child or children in the child's household are in danger of injury or if the child is a current victim of ongoing criminal activity. 2) Within 24 hours of the actual receipt of the report in other cases.
Notice of investigation	<ol style="list-style-type: none"> 1) Prior to interviewing a subject of a report, the CCYA must orally notify the subject, except for the alleged victim the following information: <ol style="list-style-type: none"> (i) The existence of the report; (ii) The subject's rights under 42 Pa.C.S. § 6337 (relating to right to counsel) and § 6338 (relating to other basic rights); (iii) The subject's rights pursuant to this chapter in regard to amendment or expungement; and (iv) The subject's right to have an attorney present during the interview. 2) Written notice must be given to the subject within 72 hours following oral notification, unless delayed as provided in subsection §6368 (l),. <p>*The written notification <i>under subsection (l)(2)</i> may be delayed, as long as:</p> <ol style="list-style-type: none"> 1) If the notification is likely to: <ol style="list-style-type: none"> (i) Threaten the safety of a victim, a subject of the report who is not a perpetrator or the investigating CCYA worker; (ii) cause the perpetrator to abscond; or (iii) significantly interfere with the conduct of a criminal investigation. 2) The written notice must be provided to all subjects of the report prior to the CCYA reaching a finding on the validity of the report. §6368(m) 	<ol style="list-style-type: none"> 1) Law enforcement does not make notifications to subjects related to criminal investigations. 2) Law enforcement often has a vested interest in concealing an investigation from alleged perpetrators or potential witnesses. 3) When there is a potential criminal investigation into alleged child abuse, the CCYA and law enforcement should stay in continuous contact in order to protect the child, while also protecting the integrity of the investigation.

	County Children and Youth Agency (CCYA)	Law Enforcement
Completion of investigation	<ol style="list-style-type: none"> 1) Investigations to determine whether to accept the family for service and whether a report is founded, indicated or unfounded must be completed within 60 days in all cases. 2) If, the CCYA cannot complete the investigation within 30 days, the particular reasons for the delay must be described in the child protective service record and made available to the department for purposes of determining whether either of the following occurred: <ol style="list-style-type: none"> (i) The CCYA strictly followed the provisions of this chapter. (ii) The CCYA is subject to action as authorized under section 6343 (relating to investigating performance of CCYA). 3) Where a petition has been filed under 42 Pa.C.S. Ch. 63 (relating to juvenile matters) alleging that a child is a dependent child, the CCYA must make all reasonable efforts to complete the investigation to enable the hearing on the petition to be held as required by 42 Pa.C.S. § 6335 (relating to release or holding of hearing). § 6368(m) 	<ol style="list-style-type: none"> 1) Law enforcement will coordinate with the prosecutor's office with an ongoing criminal investigation and determine if additional resources or methods are required. The criminal investigation will be completed as promptly as possible. Some investigations are never completed due to the lack of evidence, the lack of cooperation from survivors, witnesses or family members or due to factors beyond the investigators' control. 2) Upon completion of the investigation, law enforcement officers will coordinate with the prosecutor's office regarding a charging decision. 3) Regardless of the ultimate decision, law enforcement should update the MDIT regularly on the status of a criminal investigation.

SAMPLE INTERAGENCY AGREEMENT 1

**INTERAGENCY AGREEMENT
ABC COUNTY MULTIDISCIPLINARY INVESTIGATIVE TEAM**

We, the undersigned, agree to support the ABC County Multidisciplinary Investigative Team (MDIT) by using the multidisciplinary team approach for the investigation, prosecution, and treatment of child abuse survivors.

The ABC County MDIT is an interagency, multidisciplinary team established to more effectively identify, investigate, prosecute, and treat cases of child abuse and neglect, while reducing trauma and promoting mental health services for child abuse survivors.

We, the undersigned, agree that the development and implementation of a comprehensive, coordinated, and collaborative system to respond to child abuse and neglect in our county will result in more effective intervention on behalf of children. We also agree to support the adopted protocol of the ABC County MDIT.

We, the undersigned, agree that it is the intention of each agency to commit to the establishment and maintenance of the MDIT in ABC County.

Dated this ____ day of _____, 2018.

Name (Type/print)

Position

Signature

District Attorney
Assistant District Attorney
County Children and Youth Agency Administrator
Child Protective Services Supervisor
Law Enforcement Agency
Law Enforcement Agency
Law Enforcement Agency
Medical Provider
Mental Health Administrator
Victim Services Administrator

Please note that the signatures should include all members of the MDIT and all law enforcement agencies that are doing their own investigations of child abuse. Add lines as needed.

SAMPLE INTERAGENCY AGREEMENT 2

THE CHILD ADVOCACY CENTER OF ABC COUNTY COOPERATION AGREEMENT/MEMORANDUM OF UNDERSTANDING

This Cooperation Agreement/Memorandum of Understanding is entered into by the undersigned to express the agency's support for the Multi-Disciplinary Investigative Team (MDIT) Approach through the ABC Child Advocacy Center (CAC) to child abuse and exploitation investigations in ABC County. By signing the Agreement, we agree to use the CAC Guidelines and Protocols in connection with our role in child abuse investigation, prosecution, and providing services to abused and exploited children.

The goals of the MDIT and CAC are:

- ❖ Conduct joint investigations of child abuse and exploitation cases by participation on a team comprised of appropriate law enforcement, prosecution, child protective services, medical, mental health, child advocacy center and victim's advocacy representatives provided by ABC or the ABC County District Attorney's office in ABC County;
- ❖ Establish the highest possible standard of child protection in ABC County;
- ❖ Establish guidelines for the investigation of child abuse and dispensation of treatment and service needed by the child in ABC County within the framework of Pennsylvania Law and relevant regulations;
- ❖ Identify the service needs for survivor children and their parents and advocate for them;
- ❖ Provide training opportunities for the public and professionals who provide services to abused and exploited children; and
- ❖ Provide public awareness programs to the community on an ongoing basis.

The goals of the CAC are:

- ❖ To coordinate the efforts of all disciplines involved in the investigation and prosecution of child abuse and exploitation so that trauma to the child is minimized and the quality of the investigation is maximized;
- ❖ To reduce the trauma experienced by child survivors and non-offending family members by assuring the safety and consistency for the child and family;
- ❖ To provide a comfortable, child friendly facility, where children and their families receive prompt, coordinated and skilled intervention;
- ❖ To facilitate the prompt investigation and coordination of child abuse and exploitation cases through skilled child interviewing techniques, and referrals for proper and appropriate clinical evaluations and services;
- ❖ To reduce trauma to the child by reducing the duplication of investigative interviews;
- ❖ To reduce trauma to the child by providing forensic interviews by specially-trained forensic interviewers;
- ❖ To reduce trauma to child and family by providing specially trained family/victim advocates to all families coming to the CAC for the life of the case;
- ❖ To ensure regular continuing education opportunities for the core team members;
- ❖ To provide ongoing assessment for community needs with a commitment to expansion of services as needed;
- ❖ To regularly evaluate the team's performance and implement ways to improve performance;
- ❖ To provide for opportunities for MDIT feedback regarding policies and procedures via pre- and

- post- interview meetings and regularly scheduled Management Team meetings;
- ❖ To mobilize all existing resources throughout the county, state, and region; and
- ❖ To provide education and awareness to the community about child abuse exploitation.

Name of Organization

Name of Agency Head or Designee (with Title)

Signature of Agency Head/Designee

Date

The following agencies and organizations have signed ABC County's Team Memorandum of Understanding and the Guidelines and Investigative Protocol. Copies of signed documents are on file at Child Advocacy Center of ABC County.

Child Advocacy Center of ABC County
ABC County Chiefs' of Police Association
ABC County Commissioners
ABC County District Attorney's Office
ABC County Children and Youth Agency
ABC County Detectives
ABC Municipal Police Departments
Pennsylvania State Police

SAMPLE INTERAGENCY AGREEMENT 3

PENNSYLVANIA COUNTY CHILDREN'S ADVOCACY CENTER INTER-AGENCY AGREEMENT

The purpose of the Pennsylvania County Children's Advocacy Center (CAC) is to meet the needs of children and families in our community by providing a community based, child focused program that facilitates a compassionate, multi-disciplinary approach to the prevention and treatment of child abuse.

We recognize the importance of on-site agency collaboration and the use of the multi-disciplinary team approach in prevention, investigation, assessment, protection, referral for prosecution, and treatment of child sexual and serious physical abuse. This agreement includes survivors/witnesses of child sexual abuse, serious physical abuse, child deaths where prosecution is involved and other cases that warrant the unique services of the CAC.

Having recognized the seriousness of child abuse, we are supportive of the creation, development, and implementation of a child-oriented program, which will establish a cooperative effort between the undersigned agencies. A multi-disciplinary team approach will be utilized in the investigation, assessment, referral for prosecution and medical/therapeutic treatment involving child survivors/witnesses of sexual abuse, serious physical abuse and others referred and accepted for CAC services.

Each of the undersigned agencies has specific responsibilities as outlined in the attached provisions with regard to the investigation, assessment, medical treatment, and prosecution of cases as well as for the operation of the CAC. We agree to support the concept and adhere to the guidelines as outlined. We note that on certain rare and acute cases, exceptions to the guidelines may be necessary when imminent risk or safety is concerned. We, the undersigned, do hereby acknowledge that the multi-disciplinary team approach through the CAC will serve to enhance the individual efforts of each agency. We acknowledge that through these respective agencies, and through public support and awareness, the CAC will unify our communities in the daily struggle to ensure the protection and safeguarding of the children of _____ County.

GENERAL PROVISIONS

1. Each agency will work with and assist the other agencies and the CAC to ensure that the best interest and protection of the children will be served;
2. Each party agrees to support the concept and philosophy of the CAC, which provides for neutral, child-friendly sites promoting the multi-disciplinary team approach to investigating cases of child sexual abuse, serious physical abuse, child deaths where prosecution is involved and other cases that warrant the unique services of the CAC, and agrees that all efforts will be made to interview and meet with children and their non-offending care givers at a CAC approved site; and
3. Each party will devote sufficient trained staff and resources to maintain a multi-disciplinary team whose goals are to facilitate the safety and recovery of the child survivor and assist the child and non-offending family members through the criminal justice system, as appropriate.

PROGRAMMATIC ROLES AND RESPONSIBILITIES

1. The appropriate law enforcement agency will investigate and determine whether or not a crime has been committed, and will present information to the proper authorities for prosecution as indicated;
2. County Children and Youth Agencies (CCYA) will provide protective services to children and their families in the form of investigations and will arrange/refer for appropriate care and services to ensure the child's safety;
3. The Office of the District Attorney is responsible for assessing the legal aspects of the case in accordance with their prosecutorial role in criminal matters;
4. The Pennsylvania Victim Service Agency (PAVSA) will provide therapeutic counseling and accompaniment support through the criminal justice process to the child survivors of sexual or severe physical abuse and their non-offending parents;
5. When said interviews are conducted at a CAC site, they shall be observed by law enforcement and CCYA professionals. They may be observed by the District Attorney or their designee, and/or other professionals as determined by the investigatory agencies;
6. The parties recognize the fact that each has a different role and specific responsibilities for the interviewing, investigation, treatment, prosecution, and support services in the handling of these cases. It is further recognized that a team approach is more conducive to the resolution of the problems presented by these cases than an individual agency approach;
7. Each party agrees that all efforts will be made to coordinate each step of the investigative process to minimize the number and length of interviews to which the child is subjected, thus reducing the potential trauma to the child;
8. The parties agree to meet once a month or at such intervals as may be agreed upon and necessary for multidisciplinary investigative team (MDIT) meetings for the purpose of reviewing specific cases, sharing relevant information, and recommending specific referrals;
9. All parties, in accordance with their individual agency's policies, agree to participate in ongoing training in the field of child maltreatment. All interviewers participating in investigations will have successfully completed specialized training when available. All agencies will be invited and encouraged to attend training sponsored by the CAC;
10. The parties agree to serve as a source of information, education, and referral for the community on issues of child abuse;
11. All parties agree to provide continuing training and education for agency personnel and other professionals and volunteers in the community who work with abused children;
12. The parties will provide for a multidisciplinary case conference and case management approach which will focus on the suspected child survivor's needs, on the law enforcement/prosecution component and child protection proceedings, and family members

who are supportive of the child and whose interest are consistent with the best interest of the child;

13. All personnel participating at the CAC, within the bounds allowed by law, agree to maintain confidentiality of all records and information gathered on any cases. All personnel further agree not to release any records or information on any cases except as it relates to legitimate program operations of their agency;
14. All agencies/organizations participating in the CAC will share pertinent case information with the appropriate agency except as prohibited by law;
15. The Child Advocacy Center Guidelines for Program Operation shall be reviewed and modified as determined by the designated agency representatives. These guidelines may be modified:
 - a. To conform to existing or new statutes, rules, regulations, or departmental policies which may conflict with any provisions of these Guidelines;
 - b. To better meet the needs of families and children in the provision of child sexual and serious physical abuse and other related services;
 - c. To improve the procedures set forth in these Guidelines;
 - d. To add or delete agencies as parties to these Guidelines; and
 - e. For such other purpose as the parties may agree; and
16. The CAC Inter-Agency Agreement shall only be modified with the consent of all signatories.

GOVERNANCE

1. The steering committee shall be comprised of representatives of the signing organizations and will develop, monitor and evaluate program operations, participate in and conduct training, public education and community relations and work to ensure high operating standards. The committee will help to establish protocols and reporting requirements in compliance with national standards and will maintain a regular schedule of meetings;
2. The executive committee, comprised of senior representatives with decision-making authority from the District Attorney, CCYA, PAVSA and the Pennsylvania County Health Improvement Partnership, will be responsible for personnel and fiscal oversight, resource development and other matters of governance;
3. The PAVSA, as a non-profit 501(c)(3) organization, will serve as the fiscal agent for the CAC until such time as the parties agree otherwise. The PAVSA will maintain project funds in accordance with Generally Accepted Accounting Principles (GAAP) standards and will provide income and expense reports to the executive committee on a quarterly basis or more frequently as requested. An agency audit by an outside auditor will be conducted annually and a report submitted to the executive committee by January 1st of each year;
4. The PAVSA will serve as the employer of project personnel until such time as the parties agree otherwise. Employees will be subject to the personnel policies, salary ranges and benefits of PAVSA, all of which will be shared with project partners upon request. Any employees hired under the project will agree, as a condition of employment, to have their

personnel records shared with the executive committee. Such committee shall provide input into the hiring, training, evaluation and termination of any project personnel;

5. The District Attorney will work to promote meaningful law enforcement participation and will have personnel available for case consultation by CAC members at all times;
6. Project partners will commit to consensus building and joint problem solving but shall respect the personnel policies and legal responsibilities of the individual partners in matters related to personnel assigned to or hired under this program;
7. Project partners will work together to communicate and resolve issues openly and honestly through appropriate means and agree that any unresolved issues will be mediated by an outside, objective party agreeable to all partners; and
8. As agencies become parties to this Agreement and Guidelines, they will agree to follow the guidelines and provisions as outlined in this document to the best of their ability.

PENNSYLVANIA COUNTY CHILDREN'S ADVOCACY CENTER INTER-AGENCY AGREEMENT

SIGNATURE PAGE

I acknowledge that I have received and reviewed the Pennsylvania County Children's Advocacy Center's Inter-Agency Agreement. By signing this document, I acknowledge the participation of my agency in the Pennsylvania County Children's Advocacy Center therefore affirm that my agency will adhere to this agreement to the best of their ability.

Name

Date

Organization/Department

Signature

Appendix D – Sample Protocol

MULTIDISCIPLINARY INVESTIGATIVE TEAM (MDIT) PROTOCOL DEVELOPMENT SAMPLE

VISION: An ideal and unique message for the future.

Sample: To create a community where children are free of abuse, have a voice that is heard and where they enjoy healthy, safe, empowered lives (Children's Cove, Barnstable, MA).

MISSION: 2-3 Sentences to describe: What we do? How we do it? Who we do it for?

Sample: Children's Cove provides compassionate, comprehensive, and collaborative response services at no cost to survivors of child abuse through its evidence-based programs, network of community partnerships, educational outreach and awareness efforts. Its multidisciplinary team works together to empower survivors, promote healthy outcomes, and help mitigate the stigma of child abuse (Barnstable, MA).

VALUES/PURPOSE: What does the MDIT see as the ultimate outcome as a result of the team's collaboration?

DEFINE ROLES AND RESPONSIBILITIES OF THE MDIT MEMBERS: Contact Northeast Regional Children's Advocacy Center (NRCAC) for more information.

CASE CRITERIA FOR MDIT RESPONSE AND REFERRAL TO A CAC:

- ❖ What geographic area does the MDIT cover?
- ❖ What types of child abuse cases will have an MDIT response? i.e., sexual abuse, serious physical abuse, serious neglect, witness to violence, kidnapping, commercial sexual exploitation, etc.,
- ❖ What is the age range for cases that will have an MDIT response?

CHILD SURVIVOR INTERVIEWS

MINIMAL FACTS INTERVIEWS

The team recognizes that some survivors will need to be questioned immediately in the field in order to assess the risk of imminent danger and comply with child protective services mandates. To reduce multiple interviews of child survivors, the county children and youth agency (CCYA) and/or law enforcement will conduct initially only a "Minimal Facts Interview" utilizing an interview protocol agreed upon by the MDIT.

FORENSIC INTERVIEWS:

- ❖ Where will joint forensic interviews routinely take place? i.e., child advocacy center, neutral environment that is psychologically and physically safe and developmentally appropriate?
- ❖ How does a referral get made for a forensic interview?
- ❖ What information is collected prior to the interview and shared among multidisciplinary investigative team members?
- ❖ Who is expected to be at the forensic interview? How are they notified?
- ❖ How does the team select an appropriate, trained interviewer?
- ❖ What training is required for forensic interviewers?

- ❖ Does the interview space allow for team members to observe the interview?
- ❖ Are the interviews audio and/or video-recorded? How is the recording shared to eliminate duplicate interviewing?
- ❖ Who attends the pre and post meetings?
- ❖ How do observers communicate questions or concerns to the interviewer? i.e., during breaks in the interview process, “bug” in the ear, etc.
- ❖ How does the MDIT promote cultural competence? i.e., needs of distinct cultural groups, etc.
- ❖ What provisions are made for non-English-speaking children and family members throughout the case?
- ❖ What specialized services are made available for children with disabilities?

CONFIDENTIALITY

- ❖ What policies and procedures for the MDIT are in place to ensure client privacy while allowing for sharing of relevant information consistent with legal, ethical, and professional standards of practice?
- ❖ [PA § 6365](#). Services for prevention, investigation and treatment of child abuse; (b) Multidisciplinary team.

MEDICAL EXAMS

- ❖ Who determines if a medical exam is needed by the child survivor or abuse? When is it recommended? What is the purpose of the medical exam? Are medical evaluations offered to all child survivors?
- ❖ How are MDIT members trained and by whom regarding the purpose of the medical exam? How and by whom are children/families educated regarding the medical evaluation?
- ❖ Who conducts the medical exam? Do the medical providers have pediatric or child abuse expertise?
- ❖ Where are the medical exams conducted? How are emergency situations addressed?
- ❖ What information will be shared with the medical provider prior to the exam and by whom? How is duplicative information gathering prevented?
- ❖ How is the medical evaluation made available?
- ❖ How are multiple exams avoided?
- ❖ What are the procedures for forensic documentation and collection/preservation of evidence?
- ❖ How is the medical evaluation coordinated with the MDIT in order to avoid duplication of interviewing?
- ❖ If the MDIT is responding to physical abuse and/or maltreatment cases, what are the procedures for medical intervention?
- ❖ How are the medical findings shared with investigators and prosecutors on the MDIT in a routine and timely manner?
- ❖ How does the MDIT ensure access to appropriate medical evaluation and treatment for all child survivors regardless of ability to pay?

Sample linkage agreement available at: <https://www.nrcac.org/resources/medical-resources/>
 Contact NRCAC for sample guidelines.

CASE STAFFING/CASE REVIEW

The following team members are designated to participate in regular formal case review:

Law Enforcement

Prosecution

Medical

MDIT Coordinator/Team Facilitator

Child Protection

Mental Health

Forensic Interviewer

Victim Advocacy

Questions to consider:

- ❖ How often will the team meet? i.e., a minimum of once a month?
- ❖ Where and when will the MDIT meet?
- ❖ Who coordinates the MDIT Case Review?
- ❖ How are team members made aware of the cases to be reviewed?
- ❖ What is the case selection process for case review meetings?
- ❖ What are the roles of Mental Health, Medical and Victim Advocate at case review?
- ❖ What is the conflict resolution procedure for case review?
- ❖ How are recommendations from case review communicated to appropriate parties for implementation?
- ❖ How is case review evaluated and updated to meet the needs of team members and their agencies?

MENTAL HEALTH SERVICES

Questions to consider:

- ❖ How do children/families access evidence-based, trauma-focused mental health evaluation and treatment routinely made available regardless of ability to pay? Who explains this to the child?
- ❖ Are there alternative mental health services available (i.e. traditional healing and/or support systems in culturally diverse communities?)
- ❖ Are mental health services provided on-site or through linkage agreements with other appropriate agencies or providers?

Sample linkage agreement available at <https://www.nrcac.org/resources/mental-health-resources/>

VICTIM ADVOCACY SERVICES

How are the following victim services routinely made available throughout the investigation and prosecution?

- ❖ Crisis intervention and support (for the survivor and the non-offending caregiver)
- ❖ Client education regarding investigation, prosecution, and treatment
- ❖ Information regarding the rights of a crime survivor and local services
- ❖ Pre-sentencing victim impact statements

Who is designated to provide victim advocacy services as part of the MDIT response?

If multiple agencies are involved over the course of an investigation, how do the MDIT guidelines provide for coordination of services and information exchange among the service providers?

Are designated, trained individuals available to provide victim support/advocacy on-site and/or through linkages with other service agencies? Services should include:

- ❖ Court support or preparation for the child survivors;
- ❖ Court Accompaniment;
- ❖ Crime survivors compensation;
- ❖ Assistance with access to services such as protective orders, housing, public assistance, domestic violence intervention, and transportation;
- ❖ Crisis Intervention, risk assessment, and safety planning;
- ❖ Provision of updates to the family on case status;
- ❖ Active outreach and follow-up support services; and
- ❖ Participation in case review MDIT meetings.

What procedures are in place to provide periodic follow-up contact with the child and/or non-offending caregiver(s) including on-going information about civil and criminal legal proceedings?

Sample information available at <https://www.nrcac.org/resources/victim-advocacy/>

CULTURAL COMPETENCY

Cultural competency should be taken into account in developing the CAC and creating Guidelines/Protocols in all disciplines. Questions to consider for your community:

- ❖ How does the CAC provide an experience that is welcoming and respectful of all members of the community?
- ❖ What type of outreach is needed and planned to engage different parts of the community?
- ❖ What steps are taken to ensure the the MDIT staff, volunteers, and board of the CAC reflect the larger community?

More resources available at <https://www.nrcac.org/resources/cultural-competency/>

ADDITIONAL RESOURCES

PA Chapter of Children's Advocacy Centers, <http://penncac.org/>

Northeast Regional CAC, <http://www.nrcac.org/>
Sue Ascione, Training Specialist, Sue@nrcac.org

SAMPLE OPERATING GUIDELINES AND PROTOCOLS – 1

CHILD ADVOCACY CENTER OF ABC COUNTY

MULTIDISCIPLINARY INVESTIGATIVE TEAM OPERATING GUIDELINES AND PROTOCOLS

(INSERT DATE)

ABC COUNTY MULTIDISCIPLINARY INVESTIGATIVE TEAM OPERATING GUIDELINES AND PROTOCOLS

STATEMENT OF PURPOSE

The Police Chiefs of ABC County, the District Attorney of ABC County, the ABC County Children and Youth Agency (CCYA) agree to work with the ABC Child Advocacy Center (CAC) of ABC County. Our goal is to protect the best interests of children who are survivors of child abuse. We will work together to provide for the highest quality of investigation which will both protect the child and provide the evidence necessary to successfully prosecute offenders.

Our goals, consistent with the requirements of all applicable Pennsylvania Laws, include identifying and protecting children who have been abused, providing the services each child needs, and creating the best environment for the optimal investigation and prosecution of offenders.

The purpose of this document is to describe operating guidelines or protocols for cooperation among law enforcement, child welfare/social services, prosecution, and the CAC in their response to allegations of child abuse.

These guidelines are intended to establish consistent practices and relationships between investigating agencies. These guidelines serve to clarify the role of each discipline, coordinate the activities of each agency, reduce duplication of effort, and provide for the use of a single non-threatening site (ABC CAC) for as many of these activities as is possible, or appropriate referrals when not possible on site, all designed to minimize trauma to a child as he/she participates in a child abuse investigation.

ABC COUNTY TEAM INVESTIGATION/CHILD ADVOCACY CENTER (CAC) PROCEDURES:

- ❖ **Mission:** Pennsylvania Law (Pennsylvania Child Protective Services Law, 23 Pa. C.S. Chapter 63) mandates the ABC CCYA and the District Attorney's office of ABC County to make available a multi-disciplinary investigative team (MDIT) for the prevention, investigation, and treatment of child abuse in accordance with the legislative mandate.

The mission of the CAC shall be to promote the prevention, identification, and treatment of sexually and severely physically abused and exploited children. The CAC shall provide a coordinated community response to these cases:

- We have developed a coordinated multidisciplinary investigative team approach to bring together the professional disciplines involved in intervention and investigation. The multidisciplinary team shall draw on the contribution of each discipline to ensure a team response with effective information sharing. The primary team members shall include police, prosecutors and social services through the ABC CCYA and the CAC; and
- These members shall consult with other disciplines as needed to provide for: medical evaluations, therapeutic intervention, and victim support/advocacy. Through the collaborative intervention of each discipline and effective information sharing, it is the goal of the team to ensure that the needs of every child survivor

are met.

The Mission of the CAC is to work as a multidisciplinary team to facilitate identification and protection of abused and exploited children, facilitate services and treatment to the survivor child and family members, and, where appropriate, support law enforcement, the dand the ABC CCYA in any necessary investigation or court proceedings. The CAC will foster community awareness and education relating to child abuse and exploitation.

❖ **Goals of the CAC:**

- To coordinate the efforts of all disciplines involved in the investigation and prosecution of child abuse and exploitation so that trauma to the child is minimized and the quality of the investigation is maximized;
- To reduce the trauma experienced by child survivors and non-offending family members by assuring the safety and consistency for the child and family;
- To provide a comfortable, child friendly facility, where children and their families receive prompt, coordinated and skilled intervention;
- To facilitate the prompt investigation and coordination of child abuse and exploitation cases through skilled child interviewing techniques, and referrals for proper and appropriate clinical evaluations and services;
- To reduce trauma to the child by reducing the duplication of investigative interviews;
- To reduce trauma to the child by providing forensic interviews by specially-trained forensic interviewers;
- To ensure regular continuing education opportunities for the core team members at least annually;
- To provide ongoing assessment for community needs with a commitment to expansion of services as needed;
- To regularly evaluate the team's performance and implement ways to improve performance;
- To provide for opportunities for MDT feedback regarding policies and procedures via pre- and post- interview meetings and regularly scheduled Management Team meetings;
- To mobilize all existing resources throughout the county, state, and region; and
- To provide education and awareness to the community about child abuse and exploitation.

THE TEAM:

❖ **ABC CCYA:**

- Primary Responsibilities:
 - Upon receipt of a serious child abuse or exploitation report, immediately begin investigation/assessment to ensure the safety of the child and any other children in the home.
 - Make the appropriate notification to the local police department consistent with Pennsylvania law verbally and in writing via the form CY-104 (with a copy to the Lieutenant of the Major Crimes Unit of the ABC County Detective Bureau);
 - Call ABC CAC to schedule a forensic interview of the child for

investigative purposes and to notify all appropriate parties as per the CAC protocols;

- Provide ABC CAC with all intake information as required by ABC CAC protocols;
- Provide a liaison between the child survivor and team;
- Collect collateral information prior to a forensic interview of the child victim, as agreed upon with law enforcement;
- Observe the forensic interview of the child survivor;
- Participate in the MDIT process and discuss protective issues and make recommendations for the follow up services and actions with team members;
- Coordinate with other team member's additional interviews and social services of child witnesses and siblings at the CAC
- Participate in follow up investigative activities and MDIT case conference meetings as scheduled by ABC CAC;
- Obtain protective custody orders and other pleadings to compel cooperation with a protective investigation and there after file dependency petitions consistent with the Juvenile Act of Pennsylvania if necessary; and
- Participate in interviews of cases which are believed to be 'law enforcement only' in order to provide intervention by CCYA if necessary, and in all cases to provide the CCYA perspective of child abuse and exploitation investigation.

❖ **ABC County District Attorney's Office:**

- Primary Responsibilities – The primary responsibility of the ABC County District Attorney's office is to prosecute offenders when, as determined by the prosecutor, there is sufficient credible evidence of a crime. The decision to prosecute shall be based upon available evidence of child sexual and/or physical abuse and/or exploitation and the mental, physical, legal, and emotional competence of the survivor/witness. These cases are primarily prosecuted by the ABC County District Attorney's Sex Crimes Unit (SCU) or the Juvenile Unit (JU):
 - SCU and JU will seek, whenever possible, opportunities to reduce potential trauma to child survivors resulting from participation in the criminal justice process, such as use of the CAC for forensic interviews of the child and vertical prosecution;
 - SCU or JU will be involved in the investigation of child abuse/sexual assault or exploitation cases in the earliest stage possible;
 - SCU or JU will observe forensic interviews at the CAC and participate in the MDIT post-interview meetings as often as possible and discuss protective issues and make recommendations for the follow up services and actions with team members;
 - SCU or JU will consult with law enforcement officers and CCYA to determine and assist with any additional, necessary investigations;
 - SCU or JU, in coordination with law enforcement, will make criminal charging decisions;
 - SCU or JU is responsible for representing the interests of the Commonwealth at all criminal or delinquency charging decisions

connected to the allegations of child sexual/physical abuse or exploitation cases; and

- SCU or JU will participate in MDIT review meetings as scheduled by the CAC as often as possible.

❖ **Police:**

○ Primary Responsibilities:

- Intervene when police action may be necessary to protect the child, under the age of 18, from further harm, including taking protective custody of a child as consistent with Pennsylvania law following the forensic interview if there is danger in returning the child to the non-offending caregiver, or if the child exhibits suicidal intentions/thoughts during the forensic interview as consistent with Pennsylvania law;
- If law enforcement receives the initial child abuse report, after ensuring the immediate safety of the child and any other child in the child's home, the law enforcement officer must immediately notify the department by:
 - Calling ChildLine 1800-932-0313 or submitting a report via; and
 - ChildLine through the electronic Portal, www.compass.state.pa.us/cwis;
- If law enforcement was not the initial recipient of information, then law enforcement will confirm that a ChildLine Report was made. If no ChildLine Report was filed, law enforcement will electronically file such report;
- Contact ABC County District Attorney's office as necessary;
- Arrange for emergency medical treatment of the injured child as needed, preferably at ABC Hospital, or alternatively at ABC East Hospital if the child's condition medically allows for transport, and if not at the nearest medical facility;
- Observe the forensic interview of the child at the CAC, and participate in pre- and post- interview MDIT meetings;
- Conduct all additional investigation, including but not limited to interviewing other witnesses and alleged perpetrator(s); identify and collect physical evidence;
- Determine jurisdiction of criminal and delinquent acts;
- File criminal charges or juvenile petitions where appropriate, with the approval of the ABC County District Attorney's office, complete police reports of investigative actions and maintain police file for discovery in all cases; and
- Participate in follow up at MDIT case conference meetings as scheduled by the CAC.

❖ **Consultants** – Consultants will provide additional support services to the team for the benefit of the child:

○ Medical Evaluation:

- Child needs immediate medical attention; and
- Child requires medical examination to examine for injury and other evidence of abuse;

- Mental Health Services;
- Victim services, provided by Family Advocates of ABC, or the Victim Advocate of the ABC County District Attorney's office;
- ABC Child Advocacy Project; and
- Any specialized professionals in the community who can address the specialized needs of the particular child or case.

TEAM COOPERATION:

- ❖ As mandated reporters of child abuse under the Child Protection Services Law (Title 23 Pa. C.S., Chapter 63), team members will report all suspected child abuse and exploitation cases and all team members will fully cooperate in the sharing of required information during the investigation so that all team members can fulfill their responsibilities under the law.
- ❖ Team objectives include but are not limited to:
 - Ensuring participation by the appropriate law enforcement, prosecutorial, social services, medical, educational, mental health and victim's advocacy entities in ABC County and surrounding communities;
 - Where appropriate, review the report by law enforcement, CCYA, or the District Attorney relating to allegations of child abuse or exploitation;
 - Ensuring the highest possible standard of child protection in ABC County;
 - Ensuring guidelines for the investigation of child abuse and dispensation of treatment and service needed by the abused child in ABC County within the framework of Pennsylvania law and relevant regulations;
 - Identifying the service needs for survivor children and their parents and advocating for them;
 - Provide training opportunities for those in the mandated reporting position who provides services to abused and exploited children;
 - Provide public awareness programs on an ongoing basis;
 - Maintain a high level of investigative skills; and
 - Commitment to provide adequate resources to successfully handle cases.
- ❖ Confidentiality:
 - Any information exchanged within the team is held strictly confidential by all team members; and
 - Partner agencies will legally share information as required by law or court order.

CRITERIA FOR REFERRAL:

- ❖ When should a case be referred to the CAC:
 - Following a minimal facts interview of the child of facts gained through initial investigation;
 - Cases in which a child has made an initial disclosure about sexual abuse (as defined in Title 23 Pa.C.S. § 6302) to the law enforcement, CCYA or District Attorney team member;
 - Cases in which a child has made an initial disclosure about physical abuse with serious physical injury (as defined in Title 23 Pa.C.S. § 6302) to the law enforcement, CCYA or District Attorney team member;

- Cases in which there is evidence that sexual abuse has occurred;
 - Cases in which there is evidence that physical abuse with serious physical injury has occurred;
 - Cases in which a child is a witness to acts of violence, sexual abuse, serious physical abuse or child exploitation and the CCYA, law enforcement or District Attorney team member believes the child would benefit from a ABC interview;
 - Siblings of an alleged survivor, when the abuse is alleged to have been committed by an individual who had contact with the sibling;
 - Cases approved by the CAC Executive Director which would benefit from the services of the CAC; and
 - Cases described above involving children under the age of 18, unless exigent circumstances exist.
- ❖ Referral criteria shall be subject to on-going review and evaluation based upon the input of participating agencies and institutions, the volume of referrals and the nature of the referrals received.

OPERATION OF THE TEAM:

The primary goal of the CAC is to provide a safe, specialized, coordinated response to child abuse or exploitation allegations in a central, child-focused location, from the initial response through case disposition. With the priority of assuring child's safety, all team members agree to fully participate in the MDIT.

FORENSIC INTERVIEW:

The MDIT recognizes that the disclosure of abuse is a process that may require more than one interview throughout the investigation. Where indicated, the CAC will endeavor to provide consistency for the child throughout the interview process, and the CAC will provide protocols consistent with this understanding.

All forensic interviewers provided by ABC will have clear criminal history checks and child abuse clearances. At a minimum, all forensic interviewers will be trained to conduct forensic interviews using a nationally recognized protocol.

RESOLVING CONFLICTS AMONG AGENCIES:

- ❖ Team procedural changes can be made with the agreement of all MDIT agencies.
- ❖ Disagreements between agencies shall be resolved as quickly as possible to avoid compromising the investigation or the safety of the child survivor.

CAC OF ABC COUNTY ORGANIZATION AND LEADERSHIP:

- ❖ The Child Advocacy Center is a private, non-profit organization. As a 501(c)(3) charitable organization, ABC is funded in its entirety by contributions and grants from foundations, corporations, government and individuals.
- ❖ A volunteer Board of Directors governs the legal entity, with member professionals

drawn from backgrounds including law, government, medicine, law enforcement, child welfare, social services, business, advertising and public relations, academia, marketing, philanthropy, and community members.

- ❖ The Executive Director is supported by a pro bono, advisory Management Team which meets every other month. The Management Team is charged with information sharing between partner agencies, and advisory oversight, policy and protocol development for the CAC. Members include representatives of the District Attorney's office, CCYA Director, law enforcement (representatives of local law enforcement and County Detectives), ABC County Child Advocacy Project Executive Director, pediatric child abuse expert, forensic child psychology, the county school safety coordinator and a parent of child abuse survivors that experienced the system before ABC.
- ❖ Non-member participants support the Board of Directors, as appropriate. Subcommittees support the Board, and can be made up of Board Members, members of the ABC County Child Protection Team, and volunteers affiliated with ABC.

Name of Organization

Name of Agency Head or Designee (with Title)

Signature of Agency Head/Designee

Date

The following agencies and organizations have signed ABC County's Team Investigative Protocol. Copies of signed documents are on file at ABC Child Advocacy Center of ABC County.

Child Advocacy Center of ABC County
ABC County Chiefs' of Police Association
ABC County Commissioners
ABC County District Attorney's Office
ABC County Office of Children and Youth
ABC County Detectives
ABC Municipal Police Departments
Pennsylvania State Police

SAMPLE OPERATING GUIDELINES AND PROTOCOLS – 2

PENNSYLVANIA COUNTY CHILDREN’S ADVOCACY CENTER

Guidelines and Protocols for Multidisciplinary Investigative Teams

INITIAL REPORT

When appropriate, the initial responder from Pennsylvania CCYA and/or Pennsylvania County police department should conduct a minimal facts interview to determine basic information. If possible, the initial responder shall attempt to get all information from a reporting source or non-offending caregiver. Refer to minimal facts cards.

- ❖ If the incident occurred within the last 72 hours, the following procedure shall be followed:
 - If the initial responder does not work for law enforcement, the initial responder shall contact law enforcement so that law enforcement can meet the child at the hospital;
 - Any child who is 13 years of age or younger and has been sexually abused within 72 hours of the report of abuse shall be taken immediately after the initial police contact to the qualified medical professional with specialized training relating to child abuse;
 - Any child who is older than 13 years of age and has been sexually abused within 72 hours of the report of abuse shall be taken to the closest hospital with a sexual assault nurse examiner program. Any child under 18 years of age could also be taken to the qualified medical professional with specialized training relating to child abuse after the initial contact has been made with the police;
 - The investigating officer shall contact the emergency room department and advise them that a child will be brought in with the report of recent sexual abuse. Physicians and staff will both assess the child's medical needs and conduct a forensic medical examination of the child. The investigating officer shall also advise the child survivor's non-offending parent or guardian that all clothing worn by the child either during or immediately following the sexual assault must be given to law enforcement to be secured in evidence; and
 - Once the hospital exam is completed, a referral to the Children's Advocacy Center (CAC) shall be provided so that a forensic interview may be conducted.
- ❖ If the incident did not occur within 72 hours, the case shall be referred to the CAC so that a forensic interview may be conducted.

REFERRAL CRITERIA

The CAC will accept referrals from Pennsylvania County police departments, the District Attorney's office, and CCYA; Pennsylvania Victim Service Agency (PAVSA) shall refer cases through ChildLine, police, or CCYAs as mandated by the Pennsylvania Child Protective Services Law. The CAC shall be available 24 hours a day / 7 days a week to accept crisis cases, as defined below. All other cases shall be referred to the CAC on the next business day.

The following cases shall be mandatory referrals to the CAC as determined by the professional opinion of police departments, the District Attorney's office, and/or CCYA:

- ❖ If the survivor is 3 to 13 years of age and the alleged offense is committed by an actor who is 10 years of age or older for the following alleged offenses under the Pennsylvania Crime Code:
 - rape, statutory sexual assault, involuntary deviate sexual intercourse, sexual assault, institutional sexual assault, aggravated indecent assault, indecent

assault, indecent exposure, incest, endangering welfare of children, corruption of minors, sexual abuse of children, unlawful contact with a minor, sexual exploitation of children, aggravated assault, and criminal attempt of any of these crimes.

The following cases shall be discretionary referrals for any of the reasons mentioned below that are determined by the professional opinion of police departments, the District Attorney's office, and/or CCYA:

- ❖ If the survivor is 14 – 18 years of age for any of the above mentioned crimes;
- ❖ If the alleged crime is committed by an actor who is under 10 years of age;
- ❖ If the survivor is under the age of 16 and is a witness to a violent crime;
- ❖ If the survivor has a developmental disability; and
- ❖ If the survivor is under 18 years of age for the following alleged offenses: simple assault, recklessly endangering another person, terroristic threats, stalking, strangulation, and criminal attempt of any of these crimes.

If one of the following professionals (law enforcement, District Attorney's office, or CCYA) believes the case is appropriate for the CAC, all members shall respect that decision. If there is further dispute on determination of a discretionary case, a case conference shall be facilitated with all parties to further discuss the case. If the dispute cannot be resolved after the case conference, the District Attorney's office shall make the final decision.

If the case has multiple jurisdictions involved, and there is a dispute on the determination whether the case should go through the CAC, a call shall be scheduled with all parties to further discuss the case. If the dispute cannot be resolved after the conference call, the District Attorney's office shall make the final decision.

If the case is not utilizing the Pennsylvania County CAC, multidisciplinary team members shall work together during the interview and investigation process whenever possible. Multidisciplinary investigative team (MDIT) members shall also provide information on crime survivors' rights, mental health, medical, and victim advocacy services.

Referrals to the CAC shall be classified as crisis or non-crisis by the referring team member according to the following safety and evidentiary factors:

- ❖ Risk to the child:
 - the alleged perpetrator has unsupervised access to the child;
 - there is cause to believe the child or other children are at imminent risk of harm; and
 - a safety plan cannot be reasonably established;
- ❖ Severity of abuse; and
- ❖ The presence of evidence which may be lost or altered, including statements from the survivor or witnesses.

SCHEDULING FORENSIC INTERVIEWS:

If the referring team member classifies the referral as a crisis case, the CAC shall be immediately notified via phone. The CAC Director or designee shall immediately contact the team members and an interview shall be scheduled to occur in a time frame agreed as appropriate. A medical exam is arranged as necessary.

If the referring team member classifies the referral as a non-crisis case, the CAC shall be notified on the next business day. The referring team member can send the intake form, police report, and/or CCYA from via fax, e-mail, or phone to the CAC:

- ❖ The CAC Director or designee shall contact all team members on the business day she/he is notified;
- ❖ Unless otherwise stated the CAC Director or designee shall contact the non-offending family member to schedule an interview; and
- ❖ All efforts should be made to have the interview scheduled and conducted within 5 business days. If the MDIT is in agreement due to unusual circumstances, the interview may be scheduled later than 5 business days after referral.

FORENSIC INTERVIEWING

- ❖ Purpose – The purpose of a forensic interview at the Pennsylvania County CAC is to obtain a statement from a child in a developmentally and culturally appropriate, unbiased, and fact-finding manner that will support accurate and fair decision-making by the involved MDIT members in the criminal justice and child protection systems. The forensic interview shall be child-centered and coordinated to avoid duplication. Forensic interviews will be conducted utilizing methodology from a nationally recognized model (such as Cornerhouse (RATAC), American Professional Society on the Abuse of Children (NICHD) and National Children's Advocacy Center (NCAC)). Anatomical drawings and anatomical dolls may be used at the discretion of the interviewer.
- ❖ Location - The CAC is located in the center of Pennsylvania County. Since the CAC is the setting where the MDIT is best equipped to meet the child's needs during the interview, off-site interviews shall only be conducted if necessary. On those rare occasions when the interviews will be conducted off-site, steps shall be taken to ensure the utilization of appropriate forensic interview techniques, as well as to assure the comfort, privacy, and protection of the child and family.
- ❖ Selection of forensic interviewer -
 - Factors in deciding who shall interview will include, but are not limited to:
 - Prior professional contact with the survivor and/or their family;
 - Prior social contact with the survivor and/or their family;
 - Nature of allegations;
 - Child's level of comfort in regards to gender, ethnicity, age, and native language; and
 - Any cognitive and/or physical impairments the child may have; and
 - Any forensic interviewer selected to conduct the interview must have specialized initial and on-going training in conducting forensic interviews. All forensic

interviewers shall have documentation on file of the satisfactory completion of competency-based child abuse forensic interview training that includes child development.

- ❖ Pre-Interview Team Meeting – This shall be scheduled fifteen minutes prior to the interview. MDIT members will review the referral information and possible questions to be addressed. All MDIT members involved in the case shall be present for pre-interview team meeting, as well as the forensic interview. MDIT members can include representatives from child protection services, law enforcement, medical, mental health, victim advocacy and prosecution. In some cases, the MDIT may decide to meet with the non-offending caregiver and/or guardian of the child to gather more information prior to the forensic interview. This shall be solely at the discretion of the MDIT.
- ❖ Information Sharing – Information gathered by all parties shall be shared in order to avoid duplication for the child and non-offending caregivers. Law enforcement and Children & Youth Services shall review and present all information related to the case. All information about the case shall be shared with all team members. The PAVSA Victim Advocate is limited in the information he/she can share due to their statutory privilege of confidentiality. However, the PAVSA Victim Advocate is a mandated reporter of child abuse and shall follow PAVSA policies related to reporting.
- ❖ Confidentiality – All participating personnel, within the bounds allowed by law, shall maintain confidentiality of all information gathered on cases. All participating team members shall not release any records or information on any cases, except as it relates to the legitimate program operations of their agency. Pursuant to § 6340(c) (related to protecting identity), when confidential information is shared, the referral source must be redacted.
- ❖ A parent, guardian, teacher, therapist, attorney, and/or other concerned person shall not participate in and/or observe the forensic interview. Any exception to this guideline shall only occur in extreme circumstance with the agreement of the MDIT. If an exception is made, the MDIT shall notify the CAC Director.
- ❖ The interview shall be conducted by the interviewer while the other team members are observing. Unless circumstances dictate otherwise, the other MDIT members shall observe the interview for content through a closed circuit television. Observers may include members of law enforcement, child protection, CAC staff, and/or prosecution. All observers must actively listen to the interview, provide feedback to the forensic interviewer and monitor for the quality of the interview.
- ❖ Before the end of the interview, the interviewer shall excuse themselves to the observation room to make sure that all of the questions of the team have been answered.
- ❖ Interpreters- In order to effectively communicate with a child, an interpreter may be utilized. The CAC shall obtain an interpreter through member agencies and/or third party services. If it is necessary to use the services of an interpreter, the interpreter must sign an interpreter agreement, which includes:
 - He/she shall interpret everything verbatim;

- Paraphrasing shall be prohibited;
 - If a word is used that is not in both languages, it shall be defined/described or the interpreter shall ask for another word to be provided; and
 - Confidentiality.
- ❖ Post-Interview Meeting -
- Team members shall review the content of the child interview. The investigative procedure shall be discussed and collaborative case planning shall be conducted. The role of each team member shall be established.
 - Subsequent interviews of the alleged perpetrator and other witnesses shall also be discussed and coordinated.
 - When possible, the child shall stay in the waiting room with a support person while the multidisciplinary team meets with the non-offending parent or caregiver.
 - If possible, the team and parent/guardian shall discuss the interview and the next steps of the investigation. The team will provide answers to their questions/concerns to the best of their ability.
 - The team shall make necessary referrals for the survivor and/or non-offending caregiver and shall provide them with all team members' contact information.

FORENSIC INTERVIEWS FOR CHILDREN WITH DISABILITIES POLICY

Children with disabilities are considered those who require special accommodation in order to participate in a forensic interview. This can include, but is not limited to, those with cognitive and/or physical disabilities (i.e. intellectual and developmental disabilities, cerebral palsy, autism, traumatic injury, etc.) or those with limited communication skills.

- ❖ SCHEDULING PROCESS AND INFORMATION SHARING:
- The MDIT shall gather information prior the scheduling of the forensic interview in order for the forensic interviewer and team to assess if the child is able to engage in a forensic interview. After the information is received, the MDIT shall decide whether an interview shall be scheduled. This information will assist the forensic interviewer in preparing for the forensic interview;
 - Information gathered by all parties shall be shared in order to avoid duplication for the child and non-offending caregivers. The MDIT members shall review and present information related to the case. All information about the case shall be shared with all team members. This information can include the following:
 - Psychosocial history;
 - Medical history summary;
 - Medication Administration Record (MAR);
 - Child's abilities and challenges;
 - Preferred communication method i.e.: written, verbal, signs or signals, communication devices;
 - Accommodations needed;
 - List of all the people who may come in contact with the child, household members, support staff, visitors, teachers, classmates. If in a facility, employees, residents, and others who may have contact with the individual being interviewed;
 - Individual's Individualize Support Plan (ISP);

- Individualized Education Program (IEP);
- Other information the MDIT deems necessary for the interview; and
- Other information the MDIT deems necessary for the interview;
- Pre-Interview Team Meeting – An extended pre-team meeting may be scheduled depending on the amount of information that needs to be shared and the amount of communication between MDIT members prior to the interview. If needed, either a conference call or case meeting may be scheduled for the MDIT to review what information has already been gathered, what additional information is needed, and assign roles and tasks to MDIT. Under the discretion of the MDIT, other stakeholders can be invited to meet with MDIT for information gathering purposes. This can include caregivers, support staff, teachers, etc.

❖ FORENSIC INTERVIEWS:

- Interview Questions – In accordance with the forensic interviewing guidelines, the Forensic Interviewer shall utilize a free narrative and open ended questions when possible. If necessary, the interviewer will resort to other types of non-leading questions such as:
 - Multiple choice;
 - Embedded;
 - Wh- questions (**Note:** Wh questions typically begin with “What,” “When,” “Where,” “Who,” “Why,” or “How” These questions can be either general or specific); and
 - Yes/No questions;
- Under the discretion of the MDIT, a support person can accompany the children throughout the forensic interview process.

❖ ACCOMMODATIONS:

- Communication Devices – When necessary, communication devices shall be utilized during the forensic interview process. The device shall be discussed during the pre-interview team meeting and the use of the device/s will be explained during the forensic interview;
- Interpreters – In order to effectively communicate with a child with disabilities, an interpreter may be utilized;
- When necessary, the furniture in the forensic interviewing room shall be rearranged and/or removed to accommodate mobility equipment; and
- The child’s daily schedule, medication cycle, times of day in which the individual is most alert and focused, and other sensory issues will also be accommodated.

❖ TRAINING AND SUPPORT OF FORENSIC INTERVIEWERS:

Interviews for children with disabilities shall be conducted by a staff forensic interviewer who has received specialized training to serve this population of children. Forensic interviews for children with disabilities shall be conducted utilizing methodology from the National Children’s Advocacy Center (NCAC). Forensic Interviewers shall participate in Peer Review a minimum of four times a year.

❖ RECORDING OF THE FORENSIC INTERVIEW SESSIONS:

The forensic interviews of children with disabilities are digitally recorded in accordance with the CAC Electronic Recording Policy.

INTRODUCING EVIDENCE POLICY

Forensic interviewers shall follow the Homeland Security Investigations (HSI) model when presenting evidence. The Prepare and Predict model of introducing evidence is a method that it utilized in the forensic interview process that “allows the interviewer to prepare the victims for the evidence that will be presented while giving them an opportunity to predict what it is they are about to see and/or discuss” (Homeland Security Investigations’ presentation, 2016 Pennsylvania County Crimes Against Children’s Conference). The forensic interviewers shall adhere to the Introducing Evidence Policy developed and approved by the Protocol Committee.

❖ TYPES OF EVIDENCE

- The following types of evidence that shall be utilized during the forensic interview but is not limited to:
 - Evidential statements that can be corroborated by a professional, i.e.: “I heard you talked to your teacher”, “I heard you went to the hospital”, “I heard you spoke to a police officer”;
 - Law enforcement reports;
 - Medical exam information;
 - Journals and other logs;
 - Receipts;
 - Digital evidence;
 - Videos – Stills shall be provided by law enforcement. Videos will not be shown;
 - Photos – One picture per page with nude images being sanitized;
 - Printouts of social media, texts, emails, call logs, etc.;
 - Admission statements; and
 - Other evidence the MDIT deems appropriate.

❖ REFERRAL AND PREPARATION OF EVIDENCE

- The MDIT shall request that evidence be introduced during the forensic interview when making the referral;
- The MDIT shall provide the evidence to the interviewer, at least one day prior to the interview, in order to allow interviewer to prepare accordingly;
- Evidence shall be organized and labeled in numerical order. There shall be one image per page;
- Evidence including nude images shall be sanitized utilizing sticky notes, blurred images, and/or other methods to sanitize the nude images appropriately. If showing an image that includes another individual that is nude, the nude parts of that individual shall be sanitized electronically. Electronic sanitization should also be applied to nude images that are being shown to anyone other than the alleged victim; such as a witness, caregiver, etc. Law enforcement is charged with this responsibility; and

- Evidence shall be presented individually by the forensic interviewer throughout the interview.

❖ PROCESS FOR INTRODUCING EVIDENCE

- Upon the start of the interview, the forensic interviewer shall bring the evidence, which shall be organized in a folder, into the interview room;
- The forensic interviewer shall start the interview by informing the child that the forensic interviewer would like to discuss the evidence (photos, videos, texts, etc.) in the folder, but would first like to first get to know the child. Folder will then be placed aside;
- The forensic interviewer shall then conduct the interview as per the National Children's Advocacy Center forensic interviewing model. When transitioning to the topic of concern, the forensic interviewer shall reintroduce the folder as necessary;
- The forensic interviewer shall prepare the child by explaining how the images will be presented:
 - The forensic interviewer shall explain that one image shall be shown at a time. The forensic interviewer will then describe what they see in the image and then request that the child do the same;
- The forensic interviewer shall then describe what he/she sees in the image, to allow the child to predict what they are about to see;
- The forensic interviewer shall then ask the child to state when they are ready to view the image;
- The forensic interviewer shall then show the image to the child and ask the child to narrate all they are able to about the image;
- Following the child's narrative, the forensic interviewer shall ask clarifying questions as necessary; and
- All evidence shall be returned to law enforcement at the conclusion of the interview.

SECOND FORENSIC INTERVIEWS

Second interviews of children shall be conducted at the Pennsylvania County CAC under limited circumstances, which may include new information on the case or a new disclosure from the child.

EXTENDED FORENSIC INTERVIEWS

An Extended Forensic Interview (EFI) is a multi-session forensic interview of a child who is potentially a victim or witness of child abuse and/or a violent crime. Extended Forensic Interviews are appropriate for children where the results of a single interview are inconclusive or where there are serious concerns about the child's ability to participate in a single-session interview. The forensic interviewer shall adhere to the EFI Policy developed and approved by the Protocol Committee.

Criteria for referral for extended forensic interviews shall be as follows:

- ❖ Children who do not disclose in the interview but there are convincing reasons to believe that the child may have been abused (i.e. a witness, statements from the alleged perpetrator, medical findings, a previous convincing disclosure);

- ❖ Children who make concerning, but incomplete or confusing statements during the interview, where investigators do not feel prepared to rule-in or rule-out abuse based on the child's statements;
- ❖ Children who present as being especially anxious, frightened, or shy;
- ❖ Children with physical handicaps, developmental disabilities, developmental delays, cognitive processing difficulties, language or expressive disorders, or mental health diagnoses;
- ❖ Preschool children;
- ❖ Children who present with an especially complex history of abuse, neglect, disrupted placement, possible compromised developmental status, or behavioral issues; and
- ❖ Other criteria as designated by the MDIT.

DOCUMENTATION

At the time of each child's forensic interview, one digital recording shall be produced. All recordings of forensic interviews shall be finalized by the iRecord system so that the content cannot be tampered with or edited.

- ❖ Retention:
 - The CAC will produce one DVD of the digital recording of the forensic interview;
 - The DVD shall become the property of the responding law enforcement officer and each law enforcement agency will retain the DVD until the expiration of the Statute of Limitations:
 - Pennsylvania State Police DVDs will be retained by the District Attorney's office until the expiration of the Statute of Limitations; and
 - Upon request, a copy of the DVD will be distributed to the CCYA investigator and/or District Attorney's office.
- ❖ All investigative MDIT members shall be responsible for reviewing the DVD and notifying the CAC of any concerns or problems within 25 days of the forensic interview.
- ❖ The digital recording of the investigative interview shall be stored in the iRecord system but shall be automatically deleted from the iRecord recording system 30 days after the date of interview.
- ❖ If a subpoena or request for records is received by the CAC, a letter shall be sent directing the interested party to Pennsylvania County Children & Youth Services and/or Pennsylvania County District Attorney's office.

ALLEGED PERPETRATORS

No alleged perpetrators or their attorneys shall be present during a CAC interview. If a known alleged perpetrator accompanies the child to the CAC, the interview will be immediately cancelled and re-scheduled.

If a victim discloses abuse by someone who accompanied the child to the interview, the team shall take the necessary steps to protect the victim and remove the suspect from the CAC.

MENTAL HEALTH SERVICES

The Advocate shall discuss mental health services with every child and non-offending caregiver. If a child and/or non-offending caregiver are interested in counseling services, the Advocate shall initiate and follow-up on referrals to the provider to ensure that treatment needs are addressed:

- ❖ Mental health services will be made available regardless of the client's ability to pay.

In accordance with the linkage agreement between the CAC and PAVSA, mental health services shall be provided by PAVSA in any of the three locations in Pennsylvania County and/or through PAVSA's community based counseling programs.

In order to be part of the referral list for mental health services, a therapist shall practice one or more of the models supported by the National Child Traumatic Stress Network's Empirically Supported Treatments and Promising Practices.

A mental health professional from PAVSA shall attend case review in order to provide important feedback and ensure the mental health needs of children are being considered within the constraints of the confidentiality statute that protects sexual assault survivors.

MEDICAL EXAMINATION

All children who are suspected survivors of child abuse should be assessed to determine the need for a medical evaluation. Please consult Medical Guidelines for Suspected Physical Abuse and Medical Guidelines for Suspected Sexual Abuse for more information on criteria and specific referral process.

- ❖ Medical evaluations shall be considered for all survivors of child sexual abuse and physical abuse, regardless of the client's ability to pay.
- ❖ The purpose of the medical examination in suspected child abuse cases shall include but is not limited to:
 - Helping to ensure the health, safety, and well-being of the child;
 - Reassuring and educating the child and non-offending caregiver;
 - Diagnosing, documenting, and addressing medical conditions resulting from abuse;
 - Diagnosing, documenting, and addressing medical conditions unrelated to abuse;
 - Differentiating medical findings that are indicative of abuse from those which may be explained by other medical conditions; and
 - Assessing the child for developmental, emotional, or behavioral issues that need further evaluation and treatment and making referrals as necessary.
- ❖ Medical evaluations shall be available through linkage agreements with the qualified medical professional with specialized training relating to child abuse.
- ❖ Medical evaluations are limited by identifying the best location and timing for the evaluation. Initial conversations with emergency rooms and primary care providers shall occur in order to ensure that the exams are performed by experienced examiners and photo documented to minimize repeat exams.

- ❖ The Advocate and/or the MDIT shall discuss medical examination options with every child and/or non-offending caregiver. If the non-offending caregiver requests or agrees to a medical examination, the CAC shall begin the referral process.

CASE TRACKING

The MDIT case tracking system shall retain essential demographic information, case information, and investigation/intervention outcomes. The CAC shall utilize the NCATrak computerized system for their case tracking needs.

Certain demographic and case information shall be entered into the MDIT case tracking system. At a minimum, the following information may be considered essential for MDIT case tracking purposes:

- ❖ Demographic information (gender, age, race, ethnicity) about the child and family;
- ❖ Demographic information (gender, age, race, ethnicity) about the alleged offender;
- ❖ Type of abuse;
- ❖ Relationship of alleged offender to child;
- ❖ MDIT involvement and outcomes;
- ❖ Charges filed;
- ❖ Disposition of criminal case;
- ❖ Disposition of CPS case; and
- ❖ Medical and mental health referrals.

MDIT members shall be responsible for providing all information to the CAC Director or designee for initial intake, as well as continuing to update the CAC Director or designee as the case continues.

- ❖ The CAC Director or designee shall be responsible for entering initial intake information;
- ❖ The Forensic Interviewers shall be responsible for entering all forensic interview information into the case tracking system in a timely manner;
- ❖ The CAC Director or designee shall be responsible for updating the case tracking system with all updates on cases from MDIT members; Every six months, the CAC Director or designee shall be responsible for checking the NCATrak to assure all information has been entered accurately and is updated. If contacted for updated information, all MDIT partner agencies shall provide their specific case information disposition;
- ❖ MDIT members can access aggregate and/or specific case information from the NCATrak by contacting the CAC Director; and
- ❖ All information in the case tracking system is considered confidential. Only aggregate information shall be released to parties other than the MDIT for statistical or funding purposes.

CASE REVIEW

- ❖ The CAC director or designee shall be responsible for organizing, scheduling, and attending monthly case review meetings.
- ❖ The CAC director or assistant District Attorney shall be responsible for the facilitation of the case review meeting.

- ❖ Case review meetings shall be regularly scheduled for the last Friday of each month beginning at 10am. If there is a holiday conflicting with the case review schedule, case review shall be scheduled for the prior Friday. Every December, the case review schedule for the entire following year shall be printed and distributed to MDIT members.
- ❖ Case review shall be held in the PAVSA Training Room adjacent to the CAC location in Pennsylvania County.
- ❖ The case review team shall be comprised of representatives from law enforcement, prosecution, child protective services, mental health, victim advocates, and CAC staff. Medical personnel shall be available if needed to answer specific questions.
- ❖ Team members shall be required to attend case review when their cases are scheduled for review. In addition, any new MDIT members shall be required to attend the first scheduled case review.
- ❖ Approximately ten cases shall be selected for case review each month. Cases can be referred for case review by any MDIT member or during the post-interview team meeting, the MDIT could discuss whether the case shall be referred for case review.
- ❖ Cases suggested for review can include but are not limited to:
 - Complex cases;
 - Challenging cases;
 - Successful cases; and
 - Case needing additional discussion of attention.
- ❖ The CAC Director or designee shall be responsible for preparing and distributing the agenda. The agenda shall be distributed through e-mail to all team members at least one week prior to the meeting.
- ❖ The case review process shall provide a forum for information sharing and problem solving among agencies, as well as an opportunity to increase team members' understanding of the complexity of child abuse. The case review process can include but is not limited to:
 - Review of interview outcomes;
 - Discussion, planning, and monitoring of the progress of the investigation;
 - Review of medical evaluations;
 - Discussion of child protection and other safety issues;
 - Providing input for prosecution;
 - Discussion of mental health and treatment needs of the child and non-offending family members and strategies for meeting those needs;
 - Assessment of the family's reaction and response to the child's disclosure and involvement in the criminal justice/child welfare systems;
 - Review of the criminal and CCYA case disposition;
 - Making provisions for court education and support; and
 - Discussion of cross-cultural issues relevant to the case.

- ❖ The CAC Director or designee shall ensure the follow-up recommendations are communicated in a timely manner. The CAC Director or designee shall be responsible for updating information in NCATrak. If requested, results of recommendations shall be discussed at the next case review meeting.
- ❖ An attendance record shall be kept for each case review.
- ❖ All attendees of a case review shall sign a confidentiality sheet prior to the beginning of each case review meeting.
- ❖ All information from case review shall be immediately shredded after the meeting. Only the attendance record/confidentiality sheet shall be maintained.
- ❖ Team members' knowledge about child abuse issues shall be kept current during case review through thoughtful discussions, sharing of published articles that relate to cases under consideration, and presentations.

CAC STAFF TRAINING AND PEER REVIEW

The CAC shall provide forensic interviewers with initial and ongoing training opportunities. Opportunities for forensic interviewers may include attendance at workshops, conferences, reading current research and literature on forensic interviewing, role playing, review of recorded interviews, observation of interviews, peer review, and ongoing supervision.

- ❖ Forensic interviewers shall obtain a minimum of 20 hours of ongoing education in the field of child maltreatment, cultural competency, and/or forensic interviewing every year.
- ❖ Peer review shall be mandatory for all trained forensic interviewers on a quarterly basis. No notes shall be kept from peer review meetings with specific or identifying information.
- ❖ All other CAC staff, pending adequate funding, shall obtain a minimum of 20 hours of ongoing professional education in the field of child maltreatment, cultural competency, survivors' needs, services, and treatment.

VICTIM ADVOCACY SERVICES

Victim Advocacy Services shall be provided to all children and non-offending caregivers at the Children's Advocacy Center either through the CAC Family Advocate or through PAVSA's Victim Advocates.

Advocates shall meet with non-offending caregivers during the forensic interview to discuss all possible initial and ongoing services and referrals.

INVESTIGATION

Team members shall complete the investigation and related tasks as agreed upon.

ON SITE VOLUNTEERS

- ❖ Each volunteer applying to the CAC shall be selected on a case-by-case basis, determined by the positions available and the qualifications of the applicant.
- ❖ Each applicant shall be required to complete an application and present a résumé in order to be considered at the CAC.
- ❖ Each applicant shall sign a confidentiality statement that acknowledges understanding of, and agreement to, confidentiality.
- ❖ Each applicant shall be interviewed by the CAC Director or designee:
 - An interview checklist, including specific questions, shall be provided and utilized by the CAC Director; and
 - Upon acceptance, the interview checklist shall be included in the volunteer folder that will be maintained on each volunteer by the CAC Director.
- ❖ An extensive background check shall be required for all volunteers who meet at least one of the following through the course of their volunteer work at the CAC:
 - Are on-site at one of three CAC locations;
 - Are responsible for a child's welfare; and
 - Have direct volunteer contact with children.
- ❖ The background check shall be maintained and coordinated by the CAC Director. A background check shall include at a minimum:
 - Criminal history check;
 - Child abuse check; and
 - Three references checks with individuals not related to the volunteer.
- ❖ Extensive background checks for intermittent volunteers who are not onsite or do not have any direct and/or regular contact with children in the course of the volunteer work may not be required; however, the CAC Director may choose to require one at their discretion.
- ❖ A volunteer folder shall be maintained on each volunteer and kept in a locked file. This personnel folder shall include all items listed above as well as a records indicating number of hours served on a monthly basis.

* CCYA may share information with law enforcement and the members of the multidisciplinary team assembled by the CAC as provided for in the CPSL § 6340(a)(1); (9); and (10).

SAMPLE OPERATING GUIDELINES AND PROTOCOLS – 3

Kid Friendly County Child Advocacy Center Multidisciplinary Investigative Team Protocol and Procedures

Adopted: August 12, 2016

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Section I

Vision Statement

Our vision is to protect, advocate for, and heal the abused children and their families within Kid Friendly County.

Mission Statement

Our mission is to reduce trauma to child abuse survivors and their families by providing safety, education and treatment through investigative and community collaboration in a child friendly and culturally competent setting.

Purpose

It is the purpose of this protocol to guide joint cooperation of the Kid Friendly County Children and Youth Agency (CCYA) and Kid Friendly County Law Enforcement (LE) agencies when handling cases of child physical abuse, sexual abuse or neglect. Strong interagency cooperation will minimize trauma to the child survivor and maximize the productivity of information and evidence gathering. It is also the purpose of this protocol to guide the effective integration of appropriate victim and social services to child survivors and non-offending family members. This protocol does not prohibit deviation from its provisions when exigent, or unusual circumstances exist, nor does it discourage the exercise of sound professional judgment.

Child Abuse Defined

As per the Pennsylvania Child Protective Service Law (CPSL), “child abuse” is defined as, intentionally, knowingly or recklessly doing any of the following:

1. Causing bodily injury to a child through any recent act or failure to act;
2. Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act;
3. Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failure to act;
4. Causing sexual abuse or exploitation of a child through any act or failure to act;
5. Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act;
6. Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act;
7. Causing serious physical neglect of a child;
8. Engaging in any of the following recent acts:
 - a. Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child;
 - b. Unreasonably restraining or confining a child, based on consideration of the method, location or the duration of the restraint or confinement;
 - c. Forcefully shaking a child under one year of age;
 - d. Forcefully slapping or otherwise striking a child under one year of age;
 - e. Interfering with the breathing of the child;
 - f. Causing a child to be present at a location while a violation of 18 Pa. C.S. § 7508.2 (relating to the operation of a methamphetamine laboratory) is occurring, provided that the violation is being investigated by Law Enforcement;
 - g. Leaving a child unsupervised with an individual, other than the child’s parent, who the actor knows or reasonably should have known:

- i. Is required to register as a Tier II or Tier III sexual offender under PA Law, where the victim of the sexual offense was under 18 years of age when the crime was committed;
 - ii. Has been determined to be a sexually violent predator under PA Law, relating to assessments or any of its predecessors; and
 - iii. Has been determined to be a sexually violent delinquent child as defined in PA Law;
- 9. Causing the death of the child through any act or failure to act; and
- 10. Engaging a child in a severe form of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102.)

Mandated Reporting

All members of the Multi-Disciplinary Investigative Team (MDIT) are, by law, Mandated Reporters as defined in the CPSL § 6311.

A Mandated Reporter shall make a report of suspected child abuse or cause a report to be made in accordance with the CPSL § 6313, if the Mandated Reporter has reasonable cause to suspect that a child is a victim of child abuse under any of the following circumstances:

- 1. The Mandated Reporter comes in contact with the child in the course of employment, occupation and practice of a profession or through a regularly scheduled program, activity or service;
- 2. The Mandated Reporter is directly responsible for the care, supervision, guidance or training of the child, or is affiliated with an agency, institution, organization, school, regularly established church or religious organization or other entity that is directly responsible for the care, supervision, guidance or training of the child;
- 3. A person makes a specific disclosure to the Mandated Reporter that an identifiable child is the victim of child abuse; and
- 4. An individual 14 years of age or older makes a specific disclosure to the Mandated Reporter that the individual has committed child abuse.

Nothing in the CPSL requires that a child come before the Mandated Reporter in order for the Mandated Reporter to make a report of suspected child abuse.

Nothing in the CPSL requires that the Mandated Reporter identify the person responsible for the child abuse to make a report of suspected child abuse.

A Mandated Reporter who fails to report or refer a case of suspected Child Abuse is subject to criminal prosecution pursuant to 23 Pa. C.S. § 6319.

Mandated Reporting Procedure

In accordance to the CPSL § 6313:

- 1. A Mandated Reporter shall immediately make an oral report of suspected child abuse by calling ChildLine at 1-800-932-0313 or a written report using electronic technologies (www.keepkidssafe.pa.gov); and

2. A Mandated Reporter making an oral report of suspected child abuse shall also make a written report, which can be submitted electronically, within 48-hours to the Department or CCYA assigned to the case (see page 30-31).

Section II

Operational Agreement:

Kid Friendly County has developed a coordinated MDIT approach to bring together the professional disciplines involved in child abuse intervention and investigation. The MDIT shall draw on the contribution of each discipline to ensure a team response to child abuse case. The primary team members shall include Law Enforcement, Prosecutor, Victim Advocate, Behavioral Health, Child Protective Services, Medical Personnel, and CAC staff members.

CAC Multidisciplinary Investigative Team:

- ❖ **Role:** The CAC MDIT will provide a collaborative response to and review of allegations of child sexual abuse, physical abuse and neglect. The MDIT is made up of representatives of the following:
 - Child Protective Services;
 - Medical Providers;
 - Victim Services (Including Victim Advocates);
 - Behavioral Health Providers;
 - Law Enforcement Agencies;
 - District Attorney's Office; and
 - Child Advocacy Center.
- ❖ **Responsibilities:** The CAC MDIT will:
 - Meet monthly for case review of the cases received by the CAC;
 - Review cases upon their disposition;
 - When appropriate, MDIT may be called upon to assist in the development of a family service plan for the child; and
 - Contribute to information sharing with regard to background information on a case, results of the forensic interview and status of the case with law enforcement.
- ❖ **Operation:** The primary goal of the MDIT is to provide a safe, coordinated response to child abuse allegations in a central, child-focused location, from the initial response through case disposition. The operation of the team will ordinarily include, but not be limited to, the following steps:
 - Initial Response;
 - Forensic Interview;
 - Use of Technology/Recording of Interview;
 - Medical Examination;
 - Police Investigation;
 - Prosecutorial Decisions;
 - Child Protective Service Actions;
 - Family/Victim Advocate Supports;
 - Team Meetings;
 - Case Review; and
 - Case Disposition.

Roles and Responsibilities of MDIT Members

❖ Child Protective Services:

- **Role:** § 6368 of the CPSL sets forth the requirements that a Children and Youth Agency in the state of Pennsylvania must fulfill. Kid Friendly CCYA will ensure the immediate safety of those children who are allegedly being abused and will work in conjunction with the MDIT to ensure that thorough investigations occur while limiting the number of interviews of the child.
- **Responsibilities:**
 - The CCYA will respond to all reports of suspected child abuse by a perpetrator as defined by the CPSL;
 - Upon receipt of a report of alleged sexual abuse, bodily injury, or serious bodily injury report, the CCYA caseworker will notify via telephone the appropriate law enforcement department. If the law enforcement official cannot be reached at their respective department contact the Kid Friendly County 9-1-1 Center non-emergency telephone number to check availability of the law enforcement officer. If the local law enforcement agency cannot be reached, and the report requires an immediate response, the Pennsylvania State Police will be contacted. Whenever possible, law enforcement officer will accompany the CCYA caseworker on the initial contact with the child. Accompaniment is at the discretion of a CCYA casework supervisor and/or law enforcement officer;
 - The CCYA caseworker will complete a CY-104 report and will provide this to law enforcement, the District Attorney's office and the CAC coordinator within 24 hours or the next working day (see page 28-29);
 - The CCYA caseworker will conduct a minimal facts interview of the child and/or caretaker. CCYA will also photograph and document any visible physical injuries. The CCYA caseworker is required to photograph all of the children residing in the home. CCYA caseworker will relay the allegations received in the report and gather basic information. If safety threats exist, the CCYA caseworker will contact a CCYA casework supervisor to develop a safety plan. CCYA has final approval of all safety plans. If safety cannot be assured with a safety plan the CCYA caseworker will consult with CCYA administrator and solicitor regarding contacting the court to obtain an emergency custody order;
 - The assigned CCYA caseworker, along with the CCYA casework supervisor, will discuss and determine if the case meets the referral criteria for a referral to the CAC or for an MDIT response. If appropriate, the referral will be made;
 - The CCYA caseworker assigned to the investigation will be a member of the CAC MDIT, will observe the forensic interview, and participate in all pre-and post-forensic interview meetings and all reviews of the assigned case. In the event the CCYA caseworker is unable to attend the case reviews, he/she will brief the identified CCYA representative to ensure the team is informed of CCYA's progress;
 - The CCYA caseworker assigned to the investigation is responsible for ensuring that the child and parent/ guardian/responsible party have transportation to the CAC for the forensic interview and medical site for the medical exam (if different from the CAC);

- The CCYA will share all information with law enforcement as per §6340 of the CPSL and will collaborate with law enforcement during the investigation phase of the case;
- The CCYA caseworker shall keep the District Attorney's office and assigned law enforcement officer informed of the location of the child, disposition of the CCYA investigation, and any dependency or child abuse proceedings until the final disposition of any criminal prosecution; and
- The CCYA will make the final determination whether the report of suspected child abuse is substantiated. CCYA will promptly notify the CAC coordinator of the disposition.

❖ **Medical Provider:**

- **Role:** The purpose of the medical exam includes the following: identification of trauma which must be treated; identification of medical conditions such as pregnancy and sexually transmitted diseases; identification of other forms of abuse; collection and identification of medical forensic evidence if present; and reassurance for the parent/guardian and the child that the child is physically unharmed or that injuries will be treated.
- **Responsibilities:**
 - If the child is in need of immediate medical attention, any law enforcement officer or CCYA caseworker investigating a case of suspected sexual abuse, bodily injury, or serious bodily injury, is to seek out the nearest emergency department;
 - In cases of suspected sexual abuse, if the child is not in need of immediate medical attention but the last incident of suspected abuse falls within the 96-hour evidence collection time frame, the law enforcement officer or CCYA caseworker will transport the child to the emergency department at Kid Friendly Hospital where an exam will be conducted in a timely manner by an emergency room physician with a Sexual Assault Nurse Examiner present, if available;
 - If the child is in need of a medical examination due to alleged sexual abuse, bodily injury or serious bodily injury, but is not in need of immediate medical attention, law enforcement or CCYA caseworker will contact the CAC to schedule a medical exam. The CAC will notify victim services to ensure a victim advocate is available for the family;
 - All cases referred to the CAC are recommended and encouraged to receive a medical exam provided by trained medical providers;
 - Medical providers will conduct the forensic medical exam following the child's forensic interview to eliminate duplication of interviewing.
 - If a medical exam has been conducted at another location, the law enforcement officer and CCYA will work to obtain the medical records for the providers to review as a part of the MDIT;
 - All referrals for medical exams shall include but not be limited to the child's name, date of birth, social security number, address, and telephone number of where the child is currently residing, parent's name(s) and name of guardian if different from parent, and allegations of suspected abuse. These referrals should also include the release of medical information to the law enforcement officer, CCYA caseworker, and victim services;

- The CAC will keep statistical information regarding the number of referrals for medical examinations, type of suspected abuse, agency requesting examination, and jurisdiction of referral;
- The medical examination will be limited to the physical examination and a basic medical history. The designated physician will not repeat a forensic interview;
- The medical provider will have a member on the CAC MDIT, either the examiner or his/her designee, and may participate in pre-and post-forensic interview meetings and all other reviews of the case;
- Documentation of all completed medical peer reviews and trainings will be retained by the medical provider and submitted to the CAC; and
- All medical exams are documented and maintained by the medical provider.

❖ **Victim Services:**

- **Role:** Victim services will provide survivors of crime and their families with support, advocacy services, counseling services, and accompaniment services. A victim advocate will serve as a member of the MDIT.
- **Responsibilities:**
 - Provide accompaniment to the non-offending caregiver during the child's appointment;
 - Provide the non-offending caregiver and the child with information regarding:
 - Courtroom preparation;
 - What to expect in court proceedings and;
 - Accompaniment to all court proceedings at the magisterial district justice and the county courthouse's Court of Common Pleas;
 - Provide crisis intervention counseling, individual counseling, and age-appropriate counseling for children with ongoing support for family members of a child survivor;
 - Provide prevention/education and non-offending parenting support classes to the alleged survivor and their families;
 - Assist in preparation of survivor impact statements and crime victim compensation claims;
 - Make referrals to the appropriate service agencies including, but not limited to, referrals for domestic violence;
 - Participate in community education focused on children's issues, survivors' rights, and the criminal justice system;
 - Provide a 24-hour hotline;
 - Service all cultural lifestyles; and
 - Provide confidential services.

❖ **Behavioral Health Services:**

- **Role:** The role of the behavioral health practitioner is to provide behavioral health assessment and treatment services as appropriate and necessary. A behavioral health practitioner will serve as a member of the MDIT.
- **Responsibilities:**
 - The purpose of behavioral health intervention is to determine first whether there is a need for treatment and if indicated, provide for that need. The MDIT may

recommend a behavioral health assessment if the child exhibits behaviors consistent with abuse and/or if the parent/guardian reports that the child is exhibiting behaviors consistent with abuse. A recommendation may be advised even if there are no obvious signs of abuse. Outlying behavioral health needs may be exhibited during the child's appointment that may not be addressed during the course of the assessment that would determine the need for treatment;

- Treatment services are available through numerous service providers in the county. Each agency or individual will abide by the particular requirements of that agency or individual in accepting clients for care;
- As mandated reporters, behavioral health practitioners are required by law to report all cases of suspected child abuse to ChildLine. If an allegation of suspected abuse surfaces during the course of treatment or if the practitioner has reasonable suspicion of abuse, the practitioner will make the required call. The practitioner will use his/her professional judgment regarding parental/guardian involvement in disclosures. Behavioral health practitioners will share relevant client information with team members only after having obtained the appropriate signed releases;
- All providers of behavioral health services shall be licensed or operate under the licensed supervision of a qualified behavioral health professional. It is recommended that clinicians be trained in trauma focused therapy;
- Each practitioner should clarify his/her role in an abuse investigation and should avoid serving as both investigator as well as therapist.
 - Behavioral health assessment role: Practitioners may conduct initial assessments, not for investigative purposes, but to assess the client's behaviors, coping mechanisms, and need for further services, including needs for treatment, prevention, and/or educational services.
 - Behavioral health treatment role: Practitioners may provide a variety of treatment options to address client issues.
 - Behavioral health advocacy role: As a member of the MDIT, behavioral health practitioners will ensure that team discussion remains focused on the needs of the child. However, no disclosures of client information will be made without proper signed releases; and
- Behavioral health providers will provide training to CAC members as requested or needed.

❖ **Law Enforcement Agencies:**

- **Role:** It is role of law enforcement officers to investigate potential criminal violations when suspected child abuse (sexual, bodily or serious bodily injury) has occurred or when a child is a witness to a crime. It is the goal to limit the number of interviews of the survivor, taking into account the number of other agencies who may be involved. Law enforcement officer are responsible for crime scene investigation, collection of evidence, ensuring the chain of custody of that evidence, and ensuring all interviews are completed, including survivors, witnesses, suspects, and other collateral individuals involved. The goal is to provide public service safely, to apprehend the alleged perpetrator, and to prepare cases for criminal prosecution and punishment of the offender.

○ **Responsibilities:**

- Investigating officers will conduct criminal investigations arising from allegations of suspected child abuse consistent with the laws of Pennsylvania;
- Investigating officers will make every effort to limit the initial interview with a child survivor to only information that is necessary for immediate action (minimal facts interview), such as the safety of the child or the apprehension of an alleged perpetrator, where this is appropriate. Refer to the Cruiser Card provided to all officers that more specifically outlines the response to a report of suspected child abuse;
- Investigating officers shall determine the appropriateness and necessity of taking the child into protective custody. If there is no CCYA involvement as set forth by the Pennsylvania's Juvenile Act 42 Pa. C.S. § 6324 the law enforcement officer shall take the child into immediate protective custody upon establishing reasonable grounds to believe the child is suffering from illness or injury, is in immediate danger from his/her surroundings, and that prompt removal from the situation is necessary;
- Investigating officers shall be responsible for arranging any emergency medical treatment and an emergency forensic medical exam if determined through minimal facts and other initial collateral interviews, the incident may have occurred within the last 72 hours. Law enforcement officer will also photograph and document any visible physical injuries;
- Investigating officers will immediately notify ChildLine, CCYA, and the Kid Friendly County District Attorney's office of reported child abuse allegations (as required by law) as soon as possible after initial notification. During business hours the law enforcement officer should contact CCYA via telephone. If during non-business hours, the law enforcement officer should contact the CCYA on-call caseworker for immediate referral and coordination of efforts;
- Investigating officers will immediately contact the CAC after commencing an investigation into a suspected child sexual abuse, bodily injury or serious bodily injury case to arrange for a forensic interview of a survivor and a forensic medical examination;
- Investigating officers shall determine jurisdiction (with the assistance of the District Attorney's office if need be) of criminal or delinquent acts;
- Investigating officers shall be responsible for interviews of the alleged perpetrator. The CCYA caseworker shall be informed of and included in the interview of the alleged perpetrator;
- Investigating officers shall be notified, attend and participate in the MDIT pre-interview and post-interview meetings and remain as an active part of the observation team while the interview is being conducted for all child interviews at the CAC;
- Investigating officers shall prepare and serve any search warrants with the assistance and approval of the District Attorney's office;
- Investigating officers shall be responsible for identifying and gathering any corroborating evidence, including photographing crime scenes, gathering physical evidence, and interviewing witnesses (obtaining written statements when appropriate), and assisting in the prosecution of a case based on the results of the interview of the survivor;

- Investigating officers shall complete police reports of investigative actions and maintain a police file for discovery;
- Investigating officers shall keep the CCYA caseworker, the District Attorney's office, and the CAC apprised of the progress and disposition of the investigation;
- Investigating officers shall be a part of the MDIT for the duration of the case, including attending and participating in case reviews regarding their cases;
- Investigating officers shall file criminal charges or juvenile allegations where appropriate, with the approval of the District Attorney's office; and
- No criminal charges will be filed without the approval of the District Attorney or an assistant District Attorney.

❖ **Prosecution/District Attorney's Office:**

- **Role:** It is the role of the District Attorney to prosecute alleged perpetrators of child sexual abuse, bodily injury or serious bodily injury when, as determined by the prosecutor, there is sufficient credible evidence of a crime. The decision to prosecute shall be based upon available evidence of child sexual and/or bodily injury or serious bodily injury and the mental, physical, legal, and emotional competence of the survivor/witness.
- **Responsibilities:**
 - The District Attorney's office will seek opportunities to reduce additional trauma to child survivors resulting from participation in the criminal justice process. As part of this effort, they will refer cases that come to their attention to the CAC for forensic medical examination and interviews where the circumstances warrant the same in accordance with the overall MDIT protocol;
 - The District Attorney's office will be involved in the investigation of all suspected child sexual abuse, bodily injury and serious bodily injury cases at the earliest stage possible;
 - The District Attorney's office will be advised by investigators, both law enforcement and CCYA, of the nature and status of the investigation;
 - The District Attorney's office will make all final charging decisions. Specifically, all charges must be reviewed and approved by the District Attorney's office prior to being filed;
 - The District Attorney's office will consult with law enforcement and CCYA to determine and assist with any additional necessary investigations;
 - The District Attorney's office will assist all investigators and aid in the preparation of search warrants and other investigative matters;
 - The District Attorney's office is responsible for representing the interests of the Commonwealth at all criminal and juvenile hearings connected to the allegations of child sexual abuse, bodily injury or serious bodily injury;
 - The District Attorney's office will be notified, attend, and participate in the MDIT pre-interview and post-interview meetings and remain an active part of the observation team while the interview is being conducted for all child interviews at the CAC as needed. Specifically, the District Attorney's office will evaluate and raise any issues that might affect the prosecution of the case, including, but not limited to family dynamics, issues regarding the child's ability to testify in court, and possible evidence collection needed based on the interview;

- The District Attorney's office will ensure that the investigation of allegations of criminal offenses perpetrated against a child is conducted in an orderly, thorough, and objective manner;
- The District Attorney's office will prosecute alleged offenders within the bounds of the law. This includes taking a case forward and moving the case into the formal legal system, holding alleged perpetrators accountable for their actions;
- The following factors may be considered when determining what charges to file against a perpetrator:
 - Nature of the conduct;
 - Survivor's ability to testify;
 - Statement of the survivor and other potential witnesses;
 - Defendant's statements;
 - Corroboration;
 - Evidentiary issues;
 - Procedural issues (statute of limitations, etc.);
 - Progression and completeness of investigation; and
 - Any exculpatory evidence;
- The District Attorney's office, in coordination with Victim Services, will inform the survivors at the essential stages of the case progression and of any and all potential plea offers in accordance with the law;
- The District Attorney's office will coordinate all cases for criminal prosecution;
- The District Attorney's office will make recommendations for follow up services for the survivor and further actions to be taken by each of the team members;
- The District Attorney's office will be an active MDIT participant, attending the team meetings and case reviews, communicating status of cases, peer review, and the positive and negative aspects of the investigation to the other team members;
- The District Attorney's office shall act as final arbiter of disputes which cannot otherwise be resolved amicably among MDIT members;
- All news releases specific to the individual cases being criminally investigated shall be prepared or approved by the District Attorney's office; and
- The final authority concerning prosecution rests with the District Attorney's office.

❖ **First Responders:**

- **Role:** The first responder's basic function is to respond appropriately to an incident or allegation of child abuse using minimal facts inquiry/interview, which provides the first responder with the opportunity to gather necessary facts to ensure the child's safety, initiate an investigation, and make a referral to the CAC. These first responders can be but are not limited to the following: caseworkers, law enforcement on patrol, investigators/detectives, nurses, doctors, counselors, etc.
- **Responsibilities:**
 - The first responder will conduct a minimal facts interview if a child is suspected of having been a survivor of sexual abuse, bodily injury or serious bodily injury. This interview is for the benefit, welfare, and safety of the child;
 - The first concern of the first responder is the safety and health of the child;
 - Conduct a focused interview that is flexible and use developmentally appropriate language for the child;

- Listen to the child without interruption;
- Record the disclosure in the child's words;
- Record the circumstances under which the child made the disclosure;
- Avoid extensive questioning if the child does not volunteer information;
- Develop in-depth facts from other sources present (i.e. adults, co-survivors, witnesses);
- Decide whether to interview the child following these four basic questions:
 - What must be known to make decisions about further action? If the information is not necessary for this purpose, don't ask the child;
 - Is there another source for the information such as the accompanying adult? If so, ask the adult, not the child;
 - Is the child developmentally competent to provide the information I need? For example, refrain from asking the child how many times the abuse occurred. Also ask yourself, is it developmentally appropriate to ask the child when it happened? If not, don't ask the child; and
 - How do I phrase my questions so that they are developmentally appropriate, non-suggestive, and non-leading?;
- As appropriate to the abuse history, first responders should provide the following instructions to the non-offending caregiver(s):
 - Do not clean, wash, launder, wipe or alter in any way the clothing, personal grooming or hygiene items, footwear or bedding used by either the survivor or alleged perpetrator. Please notify investigators of this information;
 - Do not touch, move, clean or otherwise disturb any and all items that may have been used during the abuse, such as electronic devices (cameras, cell phones, computers), furniture, bedding, garbage pail contents, towels, toys, sinks, tubs and toilets;
 - If the child is seen at a hospital on an emergency basis, bring replacement clothing for the child;
 - Do not allow the alleged perpetrator to have access to the child; ensure the child's safety. In the event that the alleged perpetrator is a biological parent of the child, do not allow the alleged perpetrator to have unsupervised access to the child unless the non-offending and offending parent agree to no contact with the survivor child;
 - The child should not bathe, shower, swim, or 'clean up' in any manner;
 - Be supportive of the child. Express that he/she did the right thing by telling the truth and that you are able to listen if the child wants to talk about the events;
 - Do not ask the child questions or allow any family member or friends to question the child regarding the abuse;
 - Do not convey to the child that he/she has done anything wrong, or that he/she or anyone else will suffer consequences for the disclosure; and
 - Do not give the child a sense that he/she is lying or is not believed; and
- Witnesses, other than the survivor in all suspected criminal cases, may be referred for a forensic interview at the discretion of the District Attorney's office, law enforcement, and/or CCYA following consultation with the forensic interviewer at the CAC.

❖ **Child Advocacy Center (CAC):**

- **Role:** Following the MDIT Response, either the CCYA caseworker or law enforcement officer will refer the case to the nearest CAC. That CAC will serve as a member of Kid Friendly County's MDIT. In their role, the CAC will coordinate all forensic interviews, provide a trained forensic interviewer, and participate in the MDIT's case review process. The CAC will coordinate all forensic interviews and medical exams (if not done on an emergency basis), provide a trained forensic interviewer, coordinate and facilitate the MDIT case review meetings, while implementing policy and procedural changes when necessary and act as a liaison to the community on the issue of child abuse and the services provided at the CAC.
- **Responsibilities:**
 - The CAC will apply for and maintain a positive membership status by meeting the National Children's Alliance standards for a CAC;
 - Maintain and manage the operations of the CAC;
 - Initiate and implement protocols utilized by all disciplines through the CAC;
 - Serve as a liaison and coordinate case information among law enforcement jurisdictions, CCYA, District Attorney's office, as well as other MDIT members;
 - Coordinate case review and MDIT staffing among the disciplines;
 - Attend local, state, and national training on child sexual and physical abuse when available and practical;
 - Compile quarterly statistical reports for program evaluation identifying successful outcomes and areas;
 - Serve as a point of contact for referrals, screenings and acceptance of a case and for ongoing MDIT coordination;
 - Contact the appropriate agencies and advise them of the scheduled child forensic interview. These agencies will be as follows law enforcement agency of jurisdiction, prosecuting attorney of jurisdiction, CCYA, victim advocate, and Pediatric Sexual Assault Nurse Examiner;
 - Conduct community assessments to assist with identifying gaps, strategies, and evaluating progress of the CAC and MDIT;
 - Assure children's and family's needs are met in regards to development, culture, and special needs throughout the process of case management, investigation and intervention;
 - Attend Child Death Review Team meetings and assist with compiling and distributing appropriate forms, reports, and statistics as required by the team;
 - Assist in the preparation and follow-up of crime victim compensation claims, including the follow-up with the forensic rape exam claim form;
 - Coordinate specialized child sexual abuse, physical abuse, and educational programs and training for all agencies participating in the CAC;
 - Represent the CAC in public relations/media activities and attend all pertinent community meetings;
 - Compile literature and other resource materials regarding child abuse and make those resources available to the public;
 - Research and apply for sources of revenue for the CAC to promote its mission and goals;
 - Perform other duties as required;
 - Case tracking; and

- MDIT case review (scheduling, organizing, facilitating, and continued tracking).

❖ **Child Advocacy Center (CAC) Advisory Board**

○ **Role:**

The CAC Advisory Board will reflect the demographics of the community while providing citizen oversight, community fundraising support, and professional expertise to the operation and function of the CAC while promoting advocacy for the protection of children.

○ **Responsibilities:**

- Continue to establish membership;
- Consist of at least one representative of each of the following disciplines: Commissioner's Office, CCYA, District Attorney, Pennsylvania State Police, Kid Friendly County Police Chief Association, Kid Friendly County Superintendents, Child Advocacy Center, Victim Services, Kid Friendly County Mental Health Agency and Kid Friendly Hospital/ Medical Physician. The Kid Friendly County Solicitor will hold a nonvoting position within the board to provide legal representation for the County Commissioners and the CAC. Additional agencies such as United Way or other recommended representation will be sought as determined necessary or beneficial by the board;
- Individual Advisory Board member service will include a two-year service agreement. At the conclusion of this two-year service agreement, if the member requests continued participation the remaining board members will vote and majority vote will determine if continued participation is deemed as beneficial and supportive of the vision and mission of the CAC. Membership may be terminated at any time at the request of the individual member or by recommendation and majority vote by the remaining board members;
- The Advisory Board will meet on a regular basis as determined by the committee with a minimum of four times per year and also may meet as directed by the chairperson of the board;
- Make recommendations regarding operational procedures, protocols, and policy within the CAC;
- Provide community oversight to the cooperative process of identification, treatment, and prosecution of offenders;
- Promote community awareness/ education regarding child abuse issues;
- Review the operation and functions of the CAC and provide recommendations as appropriate;
- Guide, shape, and implement the mission as stated within this document by working through the CAC and the involved entities;
- Develop guidelines for the appointment and function of the board and the reporting authority; and
- Mediate unresolved disagreements. If a compromise cannot be reached, the board, by majority consensus, with each entity having one vote, will make a recommendation of compromise that will be implemented.

Section III

Case Definition:

In order for a case to be accepted by the CAC, a case must include, but not be limited to the following:

- ❖ Sexual abuse, sexual exploitation, bodily injury, or serious bodily injury perpetrated by persons determined to be perpetrators as defined by the CPSL;
- ❖ Any of the following criminal offenses or an equivalent crime under federal law or the law of another state:
 - Title 18, Ch. 25 Criminal Homicide
 - Title 18 § 2702 Aggravated Assault,
 - Title 18 § 2709 Harassment & Stalking,
 - Title 18 § 2901 Kidnapping,
 - Title 18 § 2902 Unlawful Restraint,
 - Title 18 § 3121 Rape,
 - Title 18 § 3122.1 Statutory Sexual Assault,
 - Title 18 § 3123 Involuntary Deviate Sexual Intercourse,
 - Title 18 § 3124.1 Sexual Assault,
 - Title 18 § 3125 Aggravated Indecent Assault,
 - Title 18 § 3126 Indecent Assault,
 - Title 18 § 3127 Indecent Exposure,
 - Title 18 § 4302 Incest,
 - Title 18 § 4303 Concealing the Death of a Child,
 - Title 18 § 4304 Endangering the Welfare of a Child,
 - Title 18 § 4305 Dealing in Infant Children,
 - Title 18 § 5902(b) Prostitution & Related Offenses (Felonies),
 - Title 18 § 5903(c)(d) Obscene & Other Related Materials,
 - Title 18 § 6301 Corruption of Minors,
 - Title 18 § 6312 Sexual Abuse of Children (Child Pornography);
- ❖ Cases involving a child fatality or near fatality;
- ❖ Cases in which a child has made an initial disclosure about sexual abuse, bodily injury and/or serious bodily injury and a report has been made to law enforcement, CCYA or District Attorney team member;
- ❖ Serious physical injuries involving extensive and severe bruising, burns, broken bones, lacerations, internal bleeding, abusive head trauma, strangulation, or any injury that significantly impairs a child's physical functioning, either temporary or permanently;
- ❖ Cases in which a child is a survivor of serious neglect not resulting in death or bodily injury;
- ❖ Cases in which a child is a witness to acts of violence or sexual abuse by another and law enforcement, CCYA or District Attorney team member believes the child and team would benefit from a forensic interview;
- ❖ Siblings of an alleged survivor, when the abuse is alleged to have been committed by an individual who had contact with the sibling and or disclosure is made regarding another child;
- ❖ If an alleged survivor discloses that they have witnessed or have knowledge of abuse of others whether it is a sibling or another child that may have come in contact with the alleged perpetrator; and
- ❖ Cases approved by the CAC director which would benefit from the services of the CAC.

Case Referral:

Cases shall be referred to the CAC by an appropriate agency seeking services. These appropriate agencies include but are not limited to the following:

- ❖ Law enforcement;
- ❖ Child protective services; and
- ❖ District Attorney's office.

The CAC will make an initial review of each referral to determine if the case is appropriate for services under the MDIT Protocol and Procedure:

- ❖ Cases involving allegations of sexual abuse involving allegations of rape, statutory sexual assault, sexual assault, involuntary deviate sexual intercourse, aggravated indecent assault, indecent assault, indecent exposure, incest, and prostitution in which the child is at or between the ages of 3-14 will be referred to the CAC;
- ❖ Cases involving allegations of sexual abuse in which there are computer/phone/internet or child pornography involvement may be referred to the CAC for consideration of services;
- ❖ Cases involving allegations of serious bodily injury in which the child has sustained a serious observable or medically documented injury and is at or between the ages of 3-14 will be referred to the CAC;
- ❖ Cases involving domestic violence shall be referred to the appropriate law enforcement agency pursuant to the domestic violence protocol;
- ❖ Cases involving child witnesses of domestic violence may be brought to the CAC for a forensic interview at the direction/discretion of the District Attorney's office;
- ❖ Cases involving children sexually acting out may be referred to the CAC for consideration of services; and
- ❖ All other cases meeting case definition criteria listed above and not previously mentioned in case referral criteria may be referred to the CAC for consideration of services.

Case Coordination:

Referral to the CAC will come from the identified agencies. Should the report of alleged abuse come from a non-offending caregiver or other reporting source, the CAC will collect the necessary information and report to CCYA.

Coordinating the forensic interview and exam will include the following:

- ❖ Within 48 hours or less of accepting a case into the CAC, staff will notify the appropriate investigators to schedule the forensic interview and medical exam;
- ❖ The CAC will contact the team members to confirm date and time for pre-interview team meeting, the forensic interview, and medical exam;
- ❖ The law enforcement official or CCYA caseworker will notify the non-offending caregiver of the interview appointment and collect additional information. Non-offending caregivers will be discouraged to:
 - Discuss the investigation with others in the child's presence;
 - Tell the child he/she is coming to play;
 - Lie to the child in any way about the allegation or forensic interview;
 - Rehearse the child's statement about the specific allegation;
 - Scare the child in any way;
 - Make any promises as to what may or may not happen to the alleged perpetrator after the forensic interview; and
 - Question the child regarding the incidents involved;

- ❖ The CAC will inform the non-offending caregiver of the process of the forensic interview and medical exam. The non-offending caregiver will be informed that he/she will be in the waiting area for the duration of the forensic interview. The non-offending caregiver will not be permitted to observe the forensic interview. The non-offending caregiver will also be given the opportunity to receive services if requested. Due to the sensitivity of the case, the non-offending caregiver is discouraged from bringing multiple individuals to the appointment; and
- ❖ The alleged offender of a report will not be permitted on the premises of the CAC or to be present for a forensic interview or medical exam regardless if that individual is the parent/guardian of the alleged survivor child. The CAC will receive verbal authorization from that parent/guardian (if another parent/guardian is unavailable) to conduct the forensic interview and medical exam and will obtain permission for an individual appointed by the parent/guardian to represent them and sign any necessary paperwork at the CAC.

Case Review:

Case review will occur at three stages of the investigative process: pre-interview meeting, post-interview meeting, and case review meeting. All MDIT members will provide the most up-to-date information regarding the case at each case review meeting.

Case Review Meeting:

The MDIT will meet as needed or on at least on a monthly basis to review cases referred to the CAC. Meetings will be held the first Friday of each month to begin at 10:00 a.m. in the Kid Friendly County CAC Conference Room, unless otherwise arranged and scheduled by the MDIT Team. All participating agencies will be notified by the CAC of the docket for case review in advance of the case review meeting. Scheduling, docket preparation, and distribution will be the responsibility of the CAC.

At a minimum, case review meetings will have at least one representative from each of the following disciplines: law enforcement, prosecution, CCYA, medical, behavioral health, victim advocacy, forensic interviewer and the CAC coordinator.

Case review meetings will be utilized as an opportunity to:

- ❖ Share additional case information;
- ❖ Brainstorm ideas, problem solve, and create action steps;
- ❖ Coordinate investigative process and services;
- ❖ Track cases;
- ❖ Increase MDIT members' understanding of the complexity of the child abuse cases; and
- ❖ Create a strong collaborative team and enhance the team process.

Recommendations for further action will be noted and communicated to the appropriate parties by the CAC coordinator.

- ❖ The CCYA will make the final decision about filing a Juvenile Dependency Petition and/or seeking an Order to remove children from their home; and
- ❖ The District Attorney will make the final decision regarding prosecution of the alleged offender.

Case Tracking:

The CAC is responsible for receiving all MDIT referrals and providing information on reports to all MDIT members. The CAC will keep a log of all MDIT referrals according to type of referral and law enforcement jurisdiction for statistical purposes:

- ❖ Case tracking will be done electronically and retained by the CAC;
- ❖ Case tracking will be initiated upon receipt of a referral from law enforcement or CCYA

- Referrals from law enforcement or CCYA should never contain identifying information regarding a referral source; their identifying information must be redacted;
- ❖ Based on the above criteria, a case will be tracked until designated as closed;
- ❖ MDIT case tracking information will be entered into an electronic database maintained by the CAC; and
- ❖ MDIT members may request case tracking information from the CAC.

The CAC file for each MDIT case will contain the following:

- ❖ Authorization to conduct the interview and the release of information form signed by parent/caretaker, or child (over 14);
- ❖ Signed release of the forensic interview DVD and drawings form (law enforcement and CPS);
- ❖ Forensic interview sign-in sheet/confidentiality form;
- ❖ All intake and demographic information for survivor and alleged offender (statistical data form);
- ❖ Original forensic report and drawings;
- ❖ All information required by the National Children's Alliance (NCA); and
- ❖ Additional information as appropriate.

Section IV

Investigating Protocol:

❖ Intake/Reports/Referrals:

- Reports of suspected child abuse will be made primarily to CCYA and/or local law enforcement agencies. Reports made to law enforcement should be forwarded, as soon as possible, to CCYA, ChildLine, and the district attorney's office;
- Based on the jurisdiction in which the alleged incident occurred, the respective law enforcement department will be notified immediately by CCYA;
- During the course of the reporting phase, CCYA and law enforcement will conduct, in the field, a minimal facts interview;
- Following reports made to either CCYA or law enforcement, should these cases meet the case eligibility for the CAC, a prompt referral will be made to ensure swift coordination of the forensic interview and medical exam;
- Referrals can be made to the CAC by calling the CAC coordinator during regular business hours. During non-business hours the CAC coordinator may be reached by telephone (the Kid Friendly County 9-1-1 Center non-emergency telephone number). When calling non-emergency, provide your contact information and request that the CAC coordinator be contacted. This information will be provided to the coordinator, who will then return your call. Referrals during non-business hours should be made only on an emergency basis;
- The referral source will notify CAC staff of the following:
 - Name and age of the child;
 - Allegations of abuse;
 - Site of abuse;
 - Name and age of the alleged perpetrator;
 - Addresses of both the child and alleged perpetrator;
 - Caregiver contact information; and
 - Any additional information as needed; and

- Possible times that the family, CCYA and law enforcement will be available to attend the forensic interview and medical exam.

❖ **Coordination of Investigation:**

- From the onset of the report and the investigation, all investigative entities will work collaboratively in the investigation of all types of child abuse:
 - Each discipline will follow the investigative policies of its respective agency. Ideally, all child sexual abuse, bodily injury, and serious bodily injury will begin as a team investigation by CCYA and law enforcement; and
 - Members of all investigative teams shall provide their investigative counterparts with any and all information pertinent to the investigation in which they are involved unless otherwise directed by agency policy or state law. However, any and all information not specifically excluded as a violation of law or policy shall be shared. Information requests from other agencies/departments should be responded to within 48-hours; and
- Release of information to law enforcement:
 - Upon receipt of a CY-47 from ChildLine, the District Attorney's Office will forward the report via email to the appropriate investigating law enforcement agency. Additionally, the District Attorney's Office should inform the CAC MDIT Coordinator of information regarding the report (referral source's identifying information must be redacted) to assure appropriate MDIT case tracking;
 - When appropriate, the CCYA will provide a CY-104 Form to law enforcement, the District Attorney's Office and the CAC MDIT Coordinator within 24 hours of receipt of report that meets criteria for referral to law enforcement (referral source's identifying information must be redacted);
 - If law enforcement is requesting reports obtained by the CCYA, the written request must specify what reports are being requested (see page 30);
 - The CCYA will release all documents in accordance with 23 Pa. C.S. § 6340(a)(10) including but not limited to medical reports, forensic reports, photographs, and x-rays, as long as those documents are relevant to the investigation;
 - Law enforcement shall ensure the confidentiality and security of information released by CCYA. A person, including an employee of a law enforcement agency who violates the provisions of 23 Pa. C.S. § 6349(b) (Unauthorized Release of Information) shall, in addition to other civil or criminal penalties provided by law, be denied access to information provided under the CPSL; and
 - The CCYA will not release any case notes. However, the notes will be available for review upon request.

❖ **Order and location of collateral witness interviews:**

The investigative team will decide on a case by case basis which order it will interview the child/children, alleged perpetrator, siblings, parents (non-familial cases), and non-offending caregiver (familial cases). The team will make a referral to the CAC for a forensic interview with the child:

- Interview with Siblings*/Other Possible Survivors/Possible Child Witnesses:
Investigative team members should interview siblings, teachers, child care providers, or

others who may have observed behavioral or physical changes in the child or may have heard statements made by the child which may support, explain, or provide additional information for follow-up interviews with the alleged survivor, non-offending caregiver, or alleged perpetrator

**If the child is age 14 or under a referral may be made to the CAC to coordinate a forensic interview of a child witness;*

○ Interview with the Non-Offending Caregiver:

As per the county protocol, investigators (CCYA and law enforcement) should immediately interview the non-offending caregiver. The non-offending caregiver should be informed of the allegations. If the investigative team has reason to believe the child was abused, the team needs to know if this caregiver is able and willing to protect the child and how this will be accomplished. The non-offending caregiver should be given the names of the investigative team and information on how to contact both members of the team as well as the telephone numbers for crisis and support services; and

• Interview with Alleged Perpetrator:

In every case, unless the child is at risk, law enforcement will have the opportunity to interview/interrogate the alleged perpetrator prior to the alleged perpetrator (or any other subject of the abuse report) of the existence of the report. However, this can be reasonably delayed if, among other reasons, it may “cause the perpetrator to abscond or to significantly interfere with the conduct of a criminal investigation.” (§6368 of CPSL).

The CCYA must inform law enforcement of the requirement to notify the alleged perpetrator and the possibility to delay the notification if law enforcement requests the CCYA to do so. Law enforcement must advise the CCYA if there is delayed notification to the alleged perpetrator:

- Joint interviews by law enforcement and CCYA of the alleged perpetrator will occur unless otherwise requested by the law enforcement official or CCYA.
- Law enforcement will be responsible for initiating the interview of the alleged perpetrator.
- Law enforcement must keep CCYA advised of the status of the investigation and vice-versa.
- In cases where it is necessary for immediate CCYA contact with the alleged perpetrator, the CCYA Caseworker will contact the respective law enforcement investigator to arrange the interview with the alleged perpetrator.
- The alleged perpetrator (subject of the report) must be notified orally of his/her rights prior to being interviewed under 42 Pa. C.S. § 6337 and §6338 (relating to right to counsel). This is required by the CPSL.

Under no circumstances are the alleged perpetrator interviews to be conducted at the Child Advocacy Center.

***In the event that a juvenile perpetrator additionally makes a disclosure of abuse that meets the criteria for referral to the CAC, a forensic interview will be conducted with the understanding that no information**

pertaining to any criminal acts, charges or prosecution will be discussed. In the event that this information is brought up during the interview, the interview will be terminated immediately. The juvenile perpetrator will not be permitted to be present at the CAC during the time period that his/her alleged victim is present.*

❖ **Medical Exams:**

Medical exams are offered to all children referred to the CAC. The follow identifies when and where the child should receive medical treatment/evaluation depending on the alleged abuse:

- Bodily Injury or Serious Bodily Injury: In acute trauma cases, the child will be transported immediately to the nearest medical hospital pending evaluation with possible transfer to Children's Hospital of Pittsburgh; and
- Sexual Assault:
 - In acute cases of sexual assault (involving penile and/or digital penetration of the vagina or anus) with the most recent incident occurring within the past 96-hours, the child will be transported immediately to the emergency department at Kid Friendly Hospital where an exam will be conducted in a timely manner by an emergency room physician with a Pediatric Trained Sexual Assault Nurse Examiner, if available;
 - In acute cases of sexual assault (not involving penile and/or digital penetration of the vagina or anus) with the most recent incident occurring within the past 24-hours, the child will be transported immediately to the emergency department at Kid Friendly Hospital where an exam will be conducted in a timely manner by an emergency room physician with a Pediatric Trained Sexual Assault Examiner, if available;
 - When a minor presents at Kid Friendly Hospital for sexual assault, the medical staff will notify ChildLine, Child Protective Services, the respective law enforcement agency, Victim Services, Inc., and the CAC. The medical exam will be completed by a Pediatric Trained Sexual Assault Examiner; and
 - Non-acute medical exams (beyond 96-hours) will occur following the forensic interview:
 - The CAC will offer medical exams to all children who receive a forensic interview;
 - In the event that a Pediatric Trained Sexual Assault Examiner is unavailable to perform the medical exam, the family will be referred to Children's Hospital of Pittsburgh; and
 - Should the caregiver refuse the medical exam, the caregiver will sign a refusal to receive medical attention form and it will be documented in the medical record.

❖ **Validation Decision Making:**

Once all the evidence has been gathered, the investigative team will conduct the validation process. This process, pulls all the evidence together, including that which supports and refutes the allegations. The decision should be based on seven classes of evidence:

- The child's statement;
- Statement of other witnesses including other children, non-offending parents, teachers, and other professionals and adults;
- Medical findings;

- Physical evidence;
- Behavioral indicators;
- Any relevant, psychological information involving the child, family, or alleged perpetrator; and
- The statement of the alleged perpetrator.

Interview Protocol:

❖ Minimal Facts Interviews:

- In order to minimize the degree of trauma to the child, (and to preserve the integrity of the evidence/witness testimony) and potential claims of tainted material by defense counsel, investigations will be conducted jointly between a law enforcement agency and CCYA. **When the child is between the ages of three (3) and fourteen (14) years inclusive and meets the criteria for case referral, a forensic interview shall be conducted at the CAC.** When possible, a full interview of the child shall not be conducted prior to a forensic interview;
- Following the initial report of alleged child abuse, basic information must be collected to determine whether child maltreatment has likely occurred and if a forensic interview should be conducted. The first responder will identify the informants, and interview each informant privately;
- CCYA is mandated to assess the safety of all children in the family and to respond to all emergency and safety concerns. The initial child contact must be completed within the CPS timeframe and must provide sufficient information to assess the child's safety;
- To accomplish the goals of the first responder contact, the following information should be collected:
 - What type of abuse activity occurred;
 - Where did it happen (multiple jurisdictions);
 - When did it happen;
 - Who is/are the alleged perpetrator(s) and relationship to the child (Date of birth, social security number, and address, if possible);
 - Are there witnesses and/or other survivors? If yes, what are their names and ages;
 - Is the child physically and emotionally safe;
 - Are other steps necessary to assure the safety of the child and other potential survivors;
 - Is immediate medical attention necessary for the child's health or to gather physical evidence;
 - Who reported the incident; and
 - How is the reporting source related to the child?;
- The first responder should be reassuring, observant, and objective throughout the interview. Much of the necessary information may be gathered from an adult caregiver, if they are deemed to be protective of the child and reliable. However, the first responder must meet the child's safety, emotional state, and physical condition. The first responder should focus on safety and well-being assessment questions;
- Talking directly with the child, the first responder will:
 - Get an eye level position with the child and introduce yourself;
 - Put the child at ease and get the child talking;
 - Ask the child neutral questions (name, school, grade, where they live);

- Show interest in something the child likes or enjoys doing; and
 - Ask questions regarding safety and physical well-being;
- Any and all spontaneous statements should be documented. The first responder should not silence a verbal, forthcoming child; but should not ask for further details. All information reported by the child should be recorded in as verbatim a manner as possible, including noting emotional state and behaviors;
- If the first responder has any concerns about the emotional or physical safety of the child, he/she should ask the necessary questions to make a decision about safety planning or removing the child from the home. The child's safety takes precedence over all other concerns;
- If the first responder determines that the child needs referred to the CAC, the following steps should be taken:
 - The first responder should provide the non-offending caregiver the contact information for the CAC and answer any questions regarding the CAC; and
 - The child should be given an age appropriate explanation of the CAC. A first responder's positive contact can provide a bridge to ease the child's anxiety about the CAC interview; and
- The safety of all children in the household must always guide our practice. If it is the judgment of the first responder that the above questioning should be extended to assess the safety and well-being of the child, the investigator should use his/her professional judgment. If arrest or apprehension of the alleged perpetrator may be facilitated by further questions, the law enforcement first responder should follow procedures recommended by their protocols.

❖ **Forensic Interviews:**

- When the child is between the ages of three (3) and fourteen (14) years and meets the criteria for case referral, a forensic interview shall be conducted at the CAC. Any referrals outside of this age range will be discussed between law enforcement official, CCYA and CAC coordinator on an as needed basis to determine if an interview should be held at the CAC;
- A Pre-Interview Team meeting including CPS, law enforcement, District Attorney's office, and the forensic interviewer will occur prior to the interview. Information shared includes a review of any prior interviews of the child, a review of prior relevant criminal and CPS history with the family, any relevant cultural and/or development considerations, and any critical issues to be addressed with the child. The caregiver will not be present during this meeting so the forensic interviewer will remain neutral;
- The caregiver will complete the CAC authorization providing their consent to the interview and recording of their child, as well as the sharing of information among MDIT members. All children 14 years or older may sign the consent to record and share information for themselves, and the caregiver will be encouraged, but not required to give their consent as well. Should the non-offending caregiver refuse to provide consent, the team will convene to discuss how to proceed. Should the primary parent/guardian be unavailable to be present for the interview and provide written consent, the referring agency, i.e. law enforcement, CCYA, or the District Attorney's office will be responsible for obtaining written authorization from that parent/guardian to conduct the forensic interview and/or medical exam prior to the scheduled appointment time with the CAC. The CAC will provide the referring agency with necessary consent forms to have the parent/guardian sign. Documentation of authorization must be provided to the CAC prior to the initiation of services. The parent/guardian must assign an appropriate

alternative guardian to accompany the child to the CAC during the course of the interview and/or medical exam;

- If an interpreter is required for the interview, a certified/court approved language interpreter must be utilized. He/she is required to complete the CAC confidentiality statement for language interpreters prior to the child's interview. This form will be provided to the interpreter upon his/her arrival at the CAC and prior to the child's interview. The forensic interviewer must meet the interpreter 15 minutes prior to the team meeting and interview to review this statement, orient the interpreter to the CAC model, and determine if the interpreter is appropriate and competent to conduct the interview appropriately. If inappropriate, the interview must be rescheduled and a new interpreter will be requested. If, during the interview, the forensic interviewer and/or the investigative team determine that the interpreter is not following the guidelines agreed upon in the confidentiality statement, the forensic interviewer will take a break from the interview and address such issues privately. If at any time during the interview, the interpreter is not following guidelines, the forensic interviewer may end the interview and reschedule for a later date with a new interpreter;
- Only members of the MDIT may view a forensic interview. Occasionally, an individual who is not an MDIT member will observe an interview with the permission of the CAC coordinator, for reasons such as educational and/or training with partner agencies of the CAC. Individuals who are not MDIT members and who are observing an interview must complete the CAC confidentiality statement prior the child's interview Parents/caregivers may not observe or view the interview;
- It is the policy of the CAC and the MDIT that the alleged perpetrator is not to be on the premises during the child's appointment. It is the responsibility of the referring agency to inform, if applicable, the alleged perpetrator and the non-offending caregiver of the policy upon initial contact. Further, it is the responsibility of the CAC to reinforce with the non-offending caregiver of the policy prior to the forensic interview;
- If any individual identified as an alleged perpetrator arrives at the CAC, he/she shall be asked to leave the premises immediately by a member of the MDIT excluding the forensic interviewer;
- Electronic Recording Procedure:
 - All interviews of children at the CAC will be electronically recorded, unless consent to record is refused or there is equipment failure. If equipment fails, the interview can continue with the agreement of all investigative team members. The interview will be transcribed by the forensic interviewer immediately following the interview. If video equipment fails but audio recording is functioning, an interview will continue and the investigative team members will note the child's body language and behaviors throughout the interview;
 - The recorded interview will be conducted by a trained forensic interviewer;
 - The electronic recording of the interview will be made by the CAC. A log sheet of all CAC authorized individuals or team members who witnessed the interview via closed circuit monitor will be maintained by the CAC;
 - The interview will be recorded on the hard drive and a DVD. The interview on the hard drive will be maintained indefinitely. A documentation log will also be maintained;

- One electronically recorded statement will be made of each child, unless there is a valid reason to do an additional interview. This decision will be made by the MDIT or the District Attorney;
- The original electronic recording will be secured by the forensic interviewer until a forensic report is completed and submitted to investigative parties; and peer review if appropriate has been completed. Upon completion of these requirements the original electronic recording will be provided to the Kid Friendly County District Attorney's office to be maintained in their secure evidence room;
- A copy of the electronic recording will also be provided by the CAC to the appropriate investigating law enforcement agency to be maintained in their secure evidence room; and
- A copy of the electronic recording will also be provided by the CAC to Child Protective Services to be maintained in a secure location;
- Child Interview:
 - The forensic interview structure to be used is a nationally recognized forensic interview model. These include National Children's Advocacy Center (NCAC), American Professional Society on the Abuse of Children (APSAC); CornerHouse, National Institute of Child Health Development (NICHD).
 - The interviewer will be provided breaks during the child interview to consult with the observing team. This break will provide the opportunity to receive feedback to ensure that the child's interview is comprehensive. Communication between the interviewer and the team will be determined prior to the interview. At the beginning and prior to the break the forensic interviewer will inform the child that the interview is being observed. All bilingual interviews will be conducted in the same manner;
 - The forensic interviewer will introduce them self to child and escort the child to interview room and back to waiting room once the interview is completed;
 - During interview, only the forensic interviewer is in the room with the child. The investigative team will view the interview via closed circuit monitors from the observation room. Parents are not permitted to observe the child interview and must remain in the waiting room at the CAC during the interview;
 - The CAC staff will meet with the non-offending caregiver to review demographics and educational/medical information per the CAC intake process; and
 - Upon obtaining National Children's Alliance membership, the interview and related information will be documented on NCAttrak. Data will be submitted twice annually to the National Children's Alliance;
- Post-Interview Team Meeting:
 - The child's interview will be discussed by the investigative team immediately following the interview;
 - Any new allegations of abuse will be reported, by the forensic interviewer, following the interview by calling ChildLine at 1-800-932-0313 or a written report using electronic technologies (www.keepkidssafe.pa.gov); and
 - Members of the investigative team and the victim advocate will meet with the non-offending caregiver to discuss the next steps in the investigation,

- recommendations, and to give the caregiver the opportunity to ask questions and express concerns;
- Forensic Interviewer Training, Peer Review, and Supervision:
 - Forensic interviewers must attend one of the NCA identified forensic interview trainings prior to interviewing: NCAC, APSAC, CornerHouse, or NICHD;
 - The forensic interviewers at the CAC are required to regularly attend training and participate in peer review opportunities;
 - In addition to the above, forensic interviewers at the CAC are required to participate in peer review at a minimum of twice annually, defined by the evaluation and assessment of work or performance by other people in the same field in order to maintain or enhance the quality of work or performance in that field. This includes, but is not limited to the following:
 1. Review of recorded interviews including the following:
 - a. Interviews conducted by other interviewers in the same office;
 - b. Interviews presented during training and peer review opportunities; or
 - c. Interviews conducted by that interviewer to provide interviewers the opportunity to watch themselves;
 2. Observation of interviews for training purposes, including the following:
 - a. Interviews conducted by other forensic interviewers in the same office; and
 - b. Interviews conducted at other sites when available and appropriate for training purposes;
 3. Keeping current by reading current research and literature on forensic interviewing;
 4. Role playing with experienced forensic interviewers, especially prior to conducting their own interviews, but also if the opportunity arises in training opportunities; and
 5. Interviewing children on non-abuse related topics in various training opportunities, especially prior to conducting any interviews on their own; and
 - Forensic Interviewers and staff at the CAC may be given the opportunity for supportive services upon request. Such supportive services may include individual or group debriefing.

Section V

Sensitivity to Cultural Diversity

❖ Cultural Diversity Sensitivity

The CAC will provide comprehensive and quality services to all children and their families impacted by child maltreatment within the counties served, regardless of:

- | | |
|--------------------------|-------------------------------------|
| ○ Race; | ○ Family structure; |
| ○ Gender; | ○ Religion; |
| ○ Ethnicity; | ○ Language; and |
| ○ Sexual Orientation; | ○ Physical limitations or any other |
| ○ Socio-economic Status; | type of limitations or challenges. |

Section VI

Confidentiality

❖ Confidentiality Guidelines:

- Child survivors and their families will receive confidential services while being provided with competent case investigation, case review, counseling and/or referrals for other human service resources as needed;
- All MDIT members, within the bounds allowed by law and the rules and regulations of their respective agency, agree to maintain the confidentiality of all records and information gathered on all cases investigated through the CAC. All MDIT members further agree not to release any record or information on any case except as it relates to the legitimate program operations of their respective agencies;
- All members of the MDIT agree to respect the privacy and persons served at the CAC and hold in confidence all information obtained in the course of professional services. The MDIT members further agree to maintain confidentiality when storing or disposing of client records, and to maintain a professional attitude that upholds the confidentiality rights of individuals served, colleagues, and the CAC;
- Upon termination of employment, all MDIT members agree to maintain client and co-worker confidentiality and to hold as confidential any information obtained concerning the CAC;
- For the purpose of facilitating communication between the members of the MDIT and agencies/organizations to which clients of the CAC are referred for services, the CAC staff will request those clients and/or their legal guardian sign appropriate consent forms;
- Requests for information from the CAC must be in the form of a written authorization of release of information which meets the needs of investigative purpose; and
- Should records be subpoenaed by a civil attorney a standardized response is to be given in writing stating:

On [date] the Kid Friendly County Child Advocacy Center received a subpoena for “all records and interview tapes involving the investigation concerning [child’s name].”

The purpose of the Kid Friendly County Child Advocacy Center is to assist in the investigative process of child abuse allegations. It is the procedure and policy of the Kid Friendly County Child Advocacy Center, following all forensic interviews, to release any and all evidence to the respective law enforcement jurisdiction. Should you require these documents you are advised to contact the investigating law enforcement agency, Children and Youth Services, and or the District Attorney’s Office.

Section VII

Signatures

We, the undersigned agencies, agree that a multi-disciplinary approach is the ideal for responding to the child survivors of abuse and neglect. The shared goal is to work collaboratively using best practices to ensure the most effective coordinated response possible for every child survivor in Kid Friendly County. Each of the undersigned agencies has specific responsibilities with regard to the investigation, assessment, interview, advocacy, therapeutic treatment, and prosecution of cases of child abuse. We agree to support the concept and adhere to the guidelines of the protocol as outlined. We understand that on occasion exceptions to these guidelines will be necessary. We, the undersigned, do hereby acknowledge that the multi-disciplinary approach will unify our community in the daily struggle to ensure the protection of our children.

Child Advocacy Center, Coordinator/Forensic Interviewer **Date**

District Attorney **Date**

Children and Youth Services, Administrator **Date**

Pennsylvania State Police, Corporal **Date**

Victim Services Inc. **Date**

Kid Friendly Hospital, Pediatric SANE **Date**

Assistant District Attorney **Date**

Kid Friendly County DBHS, Director BSU/Crisis **Date**

Children and Youth Services, Casework Supervisor **Date**

District Attorney's Office, Detective **Date**

Children and Youth Services, Assistant Administrator **Date**

Children and Youth Services, Casework Supervisor **Date**

Children and Youth Services, Solicitor **Date**

Pennsylvania State Police, Trooper **Date**

Kid Friendly Borough Police Department, Chief **Date**

Victim Services, Inc **Date**

Date

Date

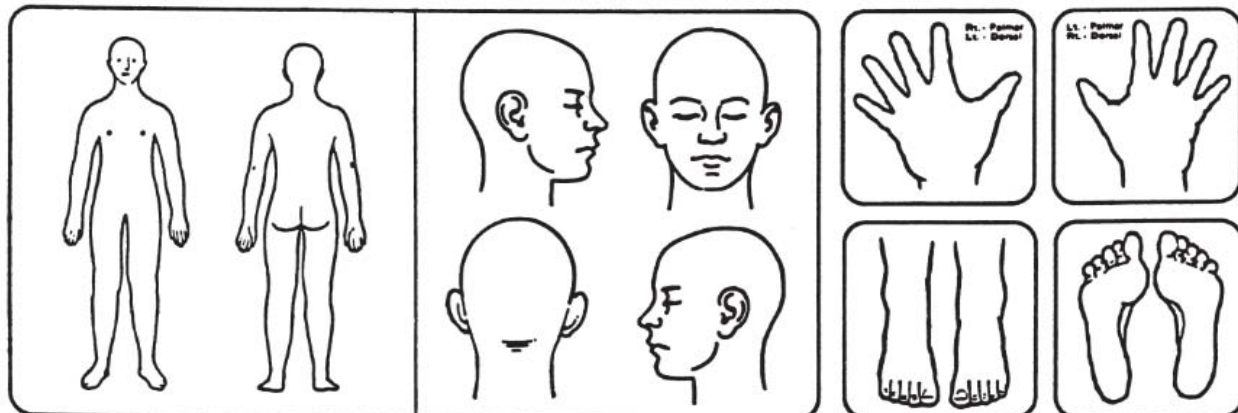
Section VIII

Attachments

REPORT OF SUSPECTED CHILD ABUSE (CHILD PROTECTIVE SERVICE LAW - TITLE 23 PA CSA CHAPTER 63)

PLEASE REFER TO INSTRUCTIONS ON REVERSE SIDE. EXCEPT FOR SIGNATURE, PLEASE PRINT OR TYPE

1. NAME OF CHILD (Last, First, Initial)		SSN	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (State, City, State & ZIP Code)			COUNTY	
1A. PRESENT LOCATION IF DIFFERENT THAN ABOVE			COUNTY	
2. BIOLOGICAL/ADOPTIVE MOTHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.
ADDRESS (City, State & ZIP Code)			COUNTY	
3. BIOLOGICAL/ADOPTIVE FATHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.
ADDRESS (City, State & ZIP Code)			COUNTY	
4. OTHER PERSON RESPONSIBLE FOR CHILD		SSN	BIRTHDATE	RELATIONSHIP TO CHILD
ADDRESS (City, State & ZIP Code)			COUNTY	TELEPHONE NO.
5. ALLEGED PERPETRATOR (Last, First, Initial)		SSN	BIRTHDATE	RELATIONSHIP TO CHILD
ADDRESS (City, State & ZIP Code)			COUNTY	TELEPHONE NO.
NAME OF ALLEGED PERPETRATOR'S EMPLOYER AND EMPLOYER'S ADDRESS				
6. FAMILY HOUSEHOLD COMPOSITION (Excluding Above Names)				
NAME (Last, First, Initial)		RELATIONSHIP TO CHILD		NAME (Last, First, Initial)
RELATIONSHIP TO CHILD		NAME (Last, First, Initial)		RELATIONSHIP TO CHILD
A.		D.		
B.		E.		
C.		F.		
ADDRESS WHERE THE SUSPECTED ABUSE OCCURRED			COUNTY	
DESCRIBE THE NATURE AND EXTENT OF THE SUSPECTED CHILD ABUSE, INCLUDING ANY EVIDENCE OF PRIOR ABUSE TO THE CHILD OR ANY SIBLING OF THE CHILD. ALSO INCLUDE ANY EVIDENCE OF PRIOR ABUSE BY THE ALLEGED PERPETRATOR(S) TO OTHER CHILDREN. PLEASE NOTE EXACT LOCATION OF THE INJURY(S) ON MODEL BELOW.			DATE OF INCIDENT	



CY 47 12/14

7. ACTIONS TAKEN OR ABOUT TO BE TAKEN BY THE PERSON MAKING THE REPORT:			
<input type="checkbox"/> NOTIFICATION OF CORONER OR MEDICAL EXAMINER	<input type="checkbox"/> X-RAYS	<input type="checkbox"/> PHOTOGRAPHS	<input type="checkbox"/> HOSPITALIZATION
<input type="checkbox"/> POLICE NOTIFIED	<input type="checkbox"/> MEDICAL TEST(S)	<input type="checkbox"/> TAKEN INTO PROTECTIVE CUSTODY	<input type="checkbox"/> OTHER (Specify) _____
8. SAFETY CONCERNS AND RISK FACTORS:			
A. DESCRIBE THE CHILD(REN)'S PHYSICAL AND BEHAVIORAL HEALTH, GOOD MOOD AND TEMPERAMENT. DESCRIBE CHILD(REN)'S INTELLECTUAL FUNCTIONING, COMMUNICATION AND SOCIAL SKILLS, SCHOOL PERFORMANCE AND PEER RELATIONS. INCLUDE WHETHER THE CHILD(REN) HAS EXPRESSED ANY SUICIDAL/HOMICIDAL IDEATION OR PLANS.			<input type="checkbox"/> INFORMATION UNKNOWN
B. DESCRIBE HOW THE ADULT CAREGIVERS FUNCTION COGNITIVELY, EMOTIONALLY, BEHAVIORALLY, PHYSICALLY AND SOCIALLY. INCLUDE WHETHER THE ADULTS HAVE ANY MENTAL HEALTH, SUBSTANCE USE ISSUES AND/OR CRIMINAL HISTORY. DOCUMENT ANY PAST OR PRESENT DOMESTIC VIOLENCE. RECORD THE EMPLOYMENT STATUS/SOURCE OF INCOME AND WHETHER THERE ARE ANY FINANCIAL STRESSORS IN THE HOME. INCLUDE ANY SAFETY OR SANITARY CONCERNS REGARDING THE CONDITIONS OF THE HOME AND WHETHER THERE ARE WORKING UTILITIES. WHAT IS THE PRIMARY LANGUAGE OF THE HOUSEHOLD?			<input type="checkbox"/> INFORMATION UNKNOWN
C. DESCRIBE WHETHER THE CAREGIVERS HAVE THE APPROPRIATE KNOWLEDGE, EXPECTATIONS AND SKILLS TO PARENT THE CHILD(REN) ADEQUATELY, DOES THE CAREGIVER ADEQUATELY SUPERVISE THE CHILD(REN)? ARE THEY WILLING AND ABLE TO PROTECT THE CHILD(REN)? DESCRIBE THE ABILITY OF THE CAREGIVER TO EMPATHIZE, NURTURE AND ADVOCATE FOR THE CHILD(REN).			<input type="checkbox"/> INFORMATION UNKNOWN
D. DESCRIBE THE CAREGIVERS' APPROACH/METHODS OF DISCIPLINING THE CHILD(REN). DESCRIBE WHEN DISCIPLINE OCCURS AND WHETHER DISCIPLINARY METHODS ARE AGE-APPROPRIATE? ARE THERE ANY CULTURAL PRACTICES IN THE HOME THAT WOULD INFLUENCE THE DISCIPLINARY METHODS USED?			<input type="checkbox"/> INFORMATION UNKNOWN
E. PLEASE PROVIDE ANY ADDITIONAL INFORMATION RELEVANT TO THE INVESTIGATION PROCESS THAT HAS NOT ALREADY BEEN ENTERED IN THIS REFERRAL. THIS MAY INCLUDE ADDITIONAL ADDRESSES TO LOCATE THE CHILD OR PERPETRATOR, ADDITIONAL RESOURCES FOR THE CHILD, EMAIL ADDRESSES, INFORMATION ABOUT ANY WEAPONS IN THE HOME OR CONCERNS YOU MAY HAVE FOR THE CASEWORKER'S SAFETY.			<input type="checkbox"/> INFORMATION UNKNOWN

INSTRUCTIONS TO MANDATED PERSONS:

A mandated reporter making an oral report of suspected child abuse to the department via the Statewide toll-free telephone number (800-932-0313) must also make a written report, which may be submitted electronically, within 48 hours to the department or county agency assigned to the case by using this form. If needed, attach additional sheet(s) of paper to provide all of the requested information on this form.

NOTE:

If the child has been taken into custody, you must immediately contact the county children and youth agency where the abuse occurred.

REPORTING SOURCE:			
PRINTED NAME AND SIGNATURE:			DATE OF REPORT:
ADDRESS:			
TITLE OR RELATIONSHIP TO CHILD:	FACILITY OR ORGANIZATION:	TELEPHONE NUMBER:	EMAIL ADDRESS:

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CHILD WELFARE REPORT TO LAW ENFORCEMENT OFFICIAL

County agency/OCYF regional staff shall immediately send a copy of this completed form to the appropriate law enforcement officials when a report of suspected child abuse gives evidence that the abuse is a criminal offense pursuant to Title 23 Pa.C.S.A §6340 (Child Protective Services Law) or when a child is identified as missing or abducted as per Title 23 Pa.C.S.A §5702. The county agency/OCYF regional staff shall keep a copy of this completed form for its records.

REPORT SENT BY:

COUNTY AGENCY / REGIONAL OFFICE:	DATE REPORT RECEIVED BY COUNTY AGENCY/OCYF REGIONAL OFFICE:	CWIS REFERRAL ID:
INVESTIGATING WORKER:	PHONE:	

REPORT SENT TO:

LAW ENFORCEMENT #1	LAW ENFORCEMENT # 2 (IF APPLICABLE):
DATE SENT:	DATE SENT:

A. IDENTIFYING INFORMATION

NAME OF CHILD (Last, First, Middle Initial)	SOCIAL SECURITY NO.	BIRTH DATE:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (Include street, city, state, ZIP code)			COUNTY:
PRESENT LOCATION IF DIFFERENT THAN ABOVE:			
MOTHER (Last, First, Middle Initial)	SOCIAL SECURITY NO.	BIRTH DATE:	PHONE:
ADDRESS (Include street, city, state, ZIP code)			COUNTY:
FATHER (Last, First, Middle Initial)	SOCIAL SECURITY NO.	BIRTH DATE:	PHONE:
ADDRESS (Include street, city, state, ZIP code)			COUNTY:
ALLEGED PERPETRATOR / RESPONSIBLE PERSON #1 (Last, First, Middle Initial)	SOCIAL SECURITY NO.	BIRTH DATE:	RELATIONSHIP TO CHILD:
ADDRESS (Include street, city, state, ZIP code)		PHONE:	COUNTY:
ALLEGED PERPETRATOR / RESPONSIBLE PERSON #2 (Last, First, Middle Initial)	SOCIAL SECURITY NO.	BIRTH DATE:	RELATIONSHIP TO CHILD:
ADDRESS (Include street, city, state, ZIP code)		PHONE:	COUNTY:
CITY, TOWNSHIP OR BOROUGH WHERE CRIME/ABUSE OCCURRED			

B. REASON FOR REFERRAL

<input type="checkbox"/>	<p>HOMICIDE OR OTHER CRIMINAL OFFENSE LISTED UNDER SECTION 6344 (C), SEXUAL ABUSE OR EXPLOITATION, BODILY INJURY OR SERIOUS BODILY INJURY CAUSED BY A PERPETRATOR OR NON-PERPETRATOR.</p> <p>CRIMINAL OFFENSES LISTED UNDER SECTION 6344 (C) INCLUDE:</p> <p>CRIMINAL HOMICIDE • AGGRAVATED ASSAULT • STALKING • KIDNAPPING • UNLAWFUL RESTRAINT • RAPE • STATUTORY SEXUAL ASSAULT • INVOLUNTARY DEVIATE SEXUAL INTERCOURSE • SEXUAL ASSAULT • AGGRAVATED INDECENT ASSAULT • INDECENT ASSAULT • INDECENT EXPOSURE • INCEST • CONCEALING DEATH OF A CHILD • ENDANGERING WELFARE OF CHILDREN • DEALING IN INFANT CHILDREN • PROSTITUTION AND RELATED OFFENSES • OBSCENE AND OTHER SEXUAL MATERIALS AND PERFORMANCES • CORRUPTION OF MINORS • SEXUAL ABUSE OF CHILDREN</p>
<input type="checkbox"/>	<p>CHILD ABUSE, WHICH MAY ALSO INCLUDE THE COMMISSION OF A CRIMINAL OFFENSE (NOT LISTED IN 6344 (C)), COMMITTED BY A PERSON WHO IS A PERPETRATOR AS DEFINED BY THE CHILD PROTECTIVE SERVICES LAW. The appropriate county agency and law enforcement must jointly investigate the allegation by convening a Multidisciplinary Investigative Team pursuant to Section 6365(c) of the Child Protective Services Law.</p>
<input type="checkbox"/>	<p>CHILD ABUSE, WHICH MAY ALSO INCLUDE THE COMMISSION OF A CRIMINAL OFFENSE (NOT LISTED IN 6344 (C)), COMMITTED BY A PERSON WHO IS NOT A PERPETRATOR AS DEFINED BY THE CHILD PROTECTIVE SERVICES LAW.</p>

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- ☐ SEX TRAFFICKING AND HUMAN (LABOR) TRAFFICKING AS DEFINED UNDER TITLE 18, CHAPTER 30 AND SEVERE FORMS OF TRAFFICKING IN PERSONS OR SEX TRAFFICKING AS DEFINED UNDER SECTION 103 OF THE TRAFFICKING VICTIMS PROTECTION ACT OF 2000.
- ☐ A MISSING CHILD REPORT. ***Title 23 Pa.C.S.A §5702 requires CCYAs to report to law enforcement and the National Center for Missing and Exploited Children, immediately (no later than 24 hours), any child known to the CCYA who is missing or abducted.

IS THIS REPORT CURRENTLY UNDER CPS INVESTIGATION BY THE COUNTY AGENCY OR REGIONAL OFFICE?

☐ YES ☐ NO

PREVIOUS INDICATED OR FOUNDED REPORTS

A. INVOLVING PERPETRATOR

B. INVOLVING SUBJECT CHILD

☐ YES ☐ NO ☐ UNKNOWN

☐ YES ☐ NO ☐ UNKNOWN

CONFIDENTIAL INFORMANT (PLEASE PROTECT THE IDENTITY OF THIS PERSON)

NAME:

TITLE:

ADDRESS:

PHONE:

NATURE AND EXTENT (NARRATIVE):

C. REPORTING INFORMATION

COUNTY AGENCY / OCYF REGIONAL WORKER:

SIGNATURE:

PHONE:

COUNTY AGENCY / OCYF REGIONAL SUPERVISOR:

SIGNATURE:

PHONE:

* NOTE TO LAW ENFORCEMENT OFFICIAL: PURSUANT TO TITLE 23 PA.C.S.A §6346 (CHILD PROTECTIVE SERVICES LAW), AS SOON AS POSSIBLE AND WITHOUT JEOPARDIZING THE CRIMINAL INVESTIGATION OR PROSECUTION, THE LAW ENFORCEMENT OFFICIAL MUST ADVISE THE COUNTY CHILDREN AND YOUTH AGENCY AS TO WHETHER A CRIMINAL INVESTIGATION HAS BEEN UNDERTAKEN AND THE RESULTS OF THE INVESTIGATION AND OF ANY CRIMINAL PROSECUTION. THE COUNTY CHILDREN AND YOUTH AGENCY WILL ENSURE THAT THE INFORMATION IS REFERRED TO THE STATEWIDE DATABASE, ALSO KNOWN AS CHILDLINE.

**Request for Release of Information to Law Enforcement regarding
Child Protective Services Case**

To: Somerset County Children and Youth Services
VIA FACSIMILE (814-445-1725)

From: _____

Date: _____

ATTN: Caseworker _____

Pursuant to 23 Pa.C.S.A. §6340(a)(10), we are requesting copies of the following information contained in the Somerset County Children and Youth Services Child Protective Services file in regards to the following case:

Name of case:	Victim's Name	Alleged Perpetrator's Name
---------------	---------------	----------------------------

☐ Medical record(s)

☐ Photograph(s)

☐ X-ray(s)

☐ Forensic report(s)

☐ Reporting Source(s)

☐ Other, specifically _____

05/20/11 (dbr)

Children with autism spectrum disorder (ASD)

There is no agreed upon special protocol for investigating complaints when a child with ASD is the alleged survivor. Therefore, at present, multidisciplinary investigative teams should be encouraged to use accommodations of regular protocols for investigation when possible. While the basic principles for investigation remain the same for both children with and without disabilities, extra care and consideration is needed if the alleged survivor has disabilities. Some conditions related to a disability can be confused with maltreatment (Hibbard, Desch, & the Committee on Child Abuse and Neglect, 2007). Investigators will also need to make accommodations for communication, social, and behavioral impairments that can accompany developmental disorders. There is a lack of research on how to respond to children with disabilities who may be survivors of maltreatment (Hibbard et al., 2007).

Children with ASD, as is true for children with other disabilities, may lack training in the identification of maltreatment. Training in personal safety and sexuality that is offered to typically developing children may not be taught to those with developmental disabilities, further limiting their knowledge of what is and is not appropriate and how to report concerns. Accommodations have several components: knowledge of the child's disorder; self-awareness; and identifying help sources for difficult situations. Prior to an interview, it is helpful for a team member to learn something about the child, his or her disability, and how the child is impacted in speaking and relating. If, for example, the child is easily distracted, the interviewer can accommodate for that tendency in advance and remove potential distractions from the room. If the child has unusual fears of items, that item can be removed in advance from the interview environment (Partnership for People with Disabilities, 2010).

For an individual already identified as having been diagnosed with ASD, taking the time to obtain reports and to understand the child's individual needs is essential to the investigation process. The importance of understanding something such as the child's primary mode of communication may improve the validity of information gathered during the interview process. For instance, if the child is nonverbal, the options may be limited. While one might feel certain that the child has been the survivor of abuse, the identity of the abuser may never be known without offering the appropriate accommodations. Sometimes children use a communication device, an iPad, or may even need an interpreter or sign language interpreter and knowing about how to navigate these barriers in advance are likely improve the accuracy of the information obtained from an individual with ASD. Lastly, depending on the individual complexity of the individual's needs, access to specialized transportation and mobility issues may need to be addressed.

For professionals conducting interviews with individuals diagnosed with developmental disorders, including ASD, learning about the individual's behaviors when under stress can be extremely helpful. For example, does the child become aggressive? Knowing what the child will or won't accept in terms of touch can be important. Children diagnosed with ASD may avoid any form of physical contact or are might become very distracted if the interviewer touches them. In cases where the child has been diagnosed with ASD, the sex of the alleged offender may help determine the sex of the interviewer. If the alleged offender was male, for example, a female interviewer may be preferred and that children with ASD may be better able to address questions about "who" or "what" and less able to consider more abstract concepts. While a free narrative from the child is desired, it may be the case that 'forced choice' questions are used. For example, the child's speech and language specialist can help the interviewer understand what the child is saying. These service specialists may also suggest

particular types of questions the individual is more likely to respond to in a productive manner. Lastly, children with disabilities may be especially sensitive to the many people who are in the courtroom. They may be frightened by the unknown persons and by the court room surroundings and the use of an accommodation such as a 'closed circuit' option can minimize the impact of these factors during courtroom proceedings.

Some of the issues for team members to keep in mind:

- ❖ It can be difficult to decide if the child's injuries are due to abuse or due to the disability. For instance, some children with ASD head bang or otherwise injure themselves. Other children may be prone to accidental injury. Knowing the child's behavioral history and acquiring a detailed medical history can be crucial (Partnership for People with Disabilities, 2010);
- ❖ Do not automatically dismiss an injury because of the child's disability (Partnership for People with Disabilities, 2010);
- ❖ Half of children with ASD are prone to wandering and elopement. Some parents report that their child tries to leave multiple times each day. A higher level of supervision is required for children with ASD (Law & Anderson, 2011);
- ❖ Children with ASD may exhibit interest in sexuality and display developmental sexual behaviors at older ages than typically-developing children. Sexual acting-out cannot be assumed to be evidence of sexual abuse for children with ASD and the presence or absence of sexualized behaviors cannot be used to determine whether or not sexual abuse has occurred (Edelson, 2010);
- ❖ Learn about the child's communication capabilities by networking with caretakers and school personnel. Non-abusing family members and caregivers can offer significant support to the child (Partnership for People with Disabilities, 2010);
- ❖ Screening for disability at intake and during the child maltreatment assessment process are important strategies that can ensure that needed referrals are made (Autism Society, 2012);
- ❖ Take advantage of training opportunities. Having a worker whose primary function is to coordinate with developmental disability programs can enhance the services offered to children with disabilities and their families (Autism Society, 2012); and
- ❖ Children with disabilities should have a 'medical home' so that pediatricians can monitor development and become acquainted with the child's needs. Part C of Individuals with Disabilities Education Act will provide a developmental assessment regardless of the ability to pay (Autism Society, 2012).

Studies have shown that over 35% of young children investigated for child maltreatment require early intervention services due to disabilities (Casanueva, Cross, & Ringeisen, 2008). Therefore, all young children entering child welfare should receive assessments for developmental delays (Bruhn, Duval, & Louderman, 2007).

Appendix F – Human Trafficking Screening Tool

It is recommended that the Child Victims of Human Trafficking (CVHT) Assessment Tool is used and that the assessment is facilitated through a Children's Advocacy Center. This tool includes Tier 1 and Tier 2 Indicators, which are as follows:

Tier 1 Indicators:

- ❖ Current incident or history of sex trafficking or acknowledgement of being trafficked in exchange for food, clothing, gifts, shelter or money;
- ❖ Child is recovered from a runaway episode in a hotel or known area of prostitution; and
- ❖ Report of sex trafficking by parent/guardian, law enforcement, medical or service provider, teacher, child protective services, juvenile probation officer or other associated entity.

Tier 2 Indicators:

- ❖ History of running away or getting kicked out of a living arrangement four or more times in addition to a history of sexual abuse (NOTE: The definition of running away or getting kicked out of home includes times the child did not voluntarily return and/or under circumstances that did not prohibit the child from returning within twenty-four hours and includes incidents not reported by or to law enforcement);
- ❖ History of running away from another county or state;
- ❖ Current incident or history of inappropriate sexual behaviors;
- ❖ Current incident or history of sexually transmitted diseases and /or pregnancies;
- ❖ Child is not allowed or unable to speak for him/herself and may be extremely fearful;
- ❖ Child has no personal items or possessions, including identity documents if foreign-born, which may indicate possible labor trafficking;
- ❖ Child appears to have material items or luxuries that he or she cannot afford or justify how they were paid for (e.g. cell phones, tablets, new or expensive clothing, hair done, nails done, jewelry, etc.);
- ❖ Child shows signs of being groomed;
- ❖ Child has suspicious tattoos or other signs of branding (e.g. tattoos of the trafficker's name, dollar signs, diamonds, stars, etc. or certain designs/logos on nails, jewelry, etc.);
- ❖ Child has no knowledge about the community her or she is located in;
- ❖ Child associates and/or has relationships with age-inappropriate friends, boyfriends, and/or girlfriends;
- ❖ Child is known to associate with confirmed or suspected commercially sexually exploited children;
- ❖ Child is not living with parent, guardian, relative, or caretaker of record;
- ❖ Child has inappropriate, sexually-suggestive activity on social media websites and/or chat applications;
- ❖ Child has a history of being arrested for loitering, curfew violations, disorderly conduct, simple possession of a controlled substance criminal trespassing, or false identification to law enforcement authorities;

- ❖ Child has a history of truancy or absence from school; and
- ❖ Elevated drug and/or alcohol use.

When indicators of trafficking are identified through administration of the screening process, additional evaluation is warranted and a full assessment should be undertaken.

County agencies that partner with a nationally recognized CAC will have much of the information identified without asking the child directly. Obtaining all of the necessary information on the assessment tool should be done in conjunction with the CAC, using the forensic Interview memoranda of understanding (MOU) between the Multi-Disciplinary Investigative Team (MDIT) partner agencies in that county, so that the child has the best opportunity to develop and maintain a sense of trust in the protective systems. CAC MDIT partner agencies should develop specific MOUs that address potential child trafficking survivors to ensure that their particular needs are properly addressed.

It is critical that assessments are conducted in a safe and non-threatening environment. The effectiveness of screening and assessing for trafficking victimization depends on alleviating fear, building rapport, and asking questions in an appropriate manner. Interviewers should be comfortable working with sex trafficking survivors, sensitive to their special needs, and aware that they may be suffering the impact of traumatic experiences. Information about a child's background, demographics, living conditions, work, history of running away or leaving home, sexual exploitation/coercion/control, and parent/guardian information should be addressed through the assessment process.

Following the full assessment with the child, the evaluator should complete post assessment findings that provide insight, indicators, and recommendations about the likelihood that a child has been victimized through human trafficking. It is important to remember that a child may be reluctant to respond due to a lack of trust, fear of consequences related to disclosure, whether or not they are a trafficking victim, and/or not viewing themselves as a victim. Caution is advised if a child does not answer any of the questions in the affirmative. The assessor cannot be assured by negative response that the child has not experienced trafficking and should provide any additional, relevant information including interviewer or assessor impressions, and clinical assessments and recommendations in the post-assessment report. The MDIT should be advised of all assessment findings, regardless of whether or not the child discloses trafficking victimization.

Appendix G - Child Victims of Human Trafficking/Commercial Sexual Exploitation of Children Outreach Teams



Child Victims of Human Trafficking/Commercial Sexual Exploitation of Children Outreach Teams

Outreach Teams provide culturally competent direct services in support of child sexual exploitation or human trafficking victim's needs. The three-person Team consists of a Survivor Mentor, a Victim Advocate, and a Mental Health Clinician. Services provided by Teams include but are not limited to:

- ❖ Direct contact with the victims at initial onset of case and ongoing;
- ❖ Coordination of services as defined by the victims to meet victims' needs;
- ❖ Local and regional advocacy;
- ❖ Clinical support;
- ❖ Ensure that essential services are provided; and
- ❖ Advocate within the local criminal justice system on behalf of CSE children and young adult trafficking victims when appropriate.

Victim/Survivor

The term "victim" and "survivor" are often used interchangeably to refer to children and youth who are commercially exploited or trafficked for sexual purposes. They could be applied to the same individuals at different points in their recovery, and both terms can support positive results. In all situations, the child who has experienced CSE should be the one who chooses how to be identified.

Survivor Mentor

Survivor-Mentors contribute invaluable direction to the care decisions for victims. Their shared lived experiences enable them to provide necessary guidance and support. It is essential that victims' voices are heard and their experiences validated. By providing crisis intervention and emotional support throughout the journey to well-being, Survivor-Mentors build an enduring relationship with victims.

Characteristics of a Survivor-Mentor:

- ❖ Survivor-Mentors have a nonjudgmental approach when supporting victims as they navigate complex systems. Through responses showcasing acceptance, respect and availability, Survivor-Mentors cultivate a safe environment for the rebuilding of trust; and
- ❖ Survivor-Mentors are experts on their own experience and have an emotional understanding of situations and crisis and the needs of victims. Because of their shared lived experiences Survivor-Mentors are able to uniquely support victims and provide for crisis intervention.

Essential Duties and Responsibilities of the Survivor Mentor:

- ❖ Forming a positive relationship with the victim/survivor and working to restore trust;
- ❖ Building relationship with victim/survivor by having regular and consistent contact;
- ❖ Connecting with the victim/survivor through open, honest, safe and trusting communication;
- ❖ Attending to messages and calls from the victim/survivor in a timely manner;
- ❖ Providing guidance and support with decision-making;

- ❖ Encouraging the empowerment process of the victim;
- ❖ Being comfortable with sharing experiences;
- ❖ Building rapport with the victim/survivor and providing unique emotional support;
- ❖ Providing support for crisis intervention and ensuring the immediate health and safety of the victim/survivor;
- ❖ Working with the Dedicated Support Advocate to remain informed about community resources available to the victim/survivor;
- ❖ Assisting the victim/survivor in applying for benefits such as public assistance or victim compensation;
- ❖ Helping the victim/survivor navigate fragmented services within the community;
- ❖ Advocating for the victim's/survivor's needs;
- ❖ Accompanying or transporting victims/survivors to appointments as needed;
- ❖ Collaborating with other members of the Outreach Team to shape the wellness plan for the victim/survivor;
- ❖ Completing documentation as required by funding entities, courts and referral sources; and
- ❖ They are on call 24 hours a day, seven days a week to provide immediate crisis intervention and assistance based on need.

Dedicated Support Advocate

Characteristics and Duties:

- ❖ Dedicated Support Advocates have networking skills and excel in building relationships with organizations and individuals. They work to promote positive, productive relationships with relevant authorities, agencies and organizations to support the needs of victims;
- ❖ Dedicated Support Advocates have unique knowledge about their surrounding communities and effectively bridge communication gaps related to commercial sexual exploitation and sex trafficking. Using their understanding about the available resources in the community, they identify gaps in service delivery and educate groups and individuals about the needs of victims;
- ❖ Dedicated Support Advocates must have extensive experience providing direct care and coordinated services to trauma victims;
- ❖ Dedicated Support Advocates have placement knowledge through the system and the community;
- ❖ Builds strong and supportive relationships with placement providers;
- ❖ Participates in community, provider, and other resources meetings;
- ❖ Makes requests for documentation, reports, evaluations, and other important records;
- ❖ They support the Survivor-Mentor in providing initial care management services, including access to and coordination of clinical services as needed;
- ❖ They coordinate emergency legal assistance when needed and requested by the victim;
- ❖ They coordinate with the Specialized Mental Health Treatment Provider for victims' mental health treatment(s);
- ❖ They develop relationships with service providers, law enforcement, governmental agencies and clinicians to assist victims/survivors and families with navigating the various systems and ensuring that support services are readily available as needed;
- ❖ They develop and maintain collaborative relationships with MDT members and Children's Advocacy Centers and attend MDT Meetings/Case Reviews for the exchange of information to ensure a coordinated, immediate, appropriate response to meet the needs of victims/survivors;
- ❖ They complete documentation as required by funding entities, courts and referral sources; and
- ❖ They provide day-to-day care management services and work with the Team to support ongoing needs.

Specialized Mental Health Treatment Provider

Specialized Mental Health Treatment Providers provide counseling and develop treatment plans in accordance with the needs and preferences of the victim. They work alongside with Survivor-Mentors and Dedicated Support Advocates to coordinate service delivery and referrals. Specialized Mental Health Treatment Providers ensure that the victims are provided with expert clinical services based on assessed needs.

Characteristics of a Specialized Mental Health Treatment Provider:

- ❖ Have expertise and experience interacting with victims/survivors of complex trauma and violence. Demonstrating an understanding of the pace and direction of the victim's journey, Clinicians engage in counseling and crisis support according to principles of trauma-competent care;
- ❖ Provides the victim/survivor with options for treatment;
- ❖ Uses different techniques to provide treatment;
- ❖ Specialized Mental Health Treatment Provider is certified or trained in at least two techniques that are evidence-based treatment practice for trauma;
- ❖ Specialized Mental Health Treatment Provider is licensed in the mental health, psychology, or social work field; and
- ❖ Specialized Mental Health Treatment Providers use evidence-based practices to skillfully address the care needs of victims. Using their counseling expertise and continual awareness of practices supported by research, they partner with Dedicated Support Advocates and Survivor-Mentors to develop and implement individual care plans for victims/survivors.

Essential duties and responsibilities of the Specialized Mental Health Treatment Provider:

- ❖ Is available for weekly and consistent one on one therapy with the victim;
- ❖ Seeing the victim/survivor for treatment takes priority over any legal, placement, or community meeting even when it is for the purpose of the MDT;
- ❖ Builds a strong and close relationship with Survivor Mentor and the Dedicated Support Advocate;
- ❖ Using evidence-based practices to provide individual, family and group counseling;
- ❖ Collaborating with other members of the Outreach Team to provide crisis intervention, referrals and care to support the immediate needs of the victim/survivor;
- ❖ Developing and implementing individual treatment plans based on the needs and wishes of the victim/survivor;
- ❖ Supporting the victim/survivor in rebuilding trust and in personal advocacy, being sensitive to the pace set by the victim/survivor;
- ❖ Develops an open relationship with victim/survivor by asking for permission when having to discuss or communicate certain information outside of the session;
- ❖ Communicating with external agencies and other providers in accordance with the treatment goals when needed for the purpose of treatment;
- ❖ Participating in Multidisciplinary Teams for the purpose of coordinating with the Team, and not to discuss details about the sessions with the victim/survivor;
- ❖ Assisting the Dedicated Support Advocate in providing training to referral agencies to ensure appropriate interventions to meet the needs of victims/survivors; and
- ❖ Completing documentation as required by funding entities, courts and referral sources.

Multidisciplinary Teams (MDTs) Involvement

Screening involves an initial evaluation or interview that may lead to more in-depth assessment of the victim's/survivor's status. Screening should occur whenever sexual exploitation and/or trafficking is suspected. As with initial contact and identification, the critical success factors when screening include the following:

- ❖ Guide care through the needs and the lens of the victim. Let the victim's/survivor's needs inform the process;
- ❖ Ensure the safety of the victim/survivor. This can involve calling 911 when there is immediate danger; contacting PA Childline when abuse, abandonment or neglect of a child is suspected; or timely placement of the victim in a safe environment. When these steps are taken, the Team should ensure that the victim/survivor is informed. The honest, open exchange of information will help build and maintain the victim's/survivor's trust;
- ❖ Meet immediate needs. During screening, immediate needs may be revealed that were not evident at first, including food, clothing, shelter, medical and other needs.
- ❖ Tools that support screening; and

- ❖ Screening must be accomplished with sensitivity. Because victims/survivors may be afraid to acknowledge their sexual exploitation and trafficking involvement, trust is critical to ensure accurate screening. Victims/survivors may wish to protect their exploiters in some situations. One of the best practices used by Outreach Teams is a victim-centered approach to screening. According to the federal Human Trafficking Task Force e-Guide, a victim-centered approach is defined as: “the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner.”

The identification of potential trafficking victims/survivors must occur before screening can take place. Outreach Teams look to a variety of resources to identify possible victims for screening. NOTE: If abuse, abandonment or neglect is suspected the resources below must contact PA Childline before contacting the Outreach Team:

- ❖ Public Agencies and Private Organizations;
- ❖ Dedicated Support Advocates who work with local groups to identify at-risk youth for screening;
- ❖ Member of the local community;
- ❖ Law Enforcement authorities;
- ❖ Federal or State Prosecutors; and
- ❖ Other sources not noted on this list.

Screening is an informal, victim-centered process that occurs during the first meeting between the Team member and the victim. Screening seeks to begin a relationship and, if possible, to confirm the sexual exploitation and trafficking status of the victim/survivor. In many cases, the victim’s CSE and trafficking status cannot be determined during the screening session. Victims/survivors may be ashamed or afraid to reveal the exploitation that they have suffered. When this occurs, the Team conducts a more detailed assessment that involves multiple meetings with one or more Outreach Team members.

Outreach Teams use emerging best practices to help ensure that the screening process is both victim-centered and non-threatening:

- ❖ The Survivor-Mentor plays a key role in connecting with the victim;
- ❖ The at-risk child our youth is often contacted directly by phone, text message, etc. by a member of the Team;
- ❖ Outreach Teams use a safe location to schedule and conduct screening;
- ❖ Screening is a face-to-face process. It involves conversations that may range widely. Victims must not be pushed. Listening builds trust and shows genuine empathy;
- ❖ The Team seeks to identify the possible victim’s immediate needs. This can take time; and
- ❖ Teams must call the PA Childline when appropriate to report any allegation or suspicion of abuse, abandonment or neglect of a child or vulnerable adult.

Whenever sexual exploitation or trafficking is suspected after the screening of a child, the victim should be referred to the local Outreach Team as part of the victim’s/survivor’s plan of care. Of course, PA Childline should be contacted immediately.

Members of the Outreach Team can support the effectiveness of local MDTs. MDT members can include many types of experts from the local community or region, including but not limited to:

- ❖ Outreach Team Members;
- ❖ Care Managers/Coordinators;
- ❖ School personnel such as teachers, guidance counselors or nurses;
- ❖ Runaway and homeless youth community leaders;
- ❖ Children’s Advocacy Centers;
- ❖ Child Protection Team members;
- ❖ Law Enforcement special victims’ units or other experts;
- ❖ Judicial experts;
- ❖ Mental Health providers;
- ❖ Public health professionals;

- ❖ Substance abuse professionals;
- ❖ Domestic violence shelters;
- ❖ Sexual assault service providers;
- ❖ Clinicians;
- ❖ Chamber of Commerce Members;
- ❖ Policy makers; and
- ❖ Faith organizations.

MDTs must have strict confidentiality requirements. MDTs work to identify the best options for each child, reviewing the results of forensic victim interviews and investigations by partners such as CACs and CPS. Assessment by MDTs can take place whether the crime has occurred at the hand of a caregiver or a non-caregiver.

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Additional Resources

Forming a Multidisciplinary Team to Investigate Child Abuse

Texas Department of Family and Protective Services Joint Investigations Guidelines

Guidelines for the Multidisciplinary Response to Child Abuse in Alaska

Pennsylvania Chapter of Children's Advocacy Centers & Multidisciplinary Teams: PA CAC/MDT provides training, support, technical assistance & leadership on a statewide level to local children's and child advocacy centers & communities throughout Pennsylvania respond to reports of child abuse and neglect.

The Pennsylvania Child Welfare Resource Center: The Pennsylvania Child Welfare Resource Center is a national leader in advocating for an enhanced quality of life for Pennsylvania's children, youth, and families. In partnership with families, communities, public and private agencies, the CWRC prepares and supports exceptional Child Welfare Professionals and systems through education, research, and a commitment to best practice.

The Pennsylvania District Attorneys Association: It is the mission of the Pennsylvania District Attorneys Association to: Assist the membership in the pursuit of the justice and in all matters relating to the execution of their duties; Advocate the position of the Association to the government and citizens of Pennsylvania; Coordinate with other agencies on matters of mutual concern; Communicate the Association's position to its membership and the public on criminal justice matters.

National Children's Alliance: The National Children's Alliance is dedicated to helping local communities respond to allegations of child abuse in ways that are effective and efficient – and put the needs of child survivors first.

Pennsylvania Commission on Crime and Delinquency: Established in 1978, the Pennsylvania Commission on Crime and Delinquency's mission is to improve the criminal justice system in Pennsylvania.

Children with Sexual Behavior Problems: Improving Minnesota's ability to provide early identification and intervention services through policy and practice recommendations.

National Child Traumatic Stress Network: The National Child Traumatic Stress Network (NCTSN) collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services. Combining knowledge of child development, expertise in child traumatic experiences and dedication to evidence-based practices, the NCTSN changes the course of children's lives by changing the course of their care.

ChildFirst Pennsylvania: ChildFirst Pennsylvania assists participants and interviewers in defending their interviews and work product in court. This program is designed for investigative teams of law enforcement officers, social workers, prosecutors, child protective attorneys, and mandated reporters of abuse who must provide investigating professionals with essential information.

National Children's Advocacy Center, National Training Center: The National Children's Advocacy Center is located in Huntsville, Alabama, and has revolutionized our nation's response to child sexual abuse since its creation under the leadership of Bud Cramer. The work of the NCAC serves as a beacon of hope for more than 250,000 child abuse survivors every year. The NTC is one of the leading providers of quality training for professionals working with abused children and their families. To meet the varied needs of the child abuse professional, training sessions are available on campus, online, through customized training on location, and through two professional conferences.

American Professional Society on the Abuse of Children: The American Professional Society on the Abuse of Children is the leading national organization supporting professionals who serve children and families affected by child maltreatment and violence. The Society's educational programs are designed to promote effective, culturally sensitive, and interdisciplinary approaches to the identification, intervention, treatment, and prevention of child abuse and neglect.

CornerHouse: More than 20 years ago, CornerHouse developed a forensic interview protocol, which has been adopted throughout the United States and several other countries. CornerHouse has now trained over 26,000 professionals from every state in the continental United States, Alaska and 14 foreign countries including the investigators of the International Criminal Court at the Hague.

Toolkit to Support Child Welfare Agencies in Serving LGBTQIA+ Children, Youth, and Families: This toolkit is designed to help States and territories adapt their policies and practices to meet the growing needs of LGBTQIA+ children, youth, and families. It provides links to knowledge and skill building resources, including articles, videos, tools, training curricula, tip sheets, information briefs, websites, and other products. This resource provides providers with best practices as well as various training curricula.

CWLA Best Practices: This book provides a comprehensive overview for providers to use when working with youth who identify as LGBTQIA+. Topics range from understanding the historical framework to managing confidential information, to providing appropriate services to LGBTQIA+ youth.

The Federal Trafficking Victims Protection Act (TVPA): Passed in 2000, the TVPA provided groundbreaking legislation in the fight against human trafficking by creating stronger sanctions for traffickers, restitution for victims, and funding for victim services. TVPA has been reauthorized and amended four times (2003, 2005, 2008, and 2013), illustrating Congress' commitment to ensure just and effective punishment of traffickers, and to protect their victims as well as to further strengthen public awareness about human trafficking and to enhance trauma-informed responses to victims.

The Justice for Victims of Trafficking Act of 2015 (JVTA): This Federal law amended both the TVPA and the Child Abuse Prevention and Treatment Act (CAPTA) by requiring that state child protective services systems enforce laws requiring identification and assessment of known or suspected victims of sex trafficking or severe forms of trafficking. JVTA also expands the federal definition of child abuse to include human trafficking. P.L. 114-22 underscored the importance of states having a workable and multidisciplinary plan to combat human trafficking.

Autism Services, Education, Resources and Training Collaborative (ASERT): A statewide initiative funded by the Bureau of Autism Services, Pennsylvania Department of Human Services. ASERT is a key component of the Bureau of Autism Services' strategy for supporting

individuals with autism and their families throughout the commonwealth of Pennsylvania. A few of the resources ASERT provides:

- ❖ Resource Center: Connect with a resource specialist to help connect you with resources and information specific to your location. Call 877-231-4244 or email info@paautism.org to get in touch.
- ❖ Resource Collection: Visit the justice resource collection at paautism.org/justice to find valuable resources on interviewing individuals with ASD, social stories and many more.
- ❖ Training: Contact the resource center (877-231-4244) to request a training on any topic of ASD.

Centers for Disease Control and Prevention (CDC)

Valuable website with a wealth of information on many diseases and disabilities. They have an expansive section on ASD and other developmental disabilities. A good resource for general information on ASD in the areas of screening, treatment, data and statistics, research, and other resources.

Association for Science in Autism Treatment (ASAT)

Website dedicated to compiling evidence bases for treatments in ASD in an easy to digest format. Recommended for use when understanding what treatments children with ASD are receiving and ascertaining the scientific basis behind it.

Pennsylvania Department of Human Services, Mental Health Services

A wealth of resources on mental health services in Pennsylvania. It also contains directories with contact information for your county MH/DS office, and information on the Pennsylvania Network of Care, which contains other resources and service directories.

The Philadelphia Autism Project

The goal of the Philadelphia Autism Project is to support and connect individuals and families who are living with autism in Philadelphia through resources and innovative programs. The Philadelphia Autism Project is a citywide initiative supported through the office of Councilman-At-Large Derek S. Green and conducted in partnership with the Department of Behavioral Health and Intellectual Disability Services (DBHIDS).

Pennsylvania Department of Human Services, Bureau of Autism Services (BAS)

The mission of the Bureau of Autism Services (BAS) is to develop and manage services and supports to enhance the quality of life of Pennsylvanians living with Autism Spectrum Disorders (ASD) and to support their families and caregivers. The information shared in this site is intended to communicate the Department of Human Services' efforts to enhance the quality of life and independence of Pennsylvanians with Autism Spectrum Disorder (ASD), and to support their families and caregivers.