

**KEY PROTOCOL DEVELOPMENT ISSUES  
FOR  
MULTIDISCIPLINARY TEAMS**

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A multidisciplinary response in child abuse cases has been found to be effective in reducing trauma to children, promoting successful legal intervention, and ensuring the availability of appropriate follow-up services for children and their families.

Protocols or operational guidelines are the mechanism to define the collaborative response among law enforcement, child protection, prosecution, medical, mental health and victim advocacy professionals. The purpose of guidelines is to clarify the roles of each discipline, coordinate the activities of each agency, reduce duplication of effort and center activities on the needs of the child. In developing or revising guidelines for handling child abuse cases in your community, your team may wish to address the following issues using key questions included for each of the stages.

NOTE: We recognize that disciplines/titles of multidisciplinary team members may vary around the region. The discipline names used represent the key broad categories needed for a multidisciplinary team and are not meant to be exclusionary. Also, there may be multiple layers of “team” to address the unique issues of multiple jurisdictions and municipalities.

**Stage I: Definition of Team Purpose, Composition and Function**

1. What is the working definition of “team”? Is the team a group of specified individuals from a variety of agencies assigned to respond together to allegations of abuse (e.g. investigation team)? Is the team a group of representatives of agencies working together cooperatively to manage interventions in child abuse cases (e.g. review team or advisory team)? Are there multiple teams fulfilling different functions?

2. What is the purpose of the team?

3. What are the goals of the multidisciplinary intervention?

4. Who are the members of the team? Does it include representation from the following:

Law Enforcement (Sheriff, City P.D., State Troopers, Tribal, Federal: FBI, BIA)

Child Protective Services/Social Services (State, County, Tribal, Federal)

Prosecution (County, State, Tribal, Federal, Child Protection)

Mental Health

Medical

Victim Advocacy (County, City, Tribal, Federal, Private Community Agency)

Children’s Advocacy Center

Others—Who? And what is the team’s relationship to them?

5. What geographical area does the team cover? What communities are served by your team? Specifically, who needs to be involved for each jurisdiction?

6. What types of cases are handled through the team approach? How will the team prioritize their focus on these cases?

Ages of children:

Allegations:

Sexual Abuse  
Physical Abuse  
Neglect/Abandonment  
Witness to Injury or Violent Crime  
Kidnapping

7. Who ultimately signs the guidelines from each discipline? (How will they be involved in the guidelines development process to ensure they fully support the final product?)
8. When (or how frequently) are the guidelines and team function evaluated? Who takes the lead in ensuring that the guidelines are periodically reviewed and updated?
9. How do you demonstrate cultural sensitivity, competency and awareness of your community? Have you addressed assessment, goals and strategies to demonstrate cultural awareness?
10. How do multidisciplinary team members provide feedback and suggestions regarding the operation of the CAC? (e.g., use, operational, equipment upgrades)
11. How do you accommodate developmentally challenged clients? Have you identified resources? Are they readily available? (i.e., deaf, non-English speaking, handicapped)
12. How does the team ensure that all members of the multidisciplinary team, including appropriate CAC staff as defined by the needs of the case, are routinely involved in investigations and/or team intervention?
13. Develop case flow diagrams to map typical case progress through the current response systems.

## **Stage II: Case Initiation**

- Child abuse report received
  - Pre-interview preparation
  - Investigative interview
  - Post-interview meeting
1. What are the roles and responsibilities of law enforcement?
    - How are child abuse reports received?
    - For pre-interview preparation?
    - For the investigative interview?
    - During the post-interview meeting?
  2. What are the roles and responsibilities of child protective services?
    - How are child abuse reports received?
    - For pre-interview preparation?
    - For the investigative interview?
    - During the post-interview meeting?

3. When and how does cross-referral occur between law enforcement and child protective services? (What information needs to be shared? Within what time frames? What are the procedures for routine sharing of information among team members?)
4. How are cases screened and prioritized? What is the first response protocol (in the field)? Who conducts the preliminary risk assessment?
5. What information is collected and shared among investigative team members prior to the forensic interview? What mechanism(s) does your team use to coordinate and share information gathering whether through history taking, assessment or forensic interview(s) to avoid duplication?
6. Where do the team interviews occur? Are they routinely conducted at the CAC? Are specific locations prohibited unless there are specific circumstances?
7. How do you ensure that team interviews include participation by all team members with investigative responsibilities in each case?
8. How does the team select an appropriate, trained interviewer? Who conducts the interview with the child:
  - Joint interview (CPS and LE)?
  - Most appropriate team member?
  - Consistent lead agency (CPS or LE)?
  - Child forensic interview specialist?
9. Does your team require that interviews be done by trained interviewers? Do you have minimum training requirements?
10. Do your interviewers participate in Peer Review?
11. How do you provide opportunities for interviewers to obtain training?
12. What general interview guidelines would you like to see followed consistently in each interview?
13. How does the team ensure that the forensic interviews are:
  - legally sound, non-duplicative, non-leading, and neutral?
  - developmentally appropriate?
  - culturally competent?
  - meeting the needs of children with disabilities?
  - accommodating non-English speaking children?
14. Does the set-up of the forensic interview location allow other team members to observe the interview without physically being present in the interview room? If so, how do observers communicate questions or concerns to the interviewer?
15. How are team members notified of the interview?
16. How are non-offending caretakers and siblings interviewed? Who conducts which interviews? How is the sequence of interviews determined? How is the information gathered in the interviews processed for preliminary case planning?

17. Are the interviews audio and/or videotaped? How is information about the interview shared with absent team members to avoid duplicative interviewing?

18. What confidentiality policies and procedures for the multidisciplinary team are in place to insure client privacy while allowing for the sharing of relevant information consistent with legal, ethical, and professional standards of practice?

### **Stage III: Case Decision-making**

- Interview of alleged offender
- Additional evidence gathering
- Medical examination
- Case review or staffing
- Decisions regarding civil court action and/or criminal prosecution

1. Where are alleged offenders interviewed? By whom?

2. What are the procedures for gathering additional evidence?

3. Who removes children from their home if necessary? Who participates in that decision and how is that information shared with other team members?

4. How are the following medically-related issues addressed:

- Who determines if a medical examination is needed by the child victim?
- Under what circumstances is a medical evaluation recommended?
- What is the purpose of the medical exam?
- Who conducts the medical exam?
- Do health care providers have pediatric and child abuse expertise? Can you demonstrate that your medical provider meets at least ONE of the following Training Standards:
  - Child Abuse Pediatrics Sub-board eligibility
  - Child Abuse Fellowship training or child abuse Certificate of Added Qualification
  - Documentation of satisfactory completion of competency-based training in the performance of child abuse evaluations
  - Documentation of 16 hours of formal medical training in child sexual abuse evaluation.
  
- How do medical providers receive appropriate on-going training? Do they participate in peer review?
- Where are the medical exams conducted?
- What information will be provided to the medical examiner prior to the exam and by whom?
- How is the medical evaluation made available (scheduling, linkage with providers, triage, transportation, etc.)?
- How are emergency situations addressed (what are the criteria and procedures for an emergency medical exam)?
- How are multiple examinations avoided?
- What are the procedures for forensic documentation and collection/preservation of evidence?

- How is the medical evaluation coordinated with the MDT in order to avoid duplication of interviewing and history-taking?
- What are the procedures for medical intervention in cases of suspected physical abuse and maltreatment (if applicable)?
- What provisions are made for sharing relevant information with the team while protecting the client's right to confidentiality?
- How are findings of the medical evaluation shared with investigators and prosecutors on the MDT in a routine and timely manner?
- How does the team ensure access to appropriate medical evaluation and treatment for all CAC clients regardless of ability to pay?

5. Which team members participate in regular case staffings? Are the following team representatives included:

Law Enforcement  
 Child Protective Services  
 Prosecution  
 Mental Health  
 Medical  
 Victim Advocacy  
 Children's Advocacy Center

6. How does the team ensure that case reviews or staffing occur on a regularly scheduled basis?
7. Who attends case reviews or case staffings?
8. When and where do team case reviews or staffings occur?
9. How often are case reviews held?
10. What are the criteria for formal case review and case review procedures?
11. Who coordinates case reviews or staffings?
12. Who facilitates the case review meetings/staffings?
13. How are team members informed of cases to be reviewed prior to case review?
14. What provisions are made for participation in case review by a health care provider and mental health professional?
15. How does the team engage in case decision-making? What tools are used to elicit information, provide input and made decisions?
16. What procedures are utilized for conflict resolution?
17. How are recommendations from case review communicated to appropriate parties for implementation?
18. How has/how could this forum be used to educate team members about complex child abuse cases/issues?

19. How is the case review process evaluated and updated to meet the needs of team members and their agencies?

#### **Stage IV: Case Resolution**

- Mental health therapy for child victim
  - Victims information and advocacy
  - Court support
  - Non-offending parent support
  - Case tracking
1. How is access to appropriate, specialized trauma-focused, culturally relevant mental health evaluation and treatment routinely made available to child victims and non-offending family members? Are mental health services provided on-site or through linkage agreements with other appropriate agencies or providers?
  2. What provisions are made for sharing relevant mental health information with the team while protecting the client's right to confidentiality?
  3. How is the forensic interview or assessment kept separate from mental health treatment?
  4. How does the CAC and/or MDT provide opportunities for those who provide mental health services to participate in ongoing training and peer review?
  5. How are the following victim services routinely made available throughout the investigation and prosecution:
    - Crisis intervention and support (for the victim and non-offending parents)
    - Client education regarding the coordinated multidisciplinary response including: investigation, prosecution and treatment
    - Updates on case status
    - Information regarding and assistance in obtaining crime victims' rights and local services
    - Pre-sentencing victim impact statements
  6. Are designated, trained individuals available to provide victim support/advocacy on-site and/or through linkages with other service agencies?
  7. Do services include:
    - Court support or preparation for the child victim
    - Court accompaniment
    - Crime victims compensation
    - Information regarding the dynamics of abuse
    - Assistance with access to services such as protective orders, housing, public assistance, domestic violence intervention, and transportation
  8. Does the team define the specific roles of volunteers and/or staff who will assist the victim and non-offending family members (i.e. Victim Specialists, Victim Witness Coordinators or Community-based Victim Advocates, Court Appointed Special Advocates (CASA), Guardians Ad Litem (GALs))?

9. 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?
10. How are cases tracked while the case is pending in the child protective and criminal justice systems? What are the case tracking criteria and procedures? Are cases tracked to disposition?
11. What mechanism is in place to assure that all MDT partner agencies provide their specific case information and disposition?
12. How do team members gain access to case tracking information?
13. How is client and/or caretaker feedback about the investigation and treatment obtained?
14. How are new members incorporated onto the team?
15. What provisions are made for regular, ongoing and relevant training and educational opportunities, including cross-discipline, MDT, peer review and skills-based learning?