Sample Child Abuse Investigative Protocol for a County Multidisciplinary Team

The following sample protocol is one way agencies in a community might choose to work together on child abuse investigations.

**Purpose of County Multidisciplinary Team**
- To investigate all reported cases of child sexual abuse in the County, including both caretaker and non-caretaker allegations
- To investigate any case of serious physical abuse or other child victimization referred by a member of the team
- To resolve all cases in a manner that promotes the safety and protection of the child and the best interest of the families and community
- To hold the offender legally accountable in both the civil and criminal justice systems whenever possible

**Composition of the Team**
The County Multidisciplinary Team will be coordinated by staff of the child advocacy center. This team may be composed of representatives of the following agencies and disciplines-
- Child advocacy center
- County Area Mental Health Authority
- County department of social services
- County Sheriffs Office
- District Attorney serving the Judicial District
- City Police Department
- Town 1 Police Department
- Rape Crisis Volunteers of the County
- Town 2 Police Department
- Representative from the Medical Community to include the Health Department, AHEC, or any other medical provider that may wish to serve as a part of the team
- Other victim advocates and peripheral members, including SBI, CID, OSI, County Schools, Dept. of Social Work, and others will participate as necessary to augment the team's mission on a case-by-case basis. Peripheral members will not be required to sign the Multidisciplinary Team Protocol.

**Team Information Sharing**
Information about child abuse allegations, investigations, charges, and any evidence collected will be shared among the team members in accordance with North Carolina General Statutes, and relevant judicial rules. All proceedings of team meetings will be confidential and signed statements of confidentiality will be maintained for each case reviewed by the team. Legal, ethical, and professional standards of practice will be upheld to ensure client privacy.

**Definition of Cases Referred to Team**
- All cases of alleged sexual abuse that involve a child under (18) eighteen years of age and are under investigation by one of the team agencies listed above will be referred to the team.
• All cases of serious physical abuse meeting the definition below and allegedly committed by a parent, relative, guardian, or other person responsible for the care of a child must be referred.
• For purposes of referral, serious physical abuse shall be defined as abuse resulting in injuries that require significant medical treatment, caretaker behavior that places a child at substantial risk of death or serious bodily injury, and all serious physical injuries to children under the age of two.
• Cases of child maltreatment fatalities with surviving siblings will be referred to the team.
• Other cases not meeting the above definitions may be referred to the team for investigation and review by a team participating agency. Possible referrals may include neglect/abandonment, kidnapping, child exploitation or prostitution, and child witnesses to injury or violent crime, including domestic violence and homicide.

Receiving the Report
• Initial reports will typically be received by the department of social services or one of the law enforcement agencies.
• The Intake Report received by child protective service will serve as the referral form for the department of social services.
• The Incident Report will serve as the referral form for all law enforcement agencies.
• Referrals will be made to the team by forwarding a copy of the Intake or Incident Report to the child advocacy center.

Investigative Planning
• Immediate contact will be made between the law enforcement agency with jurisdiction over the case, and the child protective service worker assigned investigative responsibility for the case.
• These workers will:
  1. Determine if there is past or existing information available within the involved agencies that might assist with the investigation. This information should be shared among the investigators as previously addressed,
  2. Agree on plan for initial contact with the child/family. Joint family contact by law enforcement and the child protective service worker is preferred.
• In cases involving multiple victims, additional team members may be asked to participate in the investigation.

Important Investigative Planning Note: Initial contact with the family will meet the statutory obligation to ensure child/family safety. The primary fact-finding interview, called the investigative interview, will typically be conducted at a later time and should be consistent with the guidelines listed below.

Location for Child Investigative Interviews
• Children will be interviewed at the child advocacy center currently located at __________ Avenue unless specific circumstances require otherwise. The child advocacy center is available to interviewers 24 hours a day, 7 days a week.
• Circumstances requiring an interview in a location other than the child advocacy center may include:
  1. Parent refuses to allow the child to be transported to the child advocacy center and the department of social services does not hold custody, nor can temporary custody be assumed.
2. The emotional state of the child is such that a delay in interviewing could be damaging to the child, or there are safety issues that could result in further harm to the child.

3. There is a reasonable suspicion that transporting the child to the child advocacy center will result in contamination of the child’s statement.
   - All decisions on interview location should be based in the best interest of the child, and should not be based on the convenience for the investigators.
   - If it is necessary to interview the child in another location, the location must be as neutral and child-friendly as the environment will allow.
   - Children should NOT be interviewed in the home or environment where the abuse took place.
   - If the initial interview did not take place at the child advocacy center, subsequent interviews should be conducted at the child advocacy center.

**Selection of Child Investigative Interviewer**
- Child interviews will be performed by a representative of the team acting in accordance with the case specific investigative plan and by an interviewer specifically trained in current best practices for child forensic interviews.
- The investigative interview will be conducted jointly with law enforcement and the child protective service social worker when joint jurisdiction applies.
- Prior to the interview, investigators will determine who should take the lead in the interviewing process on a case-by-case basis. Ideally, the child will only be confronted with one interviewer while others observe from an unseen or unobtrusive location. The team members present for the interview will communicate with one another before the interview is concluded. This will usually be accomplished by taking a short break before the end of the interview to confer with one another.

**Child Investigative Interview Procedures**
- All investigative interviews of children conducted by multidisciplinary team members will be non-duplicative, non-leading, and neutral.
- Multiple interviews of the child, especially those conducted by different adults, will be avoided. The child's need for an additional interview to provide further information should be the determining factor.
- Interviews will be conducted in a manner consistent with established best practices as outlined in the training manual that will be provided in conjunction with this protocol.
- Developmental and cultural factors that may influence communication between the child and the interviewer will be considered and appropriately addressed. Alleged child victims will be interviewed using language appropriate to their individual developmental level.
- It must be understood that the investigative interview and mental health treatment are completely separate processes. In no way is the interview intended to be therapeutic, nor are the mental health services intended to be investigative.
- Procedures in place by law enforcement or the department of social services for interviewing hearing-impaired or non-English speaking victims will be followed.
- The department of social services is required to interview siblings residing in the home on the same day to determine if they too are victims of abuse. Law enforcement may or may not participate in these sibling interviews.
Documentation of Child Investigative Interviews

- A member of the investigative team that is present at the interview will document oral statements by the alleged child victim in writing.
- During the interview, any change in the child's affect, eye contact, voice tone, attitude gestures and/or behaviors will be documented. When possible, reference should be made to (a) what was occurring in the interview when the changes occurred and (b) if the changes continued throughout the remainder of the interview. All of this information should be included in the interview report.
- If the child victim is old enough, a written statement may be obtained.
- Drawings or other tools may be used to help a child give their statement. Original images will be maintained by law enforcement in cases of joint jurisdiction, or by the department of social services in single jurisdiction cases. A copy may be placed in the team record if desired.
- Any observable injuries to a child will be documented in writing, and by taking a photograph of the child, and/or by an examining physician's report.
- All photographs of injuries will be duplicated as necessary and freely shared between the department of social services and law enforcement agencies.

Interviewing Non-Offending Parent/Caretaker

- The non-offending parent or caregiver of the child will be interviewed by a member of the team to determine what if any information they may have concerning the allegations of abuse. The team member will assess the non-offending caregiver's capacity and willingness to protect their child during the investigation.
- If an investigation is being conducted by law enforcement only and the investigator has reason to believe that the non-offending parent or caregiver cannot or will not protect the child, a neglect report should be made to the department of social services.

Interviewing Suspects

- The primary investigators will jointly determine when and where to interview the suspect. A law enforcement team member shall conduct any interview to determine the likelihood that the suspect engaged in the alleged incident. If the child protective service social worker conducts an interview with the suspect, it will be for the purpose of establishing the safety and protection of the victim children.
- Suspects must NOT be allowed at the child advocacy center. Exceptions may be made for official Child Mental Health Evaluations that necessitate an offender interview. In these circumstances, prior notification must be given to child advocacy center staff and all possible precautions will be used to ensure the physical and psychological safety of the child.
- When a child protective service social worker must make a visit to the home and has a reasonable fear for his/her safety, law enforcement should be contacted and requested to accompany the social worker to the home.

Child Medical Exams

- In order to reduce unnecessary anxiety for the child and family, information about what will happen during the medical exam will be provided to the non-offending caregiver when a medical appointment is scheduled.
- Properly trained medical professionals will perform evaluations of possible child abuse in a safe, neutral, and child-friendly environment.
• Children in multidisciplinary team cases will have access to appropriate medical evaluation and treatment regardless of their ability to pay for services.
• If an allegation indicates that sexual abuse occurred within the past 72 hours, the child should be promptly examined in the emergency room or another appropriate medical facility.
• The primary physician examining the child in the Emergency Department has the option of contacting one of the Child Abuse Specialty Clinic physicians.
• If the abuse is not acute (more than 72 hours) the child should be referred to the Clinic at AHEC or any other suitable facility with staff trained in specialized evaluations for abuse.
• Obtaining a medical history from the child may include non-leading questions regarding abuse, but should not duplicate the full investigative interview conducted with the child.
• A medical representative will participate on the Multidisciplinary Team and be present at case reviews whenever possible. The Medical Team member should have particular knowledge and skills related to child abuse evaluations.
• All medical findings will be well documented according to professional standards and shared with the Multidisciplinary Team by the medical team member as appropriate. Data regarding whether an exam was conducted, the providing physician's name and location, and any findings will be documented in the case tracking system.

Mental Health Services
• Information on mental health service options for the child victim and non-offending family members will be routinely provided to families involved in a Multidisciplinary Team investigation.
• Children in Multidisciplinary Team cases will have access to appropriate mental health evaluation and treatment regardless of their ability to pay for services.
• A mental health representative will participate on the Multidisciplinary Team and be present at case reviews whenever possible. The mental health Team member should have particular knowledge and skills in working with child abuse victims.
• Information relevant to the protection of a child will be shared with the Multidisciplinary Team with respect given to the professional's responsibility to protect client confidentiality.
• The provision of mental health services by agencies participating on the Multidisciplinary Team and data including the provider's name and location and family attendance information will be documented in the case tracking system.

Victim Support Services
• Information on available support and advocacy services will routinely be provided to victim families involved in investigations of Multidisciplinary Team cases.
• Crisis intervention, supportive services, client education and other victim services may be provided by a number of Multidisciplinary Team agencies and partners. The accompanying training manual will contain specific referral information.
• A victim advocate representative will participate on the Multidisciplinary Team and attend case review meetings whenever possible.

Team Meetings for Case Review
• The Multidisciplinary Team will meet on at least a monthly basis to review Team cases. Meetings will be held on a pre-determined date and time. All participating agencies will be notified of the docket for case review in advance of the Team meeting. Scheduling, docket preparation and distribution will be the responsibility of the child advocacy center.
• At a minimum, case review meetings will have at least one representative from each of the following disciplines: law enforcement, prosecution, child protective services, medical, mental health, victim advocacy, and child advocacy center.
• Case review meetings should establish that enough information has been gathered to assure the safety and protection of the child and, if appropriate, efforts were made to remove the suspect from the home, rather than the child.
• Case review meetings will be utilized as an opportunity for team members to increase their understanding of the complexity of child abuse cases.
• Recommendations for further action will be noted and communicated to the appropriate parties by the team coordinator.
• The department of social services will make the final decision about filing a petition and/or obtaining an order to remove children from their home. The District Attorney will make the final decision regarding prosecution of the alleged offender.

Case Disposition
• Multidisciplinary Team cases may be designated as "open for tracking only." These cases will be reported in writing to the team, but will not be reviewed in full unless specifically requested. Common situations where this may occur include:
  1. The initial investigation has concluded, but the team desires to be informed of progress and developments in treatment or placement status.
  2. The case is awaiting civil or criminal trial.
  3. Specific case follow-up is needed.
• Multidisciplinary Team cases may be designated as "closed" to the Team upon meeting at least one of the following criteria
  1. The case has been unsubstantiated and closed by the department of social services and/or law enforcement. Both groups must have a closed case in circumstances of joint jurisdiction.
  2. The case has been substantiated and transferred by the department of social services. Criminal charges are not being sought and appropriate services are in place.
  3. Civil and/or criminal proceedings specific to the allegations in the team report have concluded.

Case Tracking
• Case tracking will be initiated upon receipt of an incident report from law enforcement or an intake form from the department of social services.
• Based on the above criteria, a case will be tracked until designated as closed.
• Case tracking information will be entered into an electronic database maintained by the child advocacy center.
• Team members will have access to tracking information at the child advocacy center and may request written reports.
• Information tracked should include interactions with Team agencies, victim and offender demographics, case outcomes, and other information as appropriate.

Professional Advisory Council
• The Professional Advisory Council will consist of management-level supervisors from each of the agencies represented on the Multidisciplinary Team and will meet on at least a quarterly basis. Members will be appointed by each respective agency.
• The child advocacy center Board of Directors may elect a Director to sit on the Council and act as liaison between the Board and Council.
• The Professional Advisory Council will be responsible for monitoring the effectiveness of the Investigative Protocol and recommending any necessary changes on an annual basis.
• The Professional Advisory Council will be the appropriate body to hear concerns regarding an agency’s adherence to the investigative protocol or any issue that may affect child abuse investigations and services in the County. Any issues should be forwarded to the Chairperson of the Council by the Council representative from the concerned agency.
• The Professional Advisory Council will ensure that adequate opportunities exist for members of the Multidisciplinary Team to receive on-going and relevant cross-discipline training including training on diversity issues.
• Feedback, concerns, and suggestions may be submitted to the Professional Advisory Council at any time by an official signatory of the Protocol or by any member of the Multidisciplinary Team. A suggestion box will be maintained in the child advocacy center's team office specifically for this purpose.