Western Regional
CHILDREN'S ADVOCACY CENTER

Protocol Development Tool

Teams must share power and information.

Create an environment where all input is valuable.
Expect to be asked your opinion.
Understand that you know what happens in your community.

How do we know when we are being respected?

Why have a Multidisciplinary Team?

- To respond with excellence to allegations that a child has been sexually abused.
- To hold offenders accountable: requires a coordinated response with optimal sharing of information (requires partners to trust one another).
- To support non-offending caretakers: research shows this is the most important factor in the long term well-being of the child.
- To reduce trauma to the child: tell the story once to a highly trained professional who knows how to elicit the details.
- To free up professionals by having one point of contact for questions: the CAC coordinator

Who is a member of your MDT? (Is there an agency that can provide all the services a sexually abused child will need?)

- Prosecution (Criminal, Civil, Tribal, U.S. Attorney, Military)
- Law Enforcement (Tribal, BIA, FBI, Military)
- Child Protective Services (County and Tribal)
- Victim Advocacy
- Medical
- Mental Health
- CAC Staff: Define what this person does for the team.
- Who else?

Who is not a member of your MDT?

- Advocates with advocate privilege
- Those with no professional need to know the information

Who might interfere with your MDT?

Team Protocol:

- Who will write it?
- Who will have input?
- How often will it be reviewed?
- Who can change it?
- How will disagreements be negotiated?

- How will confidentiality be maintained? (must be written for accreditation)
- How will information be shared? (must be written for accreditation)
- Outlines a process for feedback from team members regarding the center's operations.
- Who will sign it? (Agency heads of team participants)

Protocol must "clearly commit" signed parties to CAC/MDT model for NCA accreditation.

How does the team become aware of a case?

- An outcry or disclosure was made?
- Three kinds of disclosure: purposeful, accidental, offender confession.
- Numerous tentative disclosures to test the waters. A severe reaction to a disclosure may create a decision to never disclose.

What happens once a report is made?

- Cross reporting requirements? (There is no team if this doesn't happen.)
- What information can be shared?
- Do CPS priorities conflict with LE practice? (Is SA priority one?)
- Is law enforcement sometimes involved without CPS? (third party or out of home cases)
- Is CPS sometimes involved without law enforcement? (sexual activity between young children)
- What kinds of cases will require a forensic interview? (physical abuse, neglect, drug endangered, domestic violence, witness to a crime)
- Will the child's age dictate a different response from the team?
- How is coordination achieved to set up a forensic interview?
- Who else needs to know about the case at this point?

What needs to be in place in order to conduct a forensic interview?

- Parental consent
- Investigative subpoena
- Intake form filled out?

How will children get to the CAC (or interview site)?

- Non-offending caretaker will transport (What if the alleged offender shows up?)
- LE or CPS will transport

Contacting a non-offending caretaker to schedule an interview can put your case in peril if he or she alerts the alleged offender. A coordinated (and sometimes quick) response is needed to mitigate the peril.

What instructions will you give non-offending caretakers with regard to talking about the allegations with their child?

- Before the interview
- After the interview
- In the long interval between the interview and a trial
- Is it realistic to believe there will be no dialogue?
- Is it realistic to believe there will never be coaching? Sometimes coaching when the abuse really happened.
- Is there a way to minimize coaching? (Explain how coaching can be detected and ruin a case)

Where will you conduct your forensic interviews?

- CAC

Will the site change depending on the age of the child?
What percentage of the interviews will take place at the CAC? (3E)

Children's Advocacy Structures

- 501(c)(3)
- Hospital based
- Government based
- Umbrella organization (Police Department, CPS, Health Department, etc.)
- A CAC can be three rooms (Interview, observation, waiting)
- Some CACs are "Satellites" of larger centers

How will you record your interviews?

- Who will do the research to determine what kind of equipment would be best?
- Set camera? Tracking camera with joystick? Ability to zoom in on child's face? Picture in picture? Will you have a camera operator?
- Camera POV: ceiling mount or wall mount
- Recording media: DVD? Jump Drive? In the cloud? Computer hard drive? I-Record? (Needs to be playable on the equipment of all team members and the court)

Who will conduct the interviews?

- Dedicated forensic interviewer

- Law Enforcement (no uniform, no guns)
- CPS
- Mental Health Professional who is a trained interviewer (Could not also see the children for therapy)
- Contract interviewer

Other interviewer considerations:

- Age of the child: Some interviewers are great with teens but terrible with young children and vice-versa.
- Culture: Kids are more comfortable talking to someone of their own ethnicity and culture.
- Cultural knowledge: Native kids will not look interviewer in the eyes and may pause for a long time before answering. (Will I still be able to dance? Owl as judge in coloring book.)
- Language: How will you secure interpreters? Will the family know the interpreter? Deaf kids do not say "I don't understand or ask for a question to be repeated.
- Disability: Do you need an interview specialist for autistic kids? Deaf kids?

Who will observe the interview?

- LE and CPS Investigators (must be present, either conducting the interview or observing for NCA accreditation, unless excluded by third party or out-of-home statutes).
- Prosecutor
- Other team members?

Who will eventually be allowed to see the recording of the interview?

What needs to be put in place to control this?

How will the observer(s) communicate with the interviewer?

- Bug in the ear
- Scheduled breaks
- Message on a tablet

Which interview protocol will you use?

- Corner House, RATAC, Finding Words, Words Matter (Victor Vieth), state-specific, NCAC
- NICHD: National Institute of Child Health and Human Development
- APSAC: American Professional Society on the Abuse of Children
- NCAC: National Children's Advocacy Center (Huntsville)
- State-specific Protocol

- Neutral: Interview must do nothing that would show an investment in securing a disclosure.

The goal is to maximize reliable details and not retraumatize the child. This is an important decision. Time and money will be invested. The prosecutor needs to weigh in. NCAC White paper.

Pre-interview strategizing:

- What information will be shared and with who? (This may be different if a "blind" interview strategy is implemented.)
- What decisions need to be made? (Who will conduct the interview? Who will watch?)
- Gender, age, cultural, disability considerations.
- Compliant victim (in love with the alleged offender)
- What terms does the victim use for genitalia? (Cookie, flower, China)
- Will you have structured interview with NOC ahead of the interview? What will you ask?
- What if the parent asks to be in the overview room? Watch on a monitor? View the recording afterward?
- What if the GAL wants to be in the overview room? Watch on a monitor? View the recording afterward?
- Will you interview other children as potential witnesses?

What will the interview room look like?

- Simple furnishings – minimize distractions
- One-way glass for observation
- Camera
- Drawing pad, flip chart pad
- Anatomical Drawings (all races, all ages, clothed and unclothed)
- Anatomical dolls (protocol on usage)

What information will be given to the NOC at the time of the interview?

- Overview of the role of the players involved (LE, CPS, Medical, Criminal Prosecutor, Civil Prosecutor, Guardian ad Litem, etc.
- What will happen next?
- Pamphlets on child sexual abuse (What pamphlets? Who decides?)
- Victims' Rights information
- Counseling referral info (must be Trauma Informed to meet NCA accreditation—many models: TF-CBT, PCIT, EMDR, etc.)
- Victim assistance information
- Need for medical exam (What is the criteria?)
- Follow-up contact numbers for detective, CPS worker, victim

advocate(s).

Will you have a structured protocol for gathering information from the NOC?

- What questions will be asked? (sexual proclivities of alleged offender)
- Who will ask?
- Which questions are best asked by an advocate?
- Which questions should not be asked by an advocate?
- How will the questions be asked?
- Look for *Structured Protocols for Non-offending Caretakers* on CaLio or NCA.net.

Adults share more information during a moment of crisis than they will if they have time to process the implications. A lot of info can be gathered by simply stating: "This must be rough." Who asks? VA because more sympathetic relationship or LE because the answer may aid the investigation?

What information gathered during the interview will be shared with the Non-Offending Caregiver?

- Everything?
- If a teen discloses that she has been sexually active with her boyfriend (who is not the perpetrator),do you share this info with mom? What if the teen asks you not to tell?
- Is there an implied right to confidentiality for the victims?
- Does the parent have a right to know everything?
- Is the age of the victim a factor? If so, where is the line?
- Who gets to decide?

Post-Interview Conference:

- Who is included?
- If a child expresses suicidal ideation during an interview, what happens next? (List serve question)

If the child discloses, then what?

- Is a search warrant needed? (Photographs of room where abuse took place, computers)
- Pre-text phone call
- What is the optimal time line for contacting the alleged offender?
- Could waiting compromise the case?
- Do you have trained interrogators with skills specific to child

sexual abuse? (Reid)

- Where will the interrogation take place?
- What is the follow-up protocol for support when the child discloses?
- If you don't think mom will keep offender away, what do you do?
- What risk factors are associated with recantation? (arrest of offender the child cares about, retribution from family members)
- Is there a clear pathway to "no expense" mental health services for all victims? (An NCA requirement)
- What supports are available from first disclosure to trial? (How long is this? Six months? A year? Two years? Longer?)
- Could counseling be a problem during this interval? How will you handle new disclosures coming from therapy (not a forensic process?)

If the child does not disclose (or the disclosure is compromised), then what?

- Extended forensic interview
- What resource does a family need if the child has been coached?
- What resource does the family need if the child has fabricated the allegation? (Claims she was abducted by a van full of men in parking lot at Wal-Mart when security cameras show that this did not happen)
- What resource does the family need if the abuse occurred but the case will not be prosecuted?
- Can the family access "no expense" mental health services even though no victimization was confirmed?

What kind of follow-up will **always** happen with the NOC/child?

- NOC will not hear/process/remember anything that was said on the day of the interview. Follow-up is essential.
- Who will follow-up?
- How often?
- For how long?
- How will you know when to stop?
- What will follow-up consist of?
- How many hand-offs will there be? (Victim advocate at center to victim advocate at prosecutor's office)
- How will hand-offs be handled? (NCA requires "linkage agreements)

Support of NOC is most important factor in long term well-being of the

child.
Peer Review (Required for Accreditation) • What process will be utilized to invite scrutiny (for process improvement) of the forensic interview? • Issues of fear to criticize a colleague • Peer to peer v expert review • Local vs. state or national peer review
How will other team members become aware of the case? • Medical (Linkage Agreement) • Mental Health (Linkage Agreements) • Prosecution • Victim Advocacy not at the center (Linkage Agreements) • Parole and Probation
Victim Advocacy: • Who will keep the child and NOC informed of court dates and proceedings? • Who will provide court education • Who will assist with access to counseling services? • Who would assist with protective orders? Housing issues? Transportation issues?
Victim Advocacy: • What is the minimum education requirement? 24 hours for accreditation • What kind of training is needed to qualify? In the Victim Support and Advocacy standard for NCA. (4A)
Medical: • Will the child need a medical exam? What is the criteria? (It doesn't have to be all but it ought to include everyone who wants one—mostly. Some parents demanding repeated medicals should not be accommodated.) • Do you have a qualified provider? • Where will the exams take place? • Who pays? (NCA membership requires that the victims would never have to pay.) • How will the family be connected with the medical provider? • Who will explain the medical exam to the child and NOC? • The team must be fully educated about the purpose of the exam. (What is it for?) • Role of the medical provider on the MDT (Would it ever be the

case that you would want a medical person to facilitate the MDT discussions? Is the team more medical-focused or more prosecution-focused with a small, albeit important, medical component?)
Other Medical Issues: • How is case information shared with the medical provider? • What kind of information gathering will the medical professional engage with regard to the abuse? Is it a type of forensic interview? Will it be recorded? Is it discoverable or protected under HIPPA? • How is medical information shared with the team? • Medical provider is required to attend case review. • Do you have SANE's who could be your medical professional? • Accreditation requirement that 50% of all findings deemed abnormal or "diagnostic" of trauma from sexual abuse have undergone expert review by an "advanced medical consultant."
Will the CAC (interview room, medical resource) be accessible 24/7? • How will the room be accessed after hours and on weekends? • Who responds after hours and on weekends? (Victim advocates? Just investigators? Medical?) • How is an after hours response (getting everyone to the center who needs to be there) activated?
What role will a mental health provider play on your MDT? • Will the provider be on-site, off-site or both • How will you determine the mental health professionals to which you'll refer? • Do you know what therapeutic models your providers are employing? (NCA accreditation requires linkage agreements with Trauma Focused providers) • Will you educate clients about all available services or just Trauma Focused services? • The referral process often comes down to type of insurance. • What will be the communication between the therapist and the team? What information will be shared? • Does the mental health provider have the expertise to explain abuse dynamics to the team? (Failure to disclose, failure to run away, recantations) • Can a mental health provider also be a forensic interviewer?
Other Mental Health Issues: • Confidentiality in group therapy • Can an on-site therapist refer to his or her outside practice?

Case Review Structure:

- Who attends? (Must include core disciplines for accreditation as a minimum)
- How often are the meetings held?
- When (At least once a month to meet NCA Standards)
- Where?
- Why? (The most important question.)
- Which cases will be reviewed?
- Process for adding cases to the agenda
- Who will conduct the meetings?
- What case information will be shared? (Interview outcomes, alleged offender statements, corroborating information)
- Will notes be taken or kept?
- Are there discovery issues?
- Procedures for follow-up recommendations to be addressed

Case Review Interaction:

- Is the environment conducive to the free exchange of information?
- Are collaborative efforts nurtured or thwarted?
- How can the meeting be structured to make sure everyone has a say? To make sure that no one discipline dominates.
- How can mutual respect be operationalized? (no sidebars, phones?)
- How can team members be held accountable
- What process will you use to make sure all risks and concerns are evaluated for every case? (protection issues, cultural issues, custody battle bias)
- What process will be put in place to track issues for follow-up?
- What besides cases will be discussed? (protocols, training issues, roles and responsibilities)

Case Tracking:

- What information will be collected?
- What information will not be collected? Opinions: I think it happened, I think the child might be lying)
- Who will collect the information?
- How will it be collected? Statistical information?
- Who will enter the information into a database?
- What database will you use? (NCA track)
- When is a CAC case closed? (Tracking must continue until disposition for NCA accreditation)
- Who has access to case information?
- How will MDT partner agencies access case specific information and/or aggregate data for program evaluation and research

purposes? (required for accreditation)

Organizational Capacity:

Which type of CAC will you have?

- 501(c)(3)
- Hospital based
- Government based
- Umbrella organization (County, CPS, Health Department, etc.)
- Some CACs are "Satellites" of larger centers

All you need to have a CAC is three rooms and a hallway. (Interview room, observation room, waiting room, and hallway for separation)

Organizational Capacity:
You must (for accreditation):

- Buy Insurance (Liability, D&O)
- Have policies and procedures (for everything from board membership to volunteers)
- Get a financial audit annually if actual expenses are 200,000 or more (less than 2000,000 can have a financial review)
- Hire (or acquire) sufficient staff to support all program components
- Do background checks on staff and volunteers (Board members too)
- Have a written succession plan
- Have a current strategic plan which addresses sustainability
- Provide access to training and information on vicarious trauma and building resiliency to team members
- Do outreach (Awareness campaigns) to teach the community more about child abuse

Child-Focused Setting:
You must have:

- Three rooms and a hallway
- Written policies on alleged offenders on the premises (Young offenders with victim issues may be an exception—with precautions in place.)
- Be ADA compliant
- Make remote but live observation of the interview possible
- Maintain a safe and child-proofed center
- Keep an eye on the families and kids while their in your building
- Have space for case discussions out of earshot of client waiting areas. Exercise discretion.
- Be accessible and conveniently located for both clients and professionals

Canine Programs (not a standard): • Do you want a canine program? • What are the benefits? • What are the liabilities and the costs • Liability insurance issues • If a detective says no?
Defense attorney Interviews (Not in a standard) • If a defense attorney is going to interview a child for a deposition, wouldn't it be best if that interview took place in the comfort of a CAC?
Miscellaneous • What is the role of the MDT in governing a non-profit? • Should a team member sit on the non-profit board?
Records (not a standard) • What kinds of case records (files) will be maintained at the center? • What will be in these case records? • How are the records backed up? • Can the records be subpoenaed? • Are recordings of interviews stored at the center? • Can the recordings be subpoenaed?
Removals and Arrests (not in a Standard) • What procedures will be followed if a child is to be removed after an interview? • What procedures will be followed if a parent is to be arrested after the interview? No arrests allowed in the CAC?
Training Standards: • The Center identifies or provides educational opportunities that are cross-disciplined in nature (Standard 1E). • Forensic Interviewers have training requirements (Standard 3A) but are not credentialed. • Victim Advocates must have 24 hours training and 8 hours every 2 years of ongoing education • Medical Providers have training and credentialing standards, and ongoing education • Mental Health providers have training and credentialing standards,

and ongoing education.
Cultural Competency Plan • Community Assessment: Who are the people in your neighborhood? (Collect demographic data on race, ethnicity, age, gender, disabilities, sexual orientating, socio-economic status, rural v. urban, religious affiliation, and culture). Available online. • Develop written goals to ensure competent delivery of services to everyone. • Develop written strategies to meet the goals.
Cultural Competency • What is in place to access interpreting services for non-English speaking children and NOCs? • What is in place to access interpreting services for deaf children and NOCs who rely on ASL? • Is the interpreter certified? Will he/she faithfully interpret what is said? • Does the interpreter know the family? • Is the interpreter prepared to interpret sexual language and genital terminology? • With deaf kids you might need two interpreters
Cultural Competency • Is the center welcoming to all? • Do you have a way to determine the language the child/family speaks ahead of the interview? • Is there a process in place for educating team members about the cultural traditions and beliefs (especially around “abuse” and “authority figures”) of the ethnic and religious groups in the community? • Is there a process in place to assess the family’s degree of acculturation? Was acculturation forced? Is there historical trauma and distrust?
Cultural Competency • Engage in community outreach to underserved populations (groups that exist in the community but who are not seen at the center). • Recruit to match demographics • Implement the cultural competency plan: You’ve done something more than write the plan. You’ve done something, taken some steps. • You have evaluated the outcomes of the plan: You’re trying to measure the increase in cultural competency (Shouldn’t the plan

increase it?)