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**CHILD SEXUAL AND PHYSICAL ABUSE  
INVESTIGATION PROTOCOLS**

**PIERCE COUNTY, WASHINGTON**

**2022-2024**

# CHILD SEXUAL AND PHYSICAL ABUSE INVESTIGATION PROTOCOLS FOR PIERCE COUNTY WASHINGTON

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### **Children's Advocacy Center of Pierce County Mission Statement**

To reduce the traumatization and enhance safety of child abuse victims and their families by facilitating a collaborative, multidisciplinary approach to prevention, investigation, prosecution, and treatment of child abuse.

The expected outcome of this multidisciplinary team approach will be a reduction in the number of interviews of the victim, more consistent and skilled provision of services, increased efficiency and success in prosecution, reduced duplication efforts by community agencies, and protection of child victims.

Per RCW 26.44.180 & RCW 26.44.185 the protocols shall address the coordination of child fatality, child sexual abuse, online child exploitation and commercial sexual exploitation of minors, child physical abuse, and criminal child neglect investigations between the prosecutor's office, law enforcement, children's protective services, children's advocacy centers, local advocacy groups, emergency medical services, and any other local agency involved in the investigation of such cases.

Therefore, the undersigned agree to the following protocol

## SECTION 1

## Definitions

For the purposes of this protocol:

Child abuse refers to neglect, and/or physical or sexual abuse of children.

Offender refers to an adult or juvenile.

Child or victim will be used interchangeably. A child is a person under the age of 18.

CAC refers to the Children's Advocacy Center of Pierce County, located at 1112 S. 5th Street Tacoma, WA 98405. Children's Advocacy Center means a child-focused facility in good standing with the state chapter for children's advocacy centers and that coordinates a multidisciplinary process for the investigation, prosecution, and treatment of sexual and other types of child abuse. Children's Advocacy Centers provide a location for forensic interviews and coordinate access to services such as, but not limited to, medical evaluations, advocacy, therapy, and case review by multidisciplinary teams within the context of county protocols as defined in RCW 26.44.180 and 26.44.185 as defined by House Bill 2596.

CAID refers to the Child Abuse Intervention Department at Mary Bridge Children's Hospital.

Commercial Sexual Exploitation of Children (CSEC), Commercial Sexual Abuse of a Minor (CSAM) RCW 9.68A.100  
CSEC is referred to as commercial sexual exploitation of children. Commercial sex is defined as any sex act on account of which anything of value is given or received by any person, including but not limited to: prostitution, pornography, webcamming, exotic dancing/stripping, exploitation, erotic/nude massage, phone sex lines, sex tourism, gang- based prostitution.

CPS (Child Protective Services) refers to all Division of Children, Youth and Families (DCYF) and Division of Licensed Resources (DLR) social service specialists assigned to the investigation, and to Puyallup Tribal Child Protective Services.

CPS-Investigations are a CPS response for families who are subjects of high-risk physical abuse; emergent neglect; all sexual abuse and exploitation referrals; subjects are identified; investigation is not voluntary; and social service specialist complete Investigation Assessments with findings of Abuse or Neglect. Risk-Only Intakes will also be managed within this pathway. Cases that include significant injuries requiring medical care or concern that medical care may be required will be assigned to CPS-Investigations. Additional cases that will be screened to CPS-Investigations shall include child fatality and where there are other children who are in the care of the alleged subject; living situations that are immediately dangerous or unhealthy; child's current physical or mental condition indicates for immediate medical care or child appears seriously ill or injured; Sexual Abuse/Exploitation.

CRCAC refers to the Children of the River Child Advocacy Center, located at 3401 E Grandview Ave, Tacoma, WA, 98404, within the Puyallup Nation. CRCAC provides culturally adaptive victim centered services. CRCAC is in good standing with the state chapter for Children's Advocacy Centers. The CRCAC coordinates a multidisciplinary process for the investigation, prosecution, and treatment of sexual abuse and other types of child abuse involving Puyallup Tribal children. Courtesy services for other tribal children can be provided when the case agent believes cultural accommodation could enhance the child and families' engagement and participation. CRCAC provides a location for Forensic Interviews and coordinates access to services such as, but not limited to, Advocacy, culturally adaptive evidence-based Trauma Therapy, and case review by the Puyallup Tribe Multidisciplinary Team within the context of Tribal and County protocols. Medical services are provided in coordination with Pierce County CAID.

Family Assessment Response (FAR) is a CPS response for families who are subjects of concern of less severe child abuse/neglect that: has no investigation; has no findings; doesn't identify subjects; protects children by strengthening families; builds on DCYF practice models; delivers concrete and supportive services to families.

LE or Law Enforcement refers to any law enforcement agency such as local police departments, the State Patrol, the Director of Public Safety, and the Office of the Sheriff, under RCW 26.44.020(2), the Prosecuting Attorney, and to federal law enforcement agencies, Puyallup Tribal Police Department, United States Army Crimination Investigation Command, and the Air Force Office

of Special Investigations.

EMS or Emergency Medical Services refers to a network of personnel, equipment, and resources established for the purpose of delivering basic life support (BLS) and advanced life support (ALS) care to the citizens of our community. The network includes municipal fire departments, county fire districts, private ambulance, and military EMS providers.

ME refers to the Pierce County Medical Examiner, the Assistant Medical Examiners and Investigators.

MAMC SWs refers to all state licensed/certified or nationally certified social workers, psychologists, and marriage and family therapists, privileged to practice by Madigan Army Medical Center, employed by the Department of the Army, and assigned to investigate allegations of child abuse and neglect.

MDT refers to a multidisciplinary team approach to the investigation, treatment, and prosecution of child abuse cases.

PA, PAO or Prosecuting Attorney refers to the elected Pierce County Prosecuting Attorney, and his/her Deputy Prosecutors, the Municipal Court Prosecutors, the Puyallup Tribal Prosecutor, military Judge Advocates, and the United States Attorney General for Western Washington, and his/her Assistants.

Medical Provider refers to licensed, registered or certified medical practitioners including physicians, nurses, nurse practitioners or physician assistants that practice in a variety of settings to include primary care, emergency departments, clinics, hospitals or private practice.

Child Forensic Interview is defined as a developmentally sensitive and legally-sound method of gathering factual information regarding allegations of child abuse, child neglect, or exposure to violence. The interview is conducted by a competently trained, neutral professional utilizing techniques informed by research and best practice as part of a larger investigative process. Child forensic interviews in Pierce County are qualified under RCW 74.14B.010 and RCW 43.101.224.

A Minimal Fact / Safety Interview Prior to a Forensic Interview is a brief questioning of the child in the field when there is a need to assess present danger after a child has allegedly made a clear disclosure of abuse that will require a forensic interview in the near future.

An Initial Safety Interview is a brief questioning of the child in the field by LE or CPS when there is a need to assess if the child will make a clear disclosure of abuse and to assess present danger to the child. If the child makes a clear disclosure of abuse that will require a forensic interview, LE or CPS should follow the guidelines for Safety Interviewing Prior to a Forensic Interview to assess if any further questions need to be asked of the child, or if the information could be gathered from a protective caregiver.

An Initial Face to Face child interview (IFF) is when a CPS investigator makes contact with a child to determine the presence of any present danger to child(ren) in the home and to help the worker complete a safety assessment to take steps necessary for the safety of the child.

FNES refers to Forensic Nurse Examiner Services operated by MultiCare Health System.

Online sexual exploitation is accessing, possessing, producing, and/or distributing images and/or videos of child sexual abuse through the internet.

## SECTION 2



## **Children's Advocacy Center (CAC)**

MultiCare Health System (MHS)/Mary Bridge Children's Hospital is the lead agency for the Children's Advocacy Center of Pierce County (CAC), providing CAC case management and coordination of joint investigations. The MBCH Child Abuse Intervention Department (CAID) and the CAC are co-located on the MBCH campus in the MBCH Safe and Sound Building.

### **Joint Investigations**

Agencies/disciplines jointly participating in Pierce County's CAC are law enforcement, Prosecuting Attorney, mental health, medical, children's advocacy, CPS, Attorney General, and all signatories to this protocol. In cases where the services of two or more disciplines are appropriate a joint investigation coordinated through the CAC will be initiated.

The types of cases calling for CAC involvement include the following:

- Cases involving sexual abuse
- Cases involving commercial sexual exploitation of children (CSEC)
- Cases involving online sexual exploitation
- Cases involving child death
- Cases involving moderate to severe physical abuse requiring immediate medical attention:
  - Head trauma
  - Unexplained abdominal injuries, and ruptured organs
  - Unexplained or multiple fractures, or fractures in various stages of healing
  - Suspicious burns or burns consistent with abuse
  - Lacerations to the face, genitalia or extremities
  - Multiple bruises/lesions on different parts of the child's body
  - Injuries resulting in significant sight, hearing or mental impairment; or
  - Neglect resulting in any of the above injuries
  - Any action that interrupts/stops the child's breathing by any mechanism.
  - Bruising or injuries to an infant or child who is not mobile
- Cases involving suspected medical child abuse (formerly known as Munchausen by Proxy and Pediatric Factitious Disorder)

Referrals to the CAC are initiated through law enforcement or by CPS by sending an email with basic information about the case to the CAC referral email portal at [cacpc\\_referral@multicare.org](mailto:cacpc_referral@multicare.org). CAC staff then route the initial information to appropriate agencies as soon as possible. Simultaneously the cases are scheduled for review by the CAC's multidisciplinary team staffing meetings.

Upon receipt of initial information, the assigned agency representatives begin discussing/coordinating the investigation with CAC team members. Discussion of the initial investigatory steps will occur as soon as practical to enhance child safety and investigative integrity, and the following steps may be planned and taken during the course of the joint investigation:

- Victims forensic interview
- Medical examination
- Sibling interview
- Interview to identify the suspect
- Safety assessment for the child
- Consideration of protective custody for the child
- History and information gathering
- Contacts with collateral witnesses
- Home visits
- Assessment of additional possible referrals for services
- Receipt of Prosecutor input in anticipation of charging review for trial preparation.

If the Forensic Interview has taken place elsewhere due to extenuating circumstances, the case should still be referred to the CAC for case coordination and referral for services.

**Multidisciplinary Case Review:**

Case review is held a minimum of three times per month. The meeting is facilitated by the CAC of Pierce County. Any member of the MDT may submit cases to the MDT Coordinator to add to the agenda. Criteria for case review include: joint investigations (CPS and LE investigating the case together) involving allegations of sexual abuse; sexual exploitation if the parent or caregiver is the suspect; serious injury/felony level physical abuse; child fatality; neglect resulting in serious injury; bruising or injuries to an infant or child who is not mobile; medical child abuse; images of child sexual abuse. A copy of the agenda is emailed to MDT members prior to the meeting. Team members involved in the case and representatives from each core discipline must attend and/or provide input at case review. MDT partner agencies representatives actively participating in case review must include, at a minimum: law enforcement, CPS, prosecution, medical, mental health, victim advocacy, and CAC staff.

**Standard:** A formal process in which multidisciplinary discussion and information sharing regarding the investigation, case status and services needed by the child and family is to occur on a routine basis.

**Rationale:** Case review is the formal process, which enables the MDT to monitor and assess its effectiveness - independently and collectively - ensuring the safety and wellbeing of children and families. It is intended to monitor current cases and is not meant as a retrospective case study. This is a formal process by which knowledge, experience and expertise of MDT members is shared so that informed decisions can be made, collaborative efforts are nurtured, formal and informal communication is promoted, mutual support is provided, and protocols/procedures are reviewed. Case review encourages mutual accountability and helps to assure that children's needs are met sensitively, effectively and in a timely manner. Case review is not meant to pre-empt ongoing discussions and ongoing discussions are not meant to take the place of formal case review.

Generally, the case review process should:

- review interview outcomes
- discuss, plan and monitor the progress of the investigation
- review medical evaluations findings
- discuss child protection and other safety issues
- provide input for prosecution and sentencing decisions
- discuss emotional support and treatment needs of the child and non-offending family members and strategies for meeting those needs
- assess the family's reactions and response to the child's disclosure and involvement in the criminal justice/child protection systems
- review criminal and civil (dependency) case disposition
- make provisions for court education and court support
- discuss issues of cultural relevance and needs unique to individual children and families
- Ensure that all children and families are afforded the legal rights and comprehensive services to which they are entitled
- Discuss how the CAC and MDT intervention is impacting the child and their family

Cases staffed at the CAC are closed when: safety issues are adequately addressed, no charges are filed, and/or upon final case disposition in criminal court.

**Case Tracking:** All cases that come through the CAC will be tracked from the beginning of the case until the team has determined the case to be completed. Case tracking will be conducted by the Manager of the CAC of Pierce County.

## Law Enforcement

### Local Law Enforcement:

For complaints made directly to local law enforcement agencies, customarily a patrol officer is dispatched to assess the situation. Initial considerations include safety of the child, and whether a crime potentially has been committed.

If the child's safety is deemed to be at imminent risk, the child will be taken to a safe place, which may include protective custody with Child Protective Services.

If the complaint warrants action but is not criminal in nature, the matter will be referred to CPS, together with a general police report, within 72 hours. If the complaint warrants no action, and is deemed unfounded, the general report will reflect this disposition.

If a crime was potentially committed, a preliminary investigation will be conducted, including evidence collection, witness interviews, and possible detention of a suspect. If an immediate arrest occurs, a detective will be assigned for follow-up, and the case will be referred to the Prosecutor's Office by the next business day. If no immediate arrest is made, a detective/agent will be assigned for follow-up investigation, and coordination with other agencies. Because these cases are a high priority as demonstrated by RCW 10.46.085, detective assignments should be made as soon as practicable.

If the suspect is in a position of having contact with children or working with children, law enforcement should notify the employer as practicable without endangering the integrity of the investigation.

Cases meeting referral criteria for a forensic interview should be referred to the CAC and only a minimal fact/safety interview should be conducted with the child if necessary. Minimal Fact/safety Interviewing is used to assess present danger after a child has allegedly made a clear disclosure of abuse and prior to a forensic interview.

If a child forensic interview is necessary, law enforcement will comply with Section III of the protocol pertaining to child interviews.

All child abuse cases meeting the referral criteria (see CAC section) should be referred to the CAC for case coordination and referral for services. Even if the forensic interview has taken place elsewhere; the case should be referred to ensure the alleged victim receives appropriate services and support.

At the request of the Medical Examiner and/or EMS, LE will assist with completing the Sudden Unexplained Infant Death Investigation (SUIDI) form and participate in the scene reconstruction when an infant has died. This may involve visiting the scene, even if the death occurred in the hospital. Efforts should be made by all agencies to perform a scene reconstruction, with photographs, even if the child has been transported from the scene.

All efforts should be made to document injuries and/or absence of injuries by photography.

Any law enforcement agency receiving a report of an incident of alleged abuse or neglect pursuant to this chapter, involving a child who has died or has had physical injury or injuries inflicted upon him or her other than by accidental means, or who has been subjected to alleged sexual abuse, shall report such incident in writing as provided in RCW 26.44.040 to the proper county prosecutor or city attorney for appropriate action whenever the law enforcement agency's investigation reveals that a crime may have been committed.

The law enforcement agency shall also notify CPS of all reports received and the law enforcement agency's disposition of them.

In emergency cases, where the child's welfare is endangered, the law enforcement agency shall notify CPS within twenty-four hours. In all other cases, the law enforcement agency shall notify CPS within seventy-two hours after a report is received by the law enforcement agency.

Law enforcement is considered an essential discipline to the functioning of an MDT therefore, law enforcement representatives will actively participate in the assigned MDT case review based on jurisdiction.

## Federal Law Enforcement:

The Federal Bureau of Investigation (FBI) exercises its jurisdiction and investigative responsibilities pursuant to federal statutes addressing various crimes against children including kidnapping, international parental kidnapping, and parental kidnapping through the use of Unlawful Flight to Avoid Prosecution warrants.

In cases of physical abuse or sexual exploitation of children in Pierce County, the FBI has jurisdiction in the following areas:

- Sexual and felony physical abuse of a child committed by a civilian on Joint Base Lewis McCord (JBLM).
- Sexual and felony physical abuse of a child on the Puyallup Indian Reservation when the offense occurs on Tribal Trust Land, and the offender is an adult Native American.
- The interstate transportation of children for sexual exploitation (if the victim is under 18 years old), and luring over the internet, and telephone lines (if the victim is under 16 years old).
- Production, distribution, and possession of child pornography.

In most instances, local, tribal, and military law enforcement are initially notified of the above offenses. In order to determine federal jurisdiction, these departments should contact the FBI, and request to speak with the duty agent or a Crimes Against Children Coordinator. Once jurisdiction is established, the FBI will contact the United States Attorney's Office to obtain a prosecutorial opinion regarding the offense. Once a decision is made, the investigation can be worked jointly if there is joint jurisdiction, or solely by the FBI if there is exclusive federal jurisdiction.

The AFOSI, at McChord Air Force Base Proper, and CID at Fort Lewis Army Proper, will investigate all child physical and sexual assault allegations against United States military active-duty members. AFOSI and CID should be notified by any local law enforcement agency investigating such a case. AFOSI and CID must immediately notify local law enforcement of potential crimes occurring off base or off post.

Puyallup Tribal Police will be the primary investigative agency for crimes occurring on land within the Puyallup Indian Reservation held in trust by the United States for the Puyallup Tribe or for an individual Indian. If one or more suspects are non-Indian, other law enforcement agencies normally will be contacted. If a felony crime is suspected, federal law enforcement authorities will be contacted.

If a crime occurs on land held in fee simple within the Puyallup Indian Reservation, the Tacoma Police Department or Pierce County Sheriff will be the primary investigative agency. If one or more suspect is Native Indian, Puyallup Tribal Police will be contacted.

The National Park Service will be the primary investigative agency for offenses occurring within the boundaries of Mt. Rainier National Park which is under exclusive federal jurisdiction. The National Park Service will work with other federal agencies (e.g., FBI) and state/local agencies with which it has mutual aid agreements on investigations and the U.S. Attorney's Office for prosecution of cases originating in the park. For park owned lands outside the main park boundaries (i.e., the park headquarters near Ashford and acquired lands in the Carbon River area) which fall under proprietary jurisdiction, the National Park Service will coordinate with the appropriate local or state law enforcement agencies for investigation of criminal offenses.

All efforts should be made to document injuries and/or absence of injuries by photography.

## **Suspect and Witness Interviews**

Primary responsibility for interviewing suspects lies with law enforcement.

When law enforcement accepts responsibility for interviewing the suspect, and where CPS is involved in the case, CPS shall be informed of the reasonable time frame within which law enforcement expects to attempt to complete an interview of the suspect.

Because CPS and DLR/CPS have established timeframes to complete their investigations, these agencies will advise law enforcement if they need to conduct their own interview in order to comply with their timeframes.

When the subject of the interview is an active-duty member of the U.S. military, military special agents shall be informed of the reasonable timeframe within which law enforcement expects to attempt to complete an interview of the suspect.

Law enforcement will attempt to coordinate the suspect interview, and the interview of the person to whom the disclosure was made with the CPS social service specialist or through CAC staffing.

Law enforcement has primary responsibility for interviewing collateral witnesses during a criminal investigation.

### **Protective Custody**

In accordance with RCW 26.44.050, any first responder is to take children into protective custody when there are reasonable grounds to believe that the child is seriously endangered in his or her surroundings, and immediate removal appears necessary to protect the child.

Removal of children from their home is a drastic measure, which can be traumatic for the child. Therefore, this step should be taken only when lesser measures are insufficient to protect the child.

## **Child Protective Services:**

Per RCW 26.44, Division of Youth and Family Services (DCYF) determines whether referrals are accepted for investigation or not; and the response time required by CPS. Utilizing a Screening and Response Assessment tool the referrals will be screened for either CPS-Investigations or CPS-Family Assessment Response (FAR).

Screening Decisions are based on sufficiency criteria and must include an alleged victim, alleged subject, alleged incident; and must meet the minimally RCW/WAC definition of CA/N.

If the information gathered by the screener does not meet one or more of the sufficiency criteria, the screener must determine whether a CPS Risk-Only screening decision is appropriate.

Referrals that meet sufficiency will either be assigned to CPS- Investigation or CPS-FAR.

In both the CPS-investigative and CPS-FAR Pathway the Supervisor is responsible for identifying intakes that meet protocol criteria; and will make concerted efforts to coordinate response with Law Enforcement prior to making contact with the family.

CPS shall conduct an Initial Face-to- Face (IFF) Interviews within the 24- or 72-hour timeframe when the allegation of physical or sexual abuse is not clear or when the use of an extension/exception is not warranted. If a listed child victim is eligible for a forensic interview, DCYF will comply with Section III of the protocol pertaining to child interviews. Social service specialist must attend the child forensic interview.

The purpose of the Initial Face-to-Face (IFF) contact with the child is to gather sufficient information to assess immediate safety threats (present danger) and to initiate safety planning when indicated through comprehensive safety assessment.

All efforts should be made to document injuries and/or absence of injuries by photography.

When an intake meets the protocol criteria and there are circumstances that require DCYF to delay having face-to-face contact with the child in order to assign specialists or to coordinate the investigation, the assigned DCYF supervisor may approve a time-limited extension for the initial face-to-face contact. See section IV. Information Sharing for more details regarding the use of law enforcement/community protocols extensions.

Madigan Social Work staff starts investigations within 3 working days, and cases involving persons presenting at Madigan emergency room for examination, on- call personnel will handle treatment and evaluation on an immediate basis. If the allegations are criminal in nature, coordination with other agencies will occur, and a forensic interview may be sought. If the allegations are not criminal in nature, CPS and MAMC Social Work staff will jointly handle the interviews of family members, including a protective interview of the child.

CPS for the Puyallup Indian Tribe will handle cases involving Native Children arising on reservation lands, and the procedures followed will be consistent with Tribal Policy.

Cases meeting referral criteria for a forensic interview should be referred to the CAC and only a minimal fact/safety interview should be conducted with the child if necessary. Minimal Facts/safety Interviewing is used to assess present danger after a child has allegedly made a clear disclosure of abuse and prior to a forensic interview.

If a child forensic interview is necessary, CPS will comply with Section III of the protocol pertaining to child interviews.

All child abuse cases meeting the referral criteria (see CAC section) should be referred to the CAC for case coordination and referral for services. Even if the forensic interview has taken place elsewhere; the case should be referred to ensure the alleged victim receives appropriate services and support.

CPS is considered an essential agency to the functioning of an MDT therefore; CPS representatives will actively participate in the assigned MDT case review based on jurisdiction.

## Emergency Medical Services

Emergency Medical Services personnel ensure safety and provide medical aid as needed to save or assist the child. If child is clearly dead, do not move the body. Personnel are careful not to destroy potential evidence as outlined in Pierce County Patient Care Protocols Administrative Policy Crime Scene Preservation.

- a. EMS shall notify Law Enforcement and/or CPS to report any suspicion of abuse or neglect, child death or near death.
  1. Department of Children, Youth and Families 1-888-713-6115.
- b. EMS personnel will communicate with LE and assure that the scene is safe.
- c. Forensic guidelines emphasizing crime scene preservation are important; however, the most important role of EMS providers is to ensure the preservation of life.
  1. EMS is in charge of the patient and should be aware of signs of possible abuse and neglect.
  2. Law Enforcement (LE) is in charge of the crime scene.
- d. While an emotional cause of death, such as apparent SUID, may cause a scene to be difficult; this is not an acceptable reason to move or transport a deceased person. If the patient is obviously deceased, EMS providers should not disturb or move the body unless there is a clear potential the body will be lost or further damaged. EMS shall document why and what actions were taken.
- e. At the request of the Medical Examiner or LE, EMS will assist with completing the Sudden Unexplained Infant Death Investigation (SUIDI) form when an infant has died. EMS will make sure Law Enforcement has been notified and will provide contact information to Law Enforcement. Refer to Appendix A for SUIDI form
- f. EMS limits access and egress to a single path/route. This may be identified by LE; or if EMS arrives first, EMS will notify LE of their route.
- g. EMS limits the number of personnel entering a potential crime scene to only those essential to safely and efficiently care for the patient. Upon request from LE or Medical Examiners, EMS will provide a list of responders' names, and when they arrived/departed.
- h. EMS providers should not move anything; they should leave items alone unless absolutely necessary to perform lifesaving patient care.
- i. EMS providers will not cut through bullet/stab holes on patient's clothing or binding knots, etc. as this may destroy critical evidence.
- j. EMS providers will not use phones, sinks, toilets, garbage containers, or anything at a crime scene. They will only utilize equipment that was brought to the scene and only to remove equipment brought in if absolutely necessary.
- k. EMS will not take anything from a crime scene that can be left; they will give clothes, blankets, and sheets to LE.
- l. When practical, EMS providers will document everything they observe (lighting, weather, temperature, odors, bystanders' behavior, position of patient), moved, and performed as patient care. Include statements made by the patient, being as specific and exact as possible. EMS should consider the following:
  1. All statements and demeanor (emotional state) of speakers.
  2. Explain that their job is to provide medical care; ask for caretaker's explanation with specific details; and record observations of both words and actions.
  3. Consider all personal observations of the environment as soon as possible. Focus all their senses on the surroundings. Describe the scene accurately and completely. Determine possibility of mechanism of injury.
  4. Record the child's developmental level. Compare reasonableness of history given regarding mechanism of injury to child's age and developmental abilities and scene observations.
- m. EMS will document any unusual observations in a supplemental report.
  1. If no LE is present, EMS will document all adults and children present including who has left, noting what they did, said and their appearance.
- n. By invitation, EMS may participate in Multidisciplinary Team (MDT) meetings to review child abuse cases and /or attend Child Death Review.

## **Medical Provider**

When any practitioner or medical provider has reasonable cause to believe that a child has suffered abuse or neglect he or she shall report the suspected abuse as required by RCW 26.44.030 All efforts should be made to document injuries and/or absence of injuries by photography.

Medical providers shall cooperate with the Law Enforcement and/or Child Protective Services during a child abuse investigation as required by RCW 26.44.030. In the event the medical provider does not have the specialized equipment or services to conduct pediatric forensic exams; the medical provider shall refer the victim child to Mary Bridge Children's Hospital and/or Mary Bridge Child Abuse Intervention Department.

All abnormal findings will be reviewed by an advanced medical consultant.

Refer to RCW 26.44.056 for criteria in which medical personal can declare the necessity of a hospital hold for children.

Medical is considered an essential discipline to the functioning of an MDT therefore; medical representatives will actively participate in the MDT case review.

Medical social workers in responding hospitals and the Child Abuse Intervention Department at Mary Bridge Children's Hospital are available to support all pediatric clients in crisis, advocate for their needs, and offer support and resources.

Interviewing should be limited to specifically relevant information required to complete the medical evaluation. Specific information regarding the incident will be obtained in a forensic interview.



## **Medical Examiner**

Generally, when law enforcement is on the scene of a child death, law enforcement will notify the medical examiner's office. When the medical examiner's office responds to a report of a child death and law enforcement has not yet been notified, the medical examiner's office will notify law enforcement.

The medical examiner's investigators will be responsible for the custody of the body, the identification of the deceased, the notification of the next of kin, the personal property of the deceased, and the determination of the cause and manner of death.

Law enforcement and the medical examiner's investigators should cooperate with each other during their mutual investigations.

The Medical Examiner will notify all agencies of a child's death as required by law.

At the request of the Medical Examiner and/or EMS, LE will assist with completing the Sudden Unexplained Infant Death Investigation (SUIDI) form and participate in the scene reconstruction when an infant has died. This may involve visiting the scene, even if the death occurred in the hospital.

All efforts should be made to document injuries and/or absence of injuries by photography.

Efforts should be made by all agencies to perform a scene reconstruction, with photographs, even if the child has been transported from the scene.

## **Legal:**

### **a. Prosecuting Attorney**

When suspects are arrested and remain in custody a review of the file materials will occur on the next business day. If criminal charges are filed, a forensic interview of a child may follow, and coordination with other agencies to prepare for trial will occur.

If no charges are filed pending further investigation, the suspect is released, coordination with other agencies will occur, and a detective will handle follow-up investigation, which may include a forensic interview.

If no charges are filed(final), then no formal follow-up investigation is expected, and the decision will be communicated to the police agency making the arrest.

When investigations are started, without any arrest, the PA will participate with other agencies directly or through the Children's Advocacy Center.

Assistance may be provided in obtaining court-ordered search warrants, laboratory examinations, and wire interceptions. The PA may also assist with locating witnesses, and conducting forensic interview of a child, and/or facilitating a medical evaluation of a child.

Pursuant to federal law, procedures followed by Judge Advocates and Assistant United States Attorneys will vary from those described in this section. The role of the Pierce County Prosecuting Attorney in protecting children is to promptly decide whether or not to file charges upon receipt of initial and follow-up reports. CPS will be advised of charging decisions. In all cases where charges are filed, a "no contact" order forbidding contact between the offender and victim will be sought as permitted by Criminal Rule 3.2A. "No contact" will include no supervised contact. Violations of such an order should be reported to the Prosecuting Attorney's Office for review of release conditions and filing of charges. In the event that more than one court order exists limiting or forbidding contact, the most restrictive order should be followed.

Information coming to the attention of the PAO may be shared with law enforcement and/or CPS pursuant to Chapter 26.44 RCW.

Prosecution is considered an essential discipline to the functioning of an MDT therefore; prosecution representatives will actively participate in the MDT case review process.

### **b. Attorney General's Office**

If a dependency petition is filed in Juvenile Court, the AGO represents the Department of Social and Health Services. In order to help insure the safety of a child, and to potentially advocate for placement of the child out of his/her home, the Assistant Attorney General assigned to a specific case will maintain contact with the appropriate law enforcement agency, and with the Prosecutor's Office as appropriate or as requested.

Where no dependency petition is filed, the AGO will provide legal advice and consultation to DSHS regarding specific reports of abuse or neglect.

In the event that a licensed facility is being investigated, the AGO will provide advice and consultation during the course of the investigation.

In the event of parallel Juvenile Court proceedings and criminal investigation/prosecution proceedings, the AGO will coordinate with and notify law enforcement and the Prosecutor's Office of any action taken or decision made by the Juvenile Court that might affect the criminal proceedings.

Information coming to the attention of the AGO may be shared with law enforcement and /or CPS pursuant to Chapter 26.44 RCW.

Legal is considered an essential discipline to the functioning of an MDT therefore; AG representatives will actively participate in the MDT case review process.

## Schools

School personnel are often the source of referrals for child abuse victims because of their extensive contact with children on a daily basis. They are often the first persons to whom children disclose sexual abuse, physical abuse or neglect.

Professional school personnel are required by law to report all cases of child sexual abuse, physical abuse or neglect where there is reasonable cause to believe that the child has suffered such harm. This includes teachers, administrators, registered or licensed school nurses, school social workers, school counselors, intervention and prevention specialists, psychologists, certified childcare providers or their employees and childcare centers.

Professional school personnel shall report or cause a report to be made at the first opportunity, but no later than forty-eight hours after there is reasonable cause to believe that the child has suffered abuse or neglect.

Professional school personnel, as that term is defined in RCW 26.44.020(), are individually responsible for reporting abuse or neglect. Failure to report when the individual has reasonable cause to believe a child has been abused or neglected is a gross misdemeanor that is punishable under RCW 26.44.080. While professional school personnel are obligated to report, all school personnel are strongly encouraged to report such cases of child abuse or neglect. Once a report is made and a formal investigation commences, school personnel have an important role as liaison between law enforcement, victims, their parents and/or guardians and witnesses.

Each school district in Pierce County should have policies and procedures for reporting child abuse and child neglect cases that support the interagency investigative process adopted by the county prosecuting attorney's office, law enforcement and CPS. School personnel should be trained in the identification of and legal requirements for reporting child abuse and neglect.

It is important that school policy and procedures promote cooperation and allow law enforcement and CPS personnel on the school grounds for the purpose of investigating reported abuse and neglect.

The legal obligation to report abuse or neglect is satisfied by reporting to either law enforcement or CPS.

When a report, disclosure, or statement describing child abuse or neglect is made, reasonable cause is established. Once reasonable cause is established, school personnel should not continue to interview or question the child victim or call-in school counselors to try to determine if the report is credible. A school district professional employee should report at the first opportunity, but no later than forty-eight hours to law enforcement and/or CPS.

School personnel should collaborate with CPS and law enforcement for further investigation, deferring to trained interviewers from the investigating agency.

If a child makes a disclosure directly to school personnel, each person to whom the disclosure is made should document the disclosure. School personnel should continue to provide reassurance to the child as needed throughout the investigation but questions about the abuse should not be asked.

This protocol is not intended to eliminate or modify in any way the "reasonable cause" standard in RCW 26.44.030 for the mandatory reporting of abuse or neglect by professional school personnel and other mandatory reporters.

After a report of abuse or neglect has been filed, it is important that a school should have some mechanism in place to provide acceptance, support, consistency and structure to the children involved, as appropriate.

Upon receiving a report of abuse or neglect, law enforcement and/or CPS personnel shall interview the child or children involved at school when necessary. School personnel should not conduct an interview. Law enforcement and/or CPS personnel shall make reasonable efforts to include a third party in any interview so long as the presence of the third party will not jeopardize the course of the investigation. Law enforcement or CPS will make that determination as per RCW 26.44.030.

For purposes of a report of abuse or neglect, school personnel should document injuries and statements. Law enforcement or CPS will have primary responsibility for documenting injuries with photographs. Law enforcement or CPS may request school

personnel to document injuries with photographs, consistent with school district policy.

School personnel should not notify parents or guardians that a report has been made, except as required by law. If schools expel or suspend an alleged perpetrator, schools may notify the alleged perpetrator's parents or guardians of the expulsion or suspension.

School personnel should not notify parents or guardians that a child has been interviewed or placed into protective custody. The agencies of primary statutory responsibility for investigating the allegation are responsible for the timely informing of families and guardians. If parents or guardians make inquiry of the school prior to being formally notified by the investigating agency, the school should refer the inquiring party to the appropriate law enforcement agency or CPS social worker involved.

When the alleged perpetrator is a school employee, the school district must comply with RCW 28A.400.317. As such, an administrator shall cause a report to be made to the proper law enforcement agency if he or she has reasonable cause to believe that the misconduct or abuse has occurred as required by RCW 26.44.030.

During the process of making a reasonable cause determination, the school administrator shall contact all parties involved in the complaint.

When the alleged perpetrator is a school employee or student, school administrators may need to investigate or evaluate the case. This may include matters of student discipline, special education, or the discipline or discharge of an employee. In such cases, law enforcement and CPS should recognize the school's interest in obtaining information and share information as soon as practicable, which may assist the school district in proceeding appropriately.

This should include allowing school district personnel the opportunity to watch a child interview and/or review a record of the child interview to the extent permitted by law consistent with school district obligations under Title 9. Such information is protected and may be used only in an administrative investigation and discipline process. Such information may not be duplicated or published to anyone outside the administrative investigation and discipline process.

In addition, school administrators and law enforcement investigators should confer and address any concerns relative to the scope or necessity of a school investigation.

Law enforcement and CPS should recognize that certain records and information are protected from dissemination due to a school district's status as a non-law enforcement public entity. A school district should participate in the exchange of information with law enforcement and CPS to the extent permitted by the Family Education and Privacy Rights Act of 1974, 20 U.S.C. Sec. 1232 g., RCW 26.44.030 and RCW 13.34.069. Accordingly, a school district will make records and information of a child available to law enforcement and CPS when the child is the victim of abuse or neglect. According to RCW 28A.600.475, except as provided in RCW 13.40.480, parents and students are to be notified by the school district of all such orders or subpoenas in advance of compliance with them. A school district should attempt to expedite any exchange of information in such circumstances.

When the prosecutor's office files charges involving child abuse or a sexual offense against someone known to be a school employee, volunteer or a district contractor, the prosecutor's office should notify the school district.

For purposes of this protocol, a report should be made to CPS or law enforcement if there has been a report or statement by or about a child having any injury, sexual abuse, sexual exploitation, negligent treatment or maltreatment under any circumstances, which indicate the child's health, welfare, or safety, is harmed.

The primary investigating agency (CPS, law enforcement, or Prosecuting Attorney) shall be responsible for ensuring that the interview and investigation are lawful.

Each school district and Prosecuting Attorney shall designate a contact person for coordinating school district access to forensic interviews in cases where the suspect is a school district employee. A list of such persons, and their contact information, shall be distributed to each school district and the Prosecuting Attorney.

All efforts should be made to document injuries and/or absence of injuries by photography.

## Victim Advocacy

Victim support and advocacy are available throughout the investigation and prosecution process. Local agencies provide victim advocacy and support in Pierce County.

### a. Rebuilding Hope! Sexual Assault Center for Pierce County (SACPC)

The SACPC provides confidential, community-based advocacy for sexual assault victims, and their families. This is accomplished in the following ways:

- Report alleged abuse appropriately to CPS, and/or law enforcement.
- SACPC can refer teen victims and secondary victims/non-offending caregivers to seek medical attention for children and teens at Mary Bridge's Emergency Department or CAID.
- Provide referrals for specialized, trauma focused, evidence-supported mental health and medical treatment, if not provided at the CAC or CAID.
- Provide ongoing advocacy for primary victims age 13 years and older and provide ongoing advocacy for secondary victims/non-offending caregivers of alleged child sexual assault and abuse victims.
- Advocates provide confidential 24-hour crisis line services as well as medical and legal advocacy when an advocate from SACPC can be made reasonably available remotely or in-person.
  - Medical advocacy includes support at Pierce County hospitals and CAID during forensic and medical exams related to sexual assault and abuse for patients ages 13 and older and for non-offending caregivers of victims under the age of 13.
  - Legal advocacy includes assisting victims and non-offending caregivers throughout the investigatory process and any subsequent prosecution related to the sexual assault or abuse case, including filing police reports, supporting at any interview by law enforcement officers, prosecuting attorneys, or defense attorneys, assisting with filing civil protection orders for victims ages 13 and older who have experienced intimate partner violence from another teen, assisting victims ages 15 and older with filing for civil protection orders, assisting all non-offending caregivers with filing civil protection orders, attending the requisite ex parte hearing in person, attending civil protection order hearings, and criminal trial proceedings.
- As able, SACPC staffs a CAC advocate (child and Family Advocate) to prioritize the receipt of and response to CAC sexual assault and abuse referrals and appointments.

All clients meeting the following eligibility requirements will receive an automatic referral to SACPC:

- Sexual abuse is present
- Non-offending caregiver is involved (biological parent or foster parent)
- If there is no non-offending caregiver (i.e., child is in protective custody, parent is not supportive, etc.), SACPC advocacy will be offered to the child if they are 13 or older
- At some point during the interview process the teen should be asked if they would like to be contacted by a SACPC advocate. If yes, forward teen's information to the SACPC CAC advocate (or other SACPC designee) for follow-up. Attempts should be made to introduce the teen to the SACPC CAC advocate. If a face-to-face introduction cannot be made, information should be provided to the SACPC advocate for a follow-up call.
- For cases that meet the above eligibility requirement but are not being connected to the CAC, attempts will be made to inform families about SACPC advocacy (handing out an SACPC advocacy business card, directly referring to SACPC advocacy, etc.)
  - This pertains mostly to law enforcement and CPS who engage with children and parents in the field, but do not involve the CAC due to age or other reasons
- Victim Advocates at the PAO will offer information regarding community-based advocacy to clients when working with them (handing out an SACPC advocacy business card, directly referring to SACPC advocacy, etc.)

Language to use when introducing SACPC advocacy services to eligible primary and/or secondary victims at the CAC:

"A confidential community advocate will be reaching out to you/be present at your FI appointment to provide you with support and resources to help you navigate through this time."

If the client objects or outwardly states, they are not interested- no referral is needed.

b. Children's Advocacy Center of Pierce County

Victim support and advocacy is provided to all child victims of physical and sexual assault or witness to violence seen at the CAC, as well as their non-offending caregiver.

The following constellation of services are provided:

- Crisis assessment and intervention
- Risk assessment and safety planning
- Presence at the CAC during the forensic interview to participate in information sharing with MDT members
- Assessment of individual needs and cultural considerations of the child and their non-offending caregiver
- Provision of education and assistance in ensuring access to victim's rights and crime victim's compensation
- Assistance in procuring concrete resources when applicable
- Provision of referral for trauma-focused, evidence-supported mental health treatment, and specialized medical treatment
- Participation in case review to communicate and discuss the unique needs of the child and family and associated services planning
- Mental health screenings for all youth ages 13 and older, or younger when indicated, to assess for immediate crisis intervention and/or safety planning needs
- Standardized interventions for children five and under to include topics of Period of Purple Crying, safe sleep practices, child development, positive parenting techniques, and childhood prevention education
- Active outreach and follow-up support services for caregivers

c. Crystal Judson Family Justice Center (CJFJC)

The Crystal Judson Family Justice Center provides advocacy, support, and an array of services to victims of intimate partner violence and their children. In the course of this work the CJFJC will:

- Report alleged abuse appropriately to CPS, and/or law enforcement.
- Refer caretakers to seek medical attention for children at Mary Bridge's Emergency Department or CAID.
- Provide ongoing advocacy for victims and their families.
- Provide Helpline Services as well as in-person advocacy services including safety planning and assistance in filing protection orders to non-offending caregivers when intimate partner violence (IPV) has been identified.

d. System Based Advocacy

The office of the Pierce County Prosecuting Attorney offers the Victim- Witness Assistance Service to clients whose case is referred for charging. This division of the PAO provides information, referrals, crisis intervention, courtroom escorts and support to crime victims. If a case is pending, the victim advocate will contact clients and make appropriate referrals. There are no fees for advocacy services.

Victim advocacy is considered an essential discipline to the functioning of an MDT therefore, advocacy representatives will actively participate in the MDT case review process.

## **Mental Health Services**

All children who come to attention of the CAC will be screened and referred for counseling as needed. Clients will be referred to providers based on their insurance type and specific needs. Agencies or providers meeting the NCA standards for evidence-based, trauma-focused mental health services may offer treatment to child victims.

Referrals may also be made to agencies that specialize in services to Hispanic, Asian, and Native American individuals. Clients with medical coupons have the option to receive services through the State funded regional service centers.

CAC Staff and Advocacy will refer children and families to providers who meet the NCA standards.

- a) Rebuilding Hope! Sexual Assault Center of Pierce County (SACPC)
  - SACPC provides therapy to teen and adult victims of sexual assault/abuse and commercial sexual exploitation. SACPC also provides therapy to non-offending parents and caregivers of children who have experienced sexual abuse. All therapy is provided by master's level therapists with specialized training in treating the effects of sexual abuse/assault using evidence-based, effective interventions for trauma.
  - SACPC accepts many private insurances and Crime Victim Compensation to cover the cost of treatment.
  - SACPC offers a very low sliding fee scale for those without resources.
  - SACPC offers option to reduce sliding scale amounts to \$0 per session for teen clients who face financial barriers
  - SACPC offers a 24/7 crisis, information and referral line that can offer both remote and in-person general, medical legal advocacy services to child and youth survivors as well, as non-offending caregivers.
  - The therapy team is available to provide consultation to professionals on issues of sexual abuse treatment.

- b) Hope Sparks

Hope Sparks provides evidence based, trauma focused treatment services to children and youth with caregiver support sessions.

Services may include:

- Trauma-specific assessments
- Use of standardized assessment measures to inform and assess progress and treatment outcomes
- Individualized treatment plan based on assessments
- Individualized evidence -supported treatment
- Child and caregiver engagement in treatment

Mental health is considered an essential discipline to the functioning of an MDT therefore, mental health representatives will actively participate in MDT case review process.

The mental health professional is available to law enforcement, CPS, FI and Medical providers of the CAC for consultation.

### SECTION 3



## **Child Interviews**

The following additional guidelines should apply to CPS and law enforcement child interviews: the children should be reassured that they are free to leave at any time and any factors bearing on the consensual nature of the safety interview should be documented. The location and presence of the other persons should be documented. Participants in these interviews shall avoid leading or coercive questions. The interview should be accurately documented.

### **CPS and Law Enforcement Child Interviews:**

A Minimal Fact / Safety Interview Prior to a Forensic Interview is a brief questioning of the child in the field when there is a need to assess present danger after a child has allegedly made a clear disclosure of abuse that will require a forensic interview in the near future.

An Initial Safety Interview is a brief questioning of the child in the field by LE or CPS when there is a need to assess if the child will make a clear disclosure of abuse and to assess present danger to the child. If the child makes a clear disclosure of abuse that will require a forensic interview, LE or CPS should follow the guidelines for Safety Interviewing Prior to a Forensic Interview to assess if any further questions need to be asked of the child, or if the information could be gathered from a protective caregiver.

An Initial Face to Face child interview (IFF) is when a CPS investigator makes contact with a child to determine the presence of any present danger to child(ren) in the home and to help the worker complete a safety assessment to take steps necessary for the safety of the child.

### **Child Forensic Interview:**

Child forensic interviews in Pierce County are qualified under RCW 74.14B.010, and RCW 43.101.224. Therefore, the following elements apply to child forensic interviews to reduce the number of interviews conducted with children, minimize trauma, and aid in the investigation processes:

**Procedure:** Forensic interviews follow the Washington State/ APSAC child interviewing guidelines.

**Pre-briefing:** Prior to the forensic interview, medical personnel, law enforcement, CPS, and the assigned forensic interviewer participate in pre-interview briefings to discuss the case and make immediate decisions regarding child protection and investigative issues as needed. The team will meet with the non-offending caregiver if available.

**Post-briefing:** If pertinent case decisions need to be made during the interview process, the MDT members consult, but the decision-making authority rests with law enforcement. Post-interview debriefings occur with all relevant MDT members and non-offending caretakers to discuss the case and services. A full MDT discussion generally occurs only during scheduled case reviews.

**Method:** Child forensic interviews are generally conducted by trained forensic interviewers at the CAC.

- In most situations, children between the ages of 3-15 will be interviewed by forensic interviewers at the CAC.
- Children 16 and over should be interviewed by LE, CPS at the CAC or elsewhere.
- LE and CPS can request a forensic interviewer conduct the interview of a child 16 or over based on what interview would be in the best interest of the child.
- Individuals 16 and over who are developmentally delayed that fall within the cognitive profile of age 3-15 will be interviewed by a Child Forensic Interviewer in most situations.
- The forensic interview occurs with law enforcement and CPS staff present to observe from another room, with other parties specifically authorized on a case-by-case basis by the CAC Director/PAO. Victim advocacy, mental health, and medical personnel are available for consultation during interviews but do not observe the forensic interview.

A referral to the CAC for a Child Forensic Interview should be made when one or more of the following conditions are present:

- A clear disclosure of sexual abuse or felony physical abuse
- A child has witnessed a violent crime
- A confession by the alleged suspect
- The event has been witnessed or recorded
  
- CPS and/or Law Enforcement are responsible for making referrals for Child Forensic Interview as well as providing necessary information to process the referral; to include time restraints for emergent versus non-emergent cases
- Interviews are conducted as soon as possible after the investigation process has begun taking into consideration the needs and abilities of the child and the needs of the investigation
- Observers may include: Law Enforcement, MAMC Social Work Staff when the child is a military beneficiary, CPS, Tribal CPS, school personnel (when conducted on school premises), and other specifically authorized parties on a case-by-case basis
- Law enforcement and CPS are required to observe interviews related to their cases. Absent exigent circumstances or other child safety issues the forensic interview shall be rescheduled if law enforcement is unable to attend.
- Team members observing the interview can communicate with the interviewer during a break.
- Dolls and body diagrams are not used.
- Evidence will be introduced in the forensic interview in coordination with Law Enforcement.
- Child forensic interviews are generally electronically recorded. Upon conclusion of the forensic interview, Law Enforcement takes the electronic copy of the interview to book into custody. Access to the documentation is governed by the Revised Code of Washington 26.44, et Seq. or lawful court order.
- Interpreters will be used in forensic interviews when the child requires it or if is requested by the child and/or caregiver.
- Child forensic interviews may be conducted off-site when necessary for investigation; off-site interviews are generally recorded in an electronic format; CPS and/or Law Enforcement must be present to observe off-site interviews.
- On rare occasions, the MDT may determine that an additional forensic interview session(s) is/are warranted. Potential reasons to conduct more than one session may include but are not limited to the following:
  - Decision-making regarding safety of the child cannot be made upon information obtained during the initial interview.
  - When an interview could not be completed in one session due to the child's level of engagement/participation, developmental/cognitive abilities, or social/emotional/physical functioning, or any other reason when information could not be fully or effectively gathered in one single session.
  - The child discloses additional information following the initial forensic interview; or indicated the reason he/she could not tell; or due to change in the situation, circumstances, evidence or corroboration emerges.

Child Forensic Interviewers will:

- Complete thorough, objective interviews, which are guided by research-based practices and standards, have an open mind, and avoid using leading or coercive questions.
- Maximize the emotional comfort of children interviewed on-site and/or off-site
- Recognize the developmental level of children regarding language and cognition; be aware of and accommodate special needs such as developmental disabilities.
- Adhere to confidentiality practices.
- Have completed an NCA-recognized forensic interviewing training (minimum of 32 hours).
- Will complete ongoing education in the field of child maltreatment and/or forensic interviewing consisting of a minimum of 8 hours every 2 years.
- Participate in a formalized peer review process for forensic interviewers a minimum of 2 times per year.
- The CAC and/or MDT provide opportunities for those who conduct forensic interviews to participate in ongoing training and peer review.

## SECTION 4

## **Medical Evaluation, Evidence and Treatment**

### **Medical Evaluation and Treatment Services**

Specialized medical evaluation and treatment services are available to all CAC clients and coordinated with the multidisciplinary team response to provide follow-up referrals and/or treatment as necessary.

- All children referred to the CAC for forensic interviews and/or other services will be assessed to evaluate the need for medical evaluation. The medical exam is scheduled by the medical social workers who triage all intakes to determine if an exam is warranted. The team coordinates to minimize multiple interviews by scheduling joint appointments whenever possible and sharing information. Medical personnel may observe the forensic interview or communicate with the interviewer post interview.
- If a patient presents to the emergency department or another provider office, the medical social workers from the CAC respond, review information, and coordinate with the medical team to minimize multiple exams. The exam will be performed at CAID, the Mary Bridge Emergency Room or by SANE nurses at other institutions. All exams will be reviewed by CAID and follow-up considerations made if needed.
- Medical evaluations are provided by health care providers with pediatric experience and child abuse expertise at the CAC or through the CAC's affiliation with the Mary Bridge Emergency Department. All children will be engaged with trauma informed care and will be able to decline any of the services offered, including the exam. The exclusion would be if there is injury and an exam must be performed for their safety. Providers will use appropriate techniques to encourage exams if the exam is deemed necessary.
- Specialized medical evaluations are available and accessible to all CAC clients regardless of ability to pay.
- The medical history is for purposes of medical diagnosis and treatment. The history should be taken from the presenting caregiver and the child. The history from each should be taken separately and in a confidential environment.
- Law enforcement may be called to place the child in protective custody.
- Refer to RCW 26.44.056 regarding protective custody.  
Medical personnel may take pictures and collect forensic specimens.
- Professionals with specialized training who conduct forensic physical evaluations of children are medical doctors or nurse practitioners who are experienced in child maltreatment and can make a diagnosis. There are such practitioners at the Mary Bridge Child Abuse Intervention Department (CAID) and the Mary Bridge Emergency Department. There are other trained professionals in the county as well. Consultation is available from the MB-CAID or after hours from MB ED.
- **Acute sexual assault exams are recommended in the following circumstances:**
  - a. when there has been a clear report within the prior 120 hours, while considering the age of the individuals involved and the contact described.
  - b. if beyond 120 hours when there is: active vaginal or rectal bleeding of unknown etiology, concern for high-risk situation, penetrating vaginal or anal injury with adequate history.

### **Comprehensive Medical Examinations (CAID exam) are recommended in the following circumstances:**

(All cases will be reviewed individually. CAID workers will triage and consult with medical providers regarding need for exams and the timing. All exams will be scheduled at CAID on a non-urgent basis at a time convenient for the family.)

- a. the child is symptomatic
- b. someone has witnessed a child being abused
- c. the child discloses sexual assault of her/his body
- d. Sexual abuse has been confessed by the perpetrator
- e. the child exhibits concerning behaviors, such as "sexual acting out" or exhibits an acute behavioral change
- f. there has been exposure to environmental risks factors, including unsupervised contact with a convicted sexual offender or with an individual accused of assaulting other children.
- g. additional concerns for follow-up needed after an acute exam has already occurred. Follow-up from outside office, emergency room or CAID where initial exam was performed.

**Physical Abuse**

The medical staff at CAID is available to triage patients with concerns of physical abuse. At times it may be determined that the patient can be seen at CAID as an outpatient based on their symptoms and history. There may be times that the child may need a higher level of acuity of care than can be provided in the CAID clinic, these patients will be referred to the Mary Bridge Emergency Department. CAID does not have the ability to perform emergent imaging (emergent CT, MRI) or emergent laboratory testing. CAID is available to provide follow-up care, consultation and assistance to investigators.

**Acute physical assault exams are recommended in the following circumstances:**

- a. Patient has findings/injuries
- b. Patient is symptomatic
- c. Patient experienced life-threatening event
- d. Strangulation victim: if less than 48 hours since incident occurred, please present immediately to Mary Bridge Emergency Department for evaluation. Victims of strangulation can have life threatening injuries which are not apparent and need medical evaluation and potential imaging. If greater than 48 hours since incident occurred may arrange immediate appointment with the Child Abuse Intervention Department (CAID). CAID will refer to Emergency Department if symptoms require emergency management.

**Non-Acute physical assault exams are recommended in the following circumstances:**

- a. No present findings; but history of serious abuse or neglect
- b. Delayed disclosure of serious abuse

Child Abuse Consults: If the patient is an alleged victim of abuse as outlined in section 1 of the protocol regarding section Joint Investigations; the patient may need to be seen and evaluated or may need consultation.

The purpose of the medical examination is to:

- Ensure the child is healthy
- Provide medical evaluation, diagnosis and treatment as needed
- Provide education to the child and family, and
- Collect forensic materials for the investigation, if appropriate.

Documentation of the medical exam narrative is kept in the Mary Bridge Children's Hospital electronic medical record and may be made available to investigators upon request.

Photo documentation of the medical exam is kept in a digital format so that it can be reviewed later if needed.

## SECTION 5

## Complex Cases

Complex cases are defined as those involving one or more of the following:

- Multiple victims, typically outside of the “nuclear” family
- Multiple offenders with one victim
- Multiple offenders and multiple victims
- Multiple jurisdictions with investigative and/or prosecutorial authority.
- Child death

In complex cases, consideration will be given to using different child forensic interviewers for different victims, and the same investigators will observe the forensic interviews.

If multiple jurisdictions are involved, the agencies from Pierce County will interface with corresponding agencies, federal, tribal, state and local from other jurisdictions in order to come to agreement on respective duties and plans for investigation and/or prosecution.

If complex cases arise entirely within Pierce County, in addition to the usual once-weekly CAC staffing meetings, a special staffing meeting may be called together immediately or as soon as reasonably possible. Whenever possible, this multi-disciplinary meeting will include the following:

- Law Enforcement
- Prosecuting authorities
- Child Protective Services
- Attorney General’s Office
- Victim Services
- Medical
- Medical Examiner
- Emergency Medical Services

After the team is formed, topics to discuss, among others, may include the following:

- Who will lead the investigation?
- Who will interview the children?
- Who will contact and/or interview the suspects?
- What steps will be taken to avoid contaminating possible victims’ memories/information?
- What course will the investigation take if children report details that may have bearing on other potential victims?
- Can information obtained from a child that refers to other potential victims be used without compromising the investigation or contaminating other witnesses? How can this be accomplished?
- Will potential victims be kept from speaking with other potential victims, and if so, how might that impact their well-being?
- How will all interviews be documented, and who will retain the records?
- How will parents/guardians and children who may have been at risk of victimization be notified?
- What information will be provided to them?
- Who will be identified as the person these individuals are to contact regarding the investigation?
- Who will be designated to speak with the media?
- What additional resources, if any, are needed by the multi-disciplinary team?
- When should periodic meetings be held to analyze the progress of the investigation, and to debrief the group?

After a multi-disciplinary staffing meeting has occurred, if deemed appropriate, assistance may be sought from the CACs of Washington (<https://cacwa.org/>), National Children's Advocacy Center ( <https://www.nationalcac.org/>) in Huntsville, Alabama, the National Children's Alliance (<https://www.nationalchildrensalliance.org/>) the Bureau of Indian Affairs, the Family Advocacy Assistance Team, or the Washington State Patrol



## **Commercial Sexual Exploitation of Children (CSEC)**

### **CSEC Services & Sex Trafficking & Exploitation Program (STEP)**

Sex Trafficking & Exploitation Program services consist of ongoing community-based case management determined by the client's stated needs and/or goals, including but not limited to emotional support, transportation assistance, medical advocacy, legal advocacy, and general advocacy and support as the client is connected to other community resources. STEP case managers will seek to develop a relationship with the client over time to try to meet continuing basic needs and provide emotional support.

Any identified CSEC-confirmed or at-risk youths will receive an automatic referral to the Sex Trafficking & Exploitation Program (STEP) at SACPC. Youth may be considered at-risk if they have ever been on the run, engage in risky internet behaviors, among many other factors and behaviors.

STEP services should be offered directly to any youth 13 years and older, in addition to any non-offending caregivers and other secondary victims. If the primary client objects or outwardly states they are not interested; no referral is needed.

In response to CSEC recovery/identification, children should be offered a safe space where they can be received/seen shortly after being recovered/identified. As law enforcement is to notify the CAC of newly discovered/identified CSEC youths within 48 hours of identification/recovery, the CAC (Safe and Sound) facility should serve as this location.

If a CSEC-confirmed or at-risk youth is being received at the CAC facility, law enforcement, CPS or CAC staff will offer STEP services to the client and/or secondary victims; if the client/secondary victim would like to be connected to services, STEP should be notified, and depending on availability, a case manager may respond in-person to the CAC to meet with the client and/or secondary victim.

For cases that are not being referred to the CAC, attempts will be made to inform clients and/or families about STEP services (handing out a STEP business card, directly referring to STEP, etc.)

a. This pertains mostly to law enforcement and CPS who engage with children and parents in the field but do not involve the CAC due to age or other reasons.

b. If the client/secondary victim would like to be connected to services and is at a police station, court office, or other similar setting, law enforcement, CPS or other involved service providers should notify STEP, and depending on availability, a case manager may respond in-person to meet with the client and/or secondary victim.

To refer directly to STEP or to reach a case manager, law enforcement, CPS, CAC staff or other community professionals may call the STEP hotline: 253-444-5351. Normal operating hours for the STEP hotline are as follows: Monday thru Friday, 8AM-6PM. At all other times, the SACPC 24/7 Crisis, Information & Referral hotline should be utilized to make a referral.

As the County's provider for community-based sexual assault services and the City/County's Commercial Sexual Exploitation of Children Task Force facilitating entity via the City of Tacoma and Washington DSHS, SACPC/STEP will organize and facilitate a monthly CSEC Multi-Disciplinary Team (MDT) consisting of SACPC/STEP staff and community professionals relevant to trafficking victims' cases that reflects the Pierce County Child Abuse MDT in structure and practice so as to most effectively meet victims/survivors needs in the community. Meeting agendas will be provided in advance and all attendees will be required to sign a Confidentiality Agreement at each meeting.

**Mission:** The mission of the CSEC model protocol is to facilitate collaboration and coordination among agencies to improve the capacity to identify commercial sexual exploitation of children (CSEC) and provide safety and services for them and their families/care providers, as appropriate, as they work to end their exploitation, and to hold offenders accountable. Those involved in this effort are to use best practices that rely on emerging data and evidence to direct system improvements. All MDT participants are encouraged to attend training related to CSEC. The CAC and/or STEP will provide ongoing training. This protocol is written in recognition of the following laws relating to CSEC, CSAM and human trafficking: Human Trafficking 18 U.S.C. 1591 and RCW 9.68A.100.

**Best Practices:** as defined in the Memorandum of Understanding between the FBI and the National Children's Alliance pertaining to the use of Children's Advocacy's Centers in support of investigations of crimes against children. See appendix C.

#### Principles of CSEC Response and Service Provision

1. All CSEC youths should be viewed as victims/survivors, not criminals.
2. CSEC youths should receive “victim-centered” services.
3. Safety should be the key concern when serving CSEC youths.
4. CSEC youths should be treated with respect and should be asked to share their views and given choices whenever possible.
5. As appropriate, CSEC family members/caregivers should be included in service and planning efforts.
6. Responders should demonstrate cultural competence in handling CSEC cases.
7. Efforts should be made to hold offenders accountable.
8. Collaboration and coordination across regions within Pierce County as well as professional practices and agencies is needed to effectively respond to CSEC.

SECTION 6

## Information Sharing

Consistent with RCW 7.69A.030, 13.50 and 26.44, and other applicable laws information will be shared directly among agencies participating in the investigation or through CAC staffing. Agencies sharing information will make all attempts to ensure the following:

- Protection of the child
- Integrity of the criminal investigation
- Confidentiality
- Protection of individual rights.

### RCW 26.44.175

Multidisciplinary child protection teams—Information sharing—Confidentiality—Immunity from liability.

(1) The legislature finds that the purpose of multidisciplinary child protection teams as described in RCW 26.44.180 (1) and (2) is to ensure the protection and well-being of the child and to advance and coordinate the prompt investigation of suspected cases of child abuse or neglect to reduce the trauma of any child victim.

(2)(a) When a case as described in RCW 26.44.180 (1) or (2) is referred to the team, records pertaining to the case must be made available to team members. Any member of the team may use or disclose records made available by the team members under this subsection only as necessary for the performance of the member's duties as a member of the multidisciplinary child protection team.

(b) Team members may share information about criminal child abuse investigations and case planning following such investigations with other participants in the multidisciplinary coordination to the extent necessary to protect a child from abuse or neglect. This section is not intended to permit, direct, or compel team members to share information if sharing would constitute a violation of their professional ethical obligations or disclose privileged communications as described in RCW 5.60.060, or if sharing is otherwise impermissible under chapter 13.50 RCW or other applicable statutes.

(3)(a) Every member of the multidisciplinary child protection team who receives information or records regarding children and families in his or her capacity as a member of the team is subject to the same privacy and confidentiality obligations and confidentiality penalties as the person disclosing or providing the information or records. The information or records obtained by any team member must be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights.

(b) Multidisciplinary child protection team members must execute a confidentiality agreement every year.

(c) This section must not be construed to restrict guarantees of confidentiality provided under state or federal law.

(4) As convened by the county prosecutor, or his or her designee, a multidisciplinary child protection team should meet regularly, at least monthly, unless the needs and resources of each team dictate less frequent meetings. Team meetings are closed to the public and are not subject to chapter 42.30 RCW.

(5) Information and records communicated or provided to the multidisciplinary child protection team members by all providers and agencies, as well as information and records created in the course of a child abuse or neglect case investigation, are deemed private and confidential and are protected from discovery and disclosure by all applicable statutory and common law protections. Existing civil and criminal penalties apply to the inappropriate disclosure of information held by team members. To the extent that the records communicated or provided are confidential under RCW 13.50.100, these records may only be further released as authorized by RCW 13.50.100 or other applicable law.

(6) Any person who presented information before the multidisciplinary child protection team or who is a team member may testify as to matters within the person's knowledge. However, in a civil or criminal proceeding, such person or team member may not be questioned about opinions formed as a result of the case consultation meetings.

(7) Any multidisciplinary child protection team member whose action in facilitating the exchange and sharing of information in serving any child in the course of the member's profession, specialties, interests, or occupation, for the purpose of ensuring the safety of the child and the community and providing early intervention to avert more serious problems, is immune from any civil liability arising out of any good faith act relevant to participation on the team that might otherwise be incurred or imposed under this section. In a proceeding regarding immunity from liability, there is a rebuttable presumption of good faith.

## **CPS/LAW ENFORCEMENT COMMUNICATION**

### **Sending of CPS Referrals to Law Enforcement:**

- a. In order for law enforcement to have more comprehensive information, CPS intake will print a full copy of the intake summary report, any relevant history, the identity and contact information of the referent and will route this copy to the appropriate law enforcement agency.
- b. When possible, these reports will be sent electronically to designated law enforcement personnel and/or established email accounts for this purpose. This will expedite a timelier receipt of CPS referrals and assignment of detectives after initial screening.
- c. Law enforcement agencies that do not have the capacity to receive CPS referrals electronically will continue to receive reports via regular mail. CPS intake will mail these reports out daily.
- d. After reviewing CPS referrals, law enforcement will communicate back to CPS the disposition of the referral. This includes advising CPS of both declined and assigned dispositions. CPS will document this information in their existing database so as to alert assigned CPS investigators of the status.
- e. Both CPS and law enforcement recognize the importance of communicating and collaborating on shared cases. It is critical that there be timely and direct communication related to the sending and receiving of CPS referrals and police reports as well as between CPS investigators and assigned detectives or officers.
- f. Before the use of the Law Enforcement/Community Protocols extension, a discussion with Law Enforcement (LE) needs to occur and the LE/Partner has to specifically request that the social worker not proceed with a face-to-face or an interview with the victim. Extensions can be approved by Supervisor for 3 business days for emergent intakes and 5 business days for non-emergent intakes. If law enforcement is not able to go out within 5 days, CA will conduct an Initial Face-to-Face (IFF) to assess present danger.

### **Inclusion of Law Enforcement in Decision Making**

- a. In situations in which both law enforcement and CPS are actively investigating a case, law enforcement will be made aware of CPS staffings, which center on decisions involving; case closure, removal of a child (ren), or return home of a child(ren).
- b. The two most common staffing are Family Team Decision Making meetings (FTDM) and Child Protection Team Staffing (CPT). CA will make concerted efforts to solicit input from Law Enforcement regarding Family Team Decision Making Meetings (FTDM) and Child Protection Team (CPT) staffings. FTDM's involve a family-specific team; and the composition will be determined by the family and agency personnel. Families are required to be consulted regarding the participation of Law Enforcement in the FTDM.
- c. DCFS will notify the assigned detective prior to establishing visitation, returning or removing any children to/from the home of the alleged offender when there is an active criminal investigation involving children.

### **Confidentiality**

Information gathered during the investigation and/or shared between agencies is to be confidential and should not be disseminated except as authorized or required by law.

## SECTION 7

**Case Closure**

Each agency will close its case and notify appropriate agencies in accordance with its agency protocols. Victim notification will occur pursuant to agency regulations and state statutes. Cases staffed at the CAC are closed when: safety issues are adequately addressed, no charges are filed, and/or upon final case disposition in criminal court. In Pierce County, the Prosecuting Attorney will coordinate prompt dissemination of case disposition information to CAC agency members.

## SECTION 8



**Dispute Resolution**

Having in mind that disputes are to be resolved at the lowest level, and that each agency has its particular role and duties, disputes will be discussed and resolved at regular CAC staffing meetings. If this solution fails, the respective agency leaders may be consulted, and asked to reconcile differences.

As outlined in the Pierce County CAC Values and Operating Agreements established through the 2021 Refresh Process the following will occur:

- First, involved individuals talk with each other directly, inquisitively, and respectfully.
- If unresolved, disputes are brought to the Mary Bridge CAC team.
- The Mary Bridge CAC team coordinates with the continuous quality improvement (CQI) work group to develop and implement methods for addressing the dispute.

Our ongoing process will be informed by this learning.

## SECTION 9

RCW & WAC References

RCW 7.69A.030

Rights of child victims and witnesses

RCW 9.68A.100

Commercial sexual abuse of a minor—Penalties—Consent of minor does not constitute defense.

RCW 10.46.085

Continues not permitted in certain cases.

RCW13.50.010

Definitions-Conditions when filing petition or information-Duties to maintain accurate records and access-Confidential child welfare records.

RCW13.34.050

Court order to take child into custody, when.

18 U.S.C. 1591

§1591. Sex trafficking of children or by force, fraud, or coercion

RCW.26.44

ABUSE OF CHILDREN

RCW 26.44.020

Definitions

RCW 26.44.030

Reports-Duty and authority to make-Duty of receiving agency- Duty to notify-Case planning and consultation -Penalty for unauthorized exchange of information-Filing dependency petitions-Investigations-Interviews of children-Records-Risk assessment process.

RCW26.44.040

Reports-Oral, written-Contents

RCW 26.44.050

Abuse or neglect of child — Duty of law enforcement agency or department of social and health services — Taking child into custody without court order, when.

RCW 26.44.056

Protective detention or custody of abuse child-Reasonable cause-Notice-Time limits-Monitoring Plan-Liability.

RCW 26.44.080

Violation-Penalty

RCW 26.44.180

Multidisciplinary child protection teams-Investigation of child sexual abuse, online sexual exploitation and commercial sexual exploitation of minors, child fatality, child physical abuse, and criminal child neglect cases-Protocols.

RCW 26.44.185

Investigation of child sexual abuse-Revision and expansion of protocols-Child fatality, child physical abuse, and criminal neglect.

**RCW 43.101.224**

**Training for persons investigation child sexual abuse.**

**74.13 RCW**

**CHILD WELFARE SERVICES**

**RCW 74.14B**

**CHILDREN'S SERVICES**

**RCW 74.14B.010**

**Child welfare workers-Hiring and training**

**Chapter 392-400 WAC**

**STUDENT DISCIPLINE**

*We hereby acknowledge the above protocol to be effective immediately and agree to review it biennially.*

**LEGAL:**

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**Mary Robnett**

Prosecuting Attorney

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**Bob Ferguson**

Attorney General

Attorney General's Office

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**Major Stacey Cain**

Special Victim's Program

Judicial Advocate General

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**Lisa Ryan**

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**Karen Cline-Parhamovic DO**  
Chief Medical Examiner  
Pierce County Medical Examiner's Office

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*We hereby acknowledge the above protocol to be effective immediately and agree to review it biennially.*

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**Major Michelle Garcia**  
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**CHILD PROTECTIVE SERVICES:**

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**Roberta Hillaire**

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**LAW ENFORCEMENT:**

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(Date)

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**Bryan Jeter**

Chief of Police

Bonney Lake Police Department

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(Date)

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**Kurt Alfano**

Chief of Police

Buckley Police Department

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(Date)

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**Douglas Newman**

Chief of Police

DuPont Police Department

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(Date)

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(Signature)

**Jason Laliberte**

Chief of Police

Eatonville Police Department

\_\_\_\_\_  
(Date)

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**Mark Berry**

Chief of Police

Edgewood Police Department

\_\_\_\_\_  
(Date)

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**Peter Fisher**

Chief of Police

Fife Police Department

\_\_\_\_\_  
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*We hereby acknowledge the above protocol to be effective immediately and agree to review it biennially.*

**LAW ENFORCEMENT CONTINUED**

\_\_\_\_\_  
(Signature)

**John Cheesman**

Chief of Police

Fircrest Police Department

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(Date)

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**Kelly Busey**

Chief of Police

Gig Harbor Police Department

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**Mike Zaro**

Chief of Police

Lakewood Police Department

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**Tony Hernandez**

Chief of Police

Milton Police Department

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**Chris Gard**

Chief of Police

Orting Police Department

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**Ronald Schaub**

Chief of Police

Pacific Police Department

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(Date)

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**Ed Troyer**

Sheriff

Pierce County Sheriff's Department

\_\_\_\_\_  
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*We hereby acknowledge the above protocol to be effective immediately and agree to review it biennially.*

**LAW ENFORCEMENT CONTINUED**

\_\_\_\_\_  
(Signature)

**Scott Engle**

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**Joe Duenas**

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**Sonia Gomez-Armitage**

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**Nestor Bautista**

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**Brad Moericke**

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**Tom Yabe**

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*We hereby acknowledge the above protocol to be effective immediately and agree to review it biennially.*

**LAW ENFORCEMENT CONTINUED**

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**Avery Moore**  
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**Matthew Scott**  
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**Greg Dudgeon**  
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**FIRE & EMERGENCY MEDICAL SERVICES:**

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**Brad Martin**

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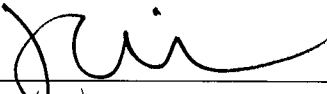
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FPD 16 Key Peninsula Fire Department

(Date)

*We hereby acknowledge the above protocol to be effective immediately and agree to review it biennially*

**FIRE & EMERGENCY MEDICAL SERVICES CONTINUED:**

\_\_\_\_\_  
(Signature)

**Frank Montone**

Fire Chief

McNeil Island Fire Department

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Zane Gibson**

Fire Chief

FPD 18 Orting Valley Fire & Rescue

zgibson@ovfr.org

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Kira Thirkield**

Fire Chief

FPD 14 Riverside

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Bruce Allen**

Fire Chief

Ruston Fire Department

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Todd Wernet**

Fire Chief

South Pierce Fire & Rescue

twernet@spfr.org

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Toryono Green**

Fire Chief

Tacoma Fire Department

TacomaFireDepartment@ci.tacoma.wa.us

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Jim Sharp**

Fire Chief

FPD 03 West Pierce Fire & Rescue

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Dr. Clark Waffle**

Pierce County Emergency Medical Services Program Director

\_\_\_\_\_  
(Date)

*We hereby acknowledge the above protocol to be effective immediately and agree to review it biennially.*

**OTHER:**

\_\_\_\_\_  
(Signature)

Print Name:

Title:

Agency:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

Print Name:

Title:

Agency:

\_\_\_\_\_  
(Date)

**FOR OFFICIAL USE ONLY**  
**MEMORANDUM OF UNDERSTANDING**  
**BETWEEN**  
**THE FEDERAL BUREAU OF INVESTIGATION AND**  
**THE NATIONAL CHILDREN'S ALLIANCE PERTAINING TO**  
**THE USE OF CHILDREN'S ADVOCACY CENTERS**  
**IN SUPPORT OF INVESTIGATIONS OF**  
**CRIMES AGAINST CHILDREN**

**I. PURPOSE**

The purpose of this Memorandum of Understanding (MOU) is to document the agreed upon responsibilities and functions of the parties concerning the Federal Bureau of Investigations (FBI) use of Children's Advocacy Center (CAC) resources and facilities for purposes of conducting forensic investigative interviews associated with FBI investigations. This MOU establishes the collaboration between the FBI and the National Children's Alliance (NCA), the entity that oversees the CACs, to ensure that appropriate services are provided to victims of federal crimes and their families who require supportive services as a result of victimization.

**II. PARTIES**

This MOU is entered into by the FBI Victim Services Division (VSD) and the NCA, a not-for profit membership organization that functions as the accreditation authority and umbrella organization for community-based CACs (hereinafter, "the parties"). The NCA was founded in 1992 and is today supported by 924 programs nationwide.

**III. AUTHORITY**

Victims' Rights and Restitution Act (VRRRA), 34 U.S.C. 20141; Crime Victims' Rights Act (CVRA), 18 U.S.C. 3771; Child Victims' and Child Witnesses' Rights Act, 18 U.S.C. 3509; Attorney General Guidelines for Victim and Witness Assistance (effective October 1, 2011, revised May 2012)

**IV. BACKGROUND INFORMATION**

The FBI conducts investigations into a wide array of violations involving crimes against children. The FBI complies with federal law, the Attorney General Guidelines for Victim and Witness Assistance, (effective October 1, 2011, revised May 2012) (hereinafter AG Guidelines), and relevant FBI policy, to ensure that investigative (forensic) interviews of child/adolescent victims and witnesses are conducted in a developmentally sensitive, research-based, and legally defensible manner that also minimizes additional trauma.

The AG Guidelines recognize the potential traumatic impact of multiple interviews of child victims/witnesses. As stated in the Guidelines: "A primary goal of Department personnel, therefore, shall be to reduce the potential trauma to child victims and witnesses that may result from their contact with the criminal justice system. To that end, Department personnel are required to provide age-appropriate support services to these victims, and referrals for community-based services to parents and guardians as indicated (See Article IV.H.)." (AG Guidelines, Article III, L. 1.a (3) at 15).

The AG Guidelines also emphasize protecting children during criminal investigations by: using community based multidisciplinary teams (MDTs) when feasible, to reduce multiple interviews of child victims or witnesses; to provide needed services to child victims; to monitor the safety and well-being of child victims; and to ensure services are available when needed. (See AG Guidelines, Article III, L. 1. e(l) at 18). Finally, the AG Guidelines state: "Whenever possible, interviews of child victims and witnesses should be conducted by personnel properly trained in the techniques designed to elicit truthful information from a child while minimizing additional trauma to the child." (AG Guidelines, Article III, L. I. e (2) at

18).

### **-FBI VSD**

VSD is responsible for ensuring that victims of federal crimes investigated by the FBI receive the rights, assistance, information, and services to which they are entitled, and which will help them cope with the impact of crime and effectively cooperate with the criminal justice process. VSD provides oversight of the Child/Adolescent Forensic Interviewers (CAFIs) and the field office-based Victim Specialists (VSS).

- a. CAFIs provide forensic interview services to ensure compliance with AG Guidelines and FBI policy for investigations involving child victims. Interviews are designed to be sensitive to victim needs, legally defensible, and in compliance with FBI VSD Guidelines for Conducting Forensic Interviews. CAFIs are responsible for conducting victim and witness forensic interviews and for providing case consultation and training for the FBI and other federal and local entities. The CAFIs utilize a triage model and refer interviews to CACs as needed. CAFIs also provide training for FBI Case Agents on conducting a forensic interview utilizing the best practice protocols contained in the FBI VSD Guidelines for Conducting Forensic Interviews (2021). The CAFIs are located regionally and provide coverage in the United States and internationally.
- b. VSS are responsible for supporting the forensic interview process and providing information, assistance, referrals, and services to child victims and their families during the course of an investigation.

Currently, the FBI is able to employ a limited number of CAFIs and fewer than is needed to cover the child interviewing workload across the FBI. To ensure effective and timely investigative responses to crimes against children and to enhance protection of child victims, it is necessary and permissible under the AG Guidelines for the FBI to collaborate with local agencies and organizations that provide forensic interviewing services and access to a team of multi-disciplinary professionals.

### **- NCA**

The NCA is dedicated to developing and supporting an improved system response to child abuse/maltreatment and promoting a community-based MDT response to allegations of child maltreatment. The NCA is supported by its membership who is in turn supported by long-term investments of partner agencies including social services, law enforcement, legal, medical, mental health, victim advocacy and CAC staff.

A CAC is a child-focused, facility-based program in which representatives from many disciplines to include law enforcement, child protection, prosecution, mental health, medical and victim advocacy work collaboratively to conduct joint forensic interviews and form multi-disciplinary teams to make decisions on investigation, treatment, management, and prosecution of child abuse cases. CACs are community-based programs designed to meet the unique needs of a community, so no two CACs look exactly alike. They share a core philosophy that child abuse is a multifaceted community problem and no single agency, individual or discipline has the necessary knowledge, skills, or resources to serve the needs of all children and their families. They also share a belief that the combined wisdom and professional knowledge of professionals of different disciplines will result in a more complete understanding of case issues and the most effective child and family focused system response (Putting Standards into Practice, 2017).

To ensure that all children served by CACs receive consistent, evidence-based services that help them heal from abuse, NCA established a set of ten National Standards of Accreditation for Children's Advocacy Centers, defining a CAC's comprehensive model of response. To receive accreditation by NCA, a CAC must meet all essential components for each of these individual standards: multi-disciplinary; cultural competency and diversity; forensic interviews; victim support and advocacy; medical evaluation; mental health; case review; case tracking; organizational capacity; and a child-focused setting. Every five years, these standards are updated to reflect the latest evidence and practice. NCA reviews accredited CACs on a five-year cycle to ensure they meet the new, higher standards of practice. Accreditation and reaccreditation evaluation includes a comprehensive site review.

NCA provides:

- a. Training, technical assistance and networking for professionals and communities.
- b. Media materials for professional and public education about child abuse and multidisciplinary work.

- 3) Determine whether it is appropriate for CAC personnel to conduct or view an FBI interview. This determination will be made by FBI Case Agents based on legal restraints and case sensitivity.
- 4) Ensure that FBI CAFIs do not conduct interviews in a CAC facility without a law enforcement officer present.
- 5) Provide NCA with updates/information regarding FBI interviewing protocol.
- 6) Ensure that any and all recordings of interviews (conducted by FBI personnel) or copies of interviews involving an FBI investigation are not left at a CAC facility (e.g., whether in hard copy, on DVD, on a computer server, or in any other form).

In addition, the parties agree:

- 1) To establish a collaborative working relationship between NCA/CACs and FBI Case Agents and FBI CAFIs.
- 2) That the FBI's Forensic Interviewing Protocol meets NCA standards for accreditation for NCA Standards.
- 3) That CAC and FBI personnel will ensure that appropriate services are provided to victims and their families, as needed and authorized under the law.

## **VI. INFORMATION SHARING**

The Parties to this MOU will comply with all applicable laws, executive orders, guidelines, and policies.

Information obtained by NCA or CAC personnel during an FBI investigation related interview must not be shared by NCA or CAC personnel without written approval from the relevant FBI Case Agent or CAFI, and the dissemination of such information must be in accordance with the AG Guidelines, FBI policy and procedure, and all other applicable laws.

NCA or CAC personnel will immediately report, to the FBI, verbally and in writing, any instance in which information obtained during an interview is used, disclosed, or accessed in an unauthorized manner (including any data losses or breaches.)

The Parties acknowledge that the information involved in this MOU may identify U.S. persons.

The parties understand and acknowledge that such information is protected by the Privacy Act of 1974 and therefore will be handled in accordance, pursuant to the provisions thereof.

## **VII. IMPLEMENTATION**

The NCA will disseminate a copy of this MOU to CACs nationwide, to identify CACs that wish to participate. Participating CACs must indicate any specific stipulations associated with their particular CAC (e.g., CAC forensic interviewers will not conduct interviews, hours of operation, charging policy, etc.) Any such stipulations will be documented and maintained by the NCA, a copy of which will be provided to FBI. The FBI's collaboration and utilization of CAC resources for the purpose of conducting forensic interview in compliance with this MOU will begin when FBI CAFIs are made aware of participating CACs.

## **VIII. EFFECT OF THIS AGREEMENT**

This MOU agreement is not an obligation or commitment of funds, nor a basis for transfer of funds, but rather is a basic statement of the understanding between the Parties of matters described herein. Expenditures by each Party will be subject to its budgetary processes and to the availability of funds and resources pursuant to applicable laws, regulations, and policies. The Parties expressly acknowledge that the language in this MOU in no way implies that funds will be made available for expenditures, unless specifically stated.

This MOU does not constitute an agreement for any party to assume or waive any liability or claim under any applicable law.

This agreement is not intended to be enforceable in any court or administrative forum. The Parties will seek to resolve any disputes regarding this agreement by mutual consultation.



## **IX. POINTS OF CONTACT FOR FBI:**

Catherine S. Connell  
Unit Chief, Child Victim Services Unit  
935 Pennsylvania Avenue NW, Room 3329, Washington DC 20535 (586)214-0324

## **FOR NCA:**

Teresa Huizar  
Chief Executive Officer  
National Children's Alliance  
516 C St. NE  
Washington, DC 20002 (202) 548-0090

## **X. REIMBURSEMENT**

The FBI will reimburse CACs for fees associated with utilizing forensic interviewing capabilities and resources if the CAC operates on a "fee for service" with federal agencies or law enforcement.

## **XI. LIABILITY**

Each party agrees that any civil, criminal, or administrative claim, complaint, discovery request, or other request for information, which may be received by either party or its personnel and which arises from or implicates the performance of the FBI or NCA personnel under this MOU, shall be referred to legal counsel for both agencies. Designation of one agency as the responsible agency to handle a particular claim, complaint, or request shall be made, if at all, on a case-by-case basis.

Nothing in this section prevents any party from conducting an independent administrative review of an incident giving rise to any civil, criminal, or administrative claim, or complaint. Nothing in this section should be construed as supplanting any applicable statute, rule or regulation.

This MOU is not intended, and should not be construed, to create any right or benefit, substantive or procedural, enforceable at law or otherwise by any third party against the parties, their parent agencies, the United States, or the officers, employees, agents or other associated personnel thereof.

## **XII. EFFECTIVE DATE, ADMINISTRATION, TERMINATION**

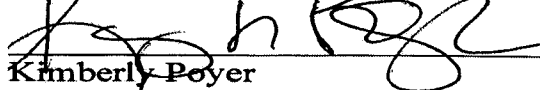
This MOU will remain in effect for a term of 5 (five) years. The term of this MOU will be effective upon signature by both Parties. Any party seeking to withdraw from this MOU will endeavor to provide written notification to other party at least thirty [30] days prior to withdrawal.

This MOU may be modified at any time upon the mutual written consent of the Parties.

## SIGNATURE PAGE

This MOU represents the complete understanding of the Parties. By signing below, the Parties have caused their duly authorized representatives to execute this MOU, and the Parties accept the terms, responsibilities, obligations, and limitations set forth.

APPROVED FOR FBI

  
\_\_\_\_\_  
Kimberly Poyer  
Section Chief, Victim Services Division  
Federal Bureau of Investigation

Date: 5-3-2022

APPROVED FOR NCA:

  
\_\_\_\_\_  
Teresa Huizar  
Chief Executive Officer  
National Children's Alliance

Date: 5-3-2022