PENQUIS CHILDREN’S ADVOCACY CENTER

**GUIDELINES**

**VISION**

When abuse is reported, every child in Penobscot and Piscataquis Counties will have access to the services provided by a Children’s Advocacy Center.

**MISSION STATEMENT**

The Penquis Children’s Advocacy Center (PCAC) is a Multidisciplinary Team (MDT) created to address child sexual abuse. We provide support for the victim and non-offending family members. Including a joint investigative process, a comprehensive forensic interview and coordinated follow-up care. The goal of the Penquis Children’s Advocacy Center is to promote safety and healing for children and families.

This mission is accomplished by creating a child-friendly environment, where all involved services—which may include DHHS, law enforcement, prosecution, medical, mental health, victim advocates, family support services and others—actively coordinate efforts on the child’s behalf.

This mission is accomplished by implementing the best practices of each discipline, informed by community standards, national standards, professional expertise, current research and scientific knowledge.

Finally, this mission is accomplished by pledging that the CAC will provide necessary services free of charge, following the standards of the National Children’s Alliance, and the traditions of public service of our member agencies.

**INTRODUCTION**

These guidelines for PCAC have been developed as a cooperative effort by a team of professionals from the community who share expertise in child sexual abuse investigations and treatment and a commitment to its intervention and prevention. We are guided in this effort by the National Children’s Alliance (NCA), the Northeast Regional Children’s Advocacy Center (NRCAC), the Maine Network of Children’s Advocacy Centers and other CACs in Maine and the United States. From the difficult history of many child sexual abuse cases, from the positive example of the NCA, and other CACs, we have learned that prosecution, prevention, and effective intervention for children who have experienced sexual abuse requires a coordinated, community response by professionals from several disciplines. We are inspired by children, by struggling and succeeding families, and by child sexual abuse professionals in Maine, in other parts of the United States and throughout the world. The purpose of these guidelines is to help individuals, agencies, and institutions involved in PCAC’s efforts to recognize and respond appropriately to concerns of child sexual abuse.

**I. CAC SERVICE AREA, CASES, AND TEAM MEMBERS**

The service area of PCAC will be Penobscot and Piscataquis counties as well as courtesy cases from other geographical areas. The CAC will accept cases of suspected child sexual abuse from the aforementioned counties. Expansion of services to include additional types of child maltreatment may be considered by the CAC in the future.

The purpose of the CAC and multidisciplinary team (MDT) is to ensure that those providing services throughout the course of a child sexual abuse case are able to conduct their work in a coordinated manner and maximize positive outcomes for the child, while promoting justice. Not all members of the CAC MDT will be involved in all cases. Professionals not associated with the CAC, who have a role in a specific case, may be included by the CAC Family Advocate or designee, and will be subject to all applicable rules of confidentiality and conduct.

The CAC MDT consists of representatives from the following community agencies and institutions involved in protecting and treating children and prosecuting crime:

1. Department of Health & Human Services: The DHHS representative shall be a trained Child Protection Service Worker and/or supervisor.

2. Medical Personnel: Medical personnel may include physicians, nurses, nurse practitioners or physician assistants, with specific training and skills in identifying and treating children’s health needs and in gathering evidence where there is a disclosure or a concern of child sexual abuse. Our CAC will routinely refer cases needing medical attention to a board certified child abuse pediatrician or will refer treatment to the local Emergency Department with a trained pediatric SAFE professional.

3. Law Enforcement: The law enforcement representative shall be a sworn police officer.

4. Prosecution: An attorney from the appropriate district attorney’s office shall be appointed by the local district attorney.

5. Mental Health: Mental health professionals trained in treating child abuse and trauma.

6. Victim/Witness Advocate: The victim/witness advocate shall be a member of the district attorney’s victim/witness program, and shall have demonstrated responsibility for child sexual abuse cases.

7. Sexual Assault Center Advocate: This advocate will be a staff person from a local sexual assault center.

8. CAC Staff: Staff from the PCAC

In summary, the CAC and its partners should have direct and/or referring responsibility for the following activities:

* Medical care of the child;
* Notification of DHHS, Law Enforcement, and District Attorney as needed;
* Forensic interview of the child;
* Support and safety planning; coordination of ongoing needs of the child and family;
* Mental health services for the child and immediate family members as it relates to the abuse and;
* Interagency releases and consents.

**II. PROCEDURES and STRUCTURE**

The procedures described in this document are not intended to replace procedures for individual agencies or organizations.

**A. REFERRAL**

Referrals for CAC services are made by DHHS, Law Enforcement when there are concerns of sexual abuse.

The CAC coordinator or designee will complete a CAC Intake form and coordinate scheduling of the forensic interview with all MDT members. The CAC coordinator or designee will contact Law Enforcement, DHHS, the District Attorney’s Office and other agencies if necessary to inform them that an interview has been scheduled.

This referral process does not replace an individual’s requirement to report suspected abuse to DHHS in accordance with Title 22 §4011-A. Referrals to the CAC will meet the following criteria:

1. Allegations will fall within the parameters of abuse or neglect as defined by the Title 17-A and Title 22.

2. The referral concerns a child who is between the ages of 4 and the 18. Younger children and older individuals that align developmentally with this age group may be referred to the CAC when the MDT deems it appropriate.

3. The child has made a disclosure or there are concerns of suspected sexual abuse or of witnessing sexual assault.

4. The child resides in Penobscot or Piscataquis County, or the abuse occurred in Penobscot or Piscataquis County. The CAC Program coordinator or designee may schedule a forensic interview for other jurisdictions or if a case from another jurisdiction is referred to the PCAC, the CAC Family Advocate or designee will follow the Maine Network of Children’s Advocacy Center’s Referral Policy.

5. There is a “non-offending” parent, guardian or caretaker available to the child. If that person will not be attending the CAC interview, appropriate releases and consents will be completed and signed by the legal guardian prior to the child coming to the CAC. These documents will be provided by the referring agent to the CAC and a copy will be kept on file.

6. The referring agency shall provide relevant disclosure information, past history, and appropriate demographic information to the CAC at the time of the initial referral. It is preferred that any case investigation be at a preliminary stage. Cases where there is a history of investigative interviews related to the same incident will be reviewed and may be accepted at the discretion of and in consultation with MDT.

7. PCAC’s regular office hours will be from 8am to 4:30pm, Monday through Friday. The office phone number is: and the office fax number is: Special exceptions to these office hours may be considered on a case by case basis.

**B. INVESTIGATION**

Jurisdiction and responsibility for investigation and prosecution is maintained by the agencies of law enforcement, DHHS, and the districts attorney’s office in the jurisdiction where the offense occurred.

**C. MINIMAL FACTS INTERVIEW**

To avoid multiple interviews of a child, initial or minimal facts interviews should be limited to eliciting basic background information regarding the alleged abuse, medical and safety issues. Initial interviews should be kept to a minimum and well documented.

**D. INTAKE**

When the CAC has been notified of a potential case by DHHS, District Attorney’s Office or Law Enforcement, the CAC Family Advocate or CAC designee will screen the referral to ensure that it meets CAC criteria. Basic information will be taken (see CAC Intake Form). If the criteria are met, CAC staff will complete the Intake Form. After first being assured of the child’s safety and documenting other important circumstances of the case, the interview will be scheduled at the earliest appropriate time and/or within 72 hours with input from the assigned Law Enforcement Officer, DHHS worker and/or prosecutor. CAC staff will ensure that all members of the case team and necessary agencies are notified of the interview date and time.

In notifying the family about the interview, the child's non-offending parent or guardian may be consulted about any special needs, including interpreter or transportation services, of the child and/or family member. If the non-offending parent or guardian and child are in need of a certified interpreter, appropriate referrals will be made to accommodate them throughout the CAC process. The referent (DHHS, Law Enforcement, or DA) will be responsible for arranging interpreter or transportation services for the child and non-offending caregiver throughout the investigation process per the referring agency’s policies and any financial compensation for interpreter or transportation services. The CAC and its MDT members will not discriminate against any person we interface with.

When a referral is made to the CAC, the CAC Family Advocate or CAC designee will ensure that a report is filed with the appropriate law enforcement agency that has jurisdiction, the District Attorney’s Office and DHHS.

If based on the intake, it appears that the immediate safety or well-being of the child is in question an interview will be scheduled as soon as possible with MDT partners. Furthermore, interviews will be scheduled as soon as possible with MDT partners if any of the following circumstances are present:

* when the allegation is of child sexual abuse reported to have occurred within seven (7) days of the reporting date and sexual penetration is reported;
* evidence of physical trauma needs to be documented;
* or any situation or circumstance that the team believes an immediate interview is deemed appropriate.

When an immediate interview is not required, CAC staff will schedule the interview as soon as reasonably possible, preferably within 72 hours of receiving the report. While interacting with the non-offending caregiver, the CAC staff and MDT members will respond sensitively to the likelihood that this parent may also be a victim of violence, recognizing that appropriate support for this non-offending caregiver may be essential to the child’s safety. The Family Advocate or designee can arrange to provide emotional support and assistance with safety planning through a referral to a sexual assault or domestic violence crisis center such as Rape Response Services or Spruce Run-Womancare Alliance crisis center advocate.

**E. MEDICAL EVALUATION**

Medical assessment and care is available to children without regard to ability to pay. If a referral for a medical exam is made by PCAC, it will be to a board certified child sexual abuse pediatrician, currently the Spurwink Child Abuse Clinic in Portland or the clinic at EMMC.

The CAC team will facilitate referrals for medical examination. The medical provider will make information available to the appropriate CAC staff, MDT members, and families regarding the medical examination for the purposes of investigation and/or PCAC’s case review process. The Medical Forensic Examiner is available to consult regarding timing, details and provision of evaluation. At the discretion of the team, children may be referred to their own PCP for evaluation and treatment of unmet health needs. HIPPA regulations will be followed in the referral process.

If a parent is opposed and the child apparently has not been physically harmed, the DHHS worker or investigating officer will decide whether the value of the exam outweighs the disruption of obtaining a court order to proceed with the examination. If immediate medical attention is necessary, the child should be brought to the nearest emergency room and requested to be seen by a pediatric SANE/SAFE if available. When the family has agreed to a medical evaluation, a member of the CAC team will facilitate the referral to the appropriate medical provider. The CAC team, through appropriately signed releases, will ensure communication with the provider regarding the child’s disclosure to limit duplicative questioning of the child.

The larger purpose of medical care is to be therapeutic for the child, physically, emotionally, and developmentally. Medical consultation and information is shared with the multidisciplinary CAC team according to release of information procedures required by DHHS, and by applicable reporting mandates.

Medical providers will participate in CAC case review and attend monthly meetings in order to update the team on current cases and to offer their expertise as needed. A provider from the Spurwink Child Abuse Clinic will participate in the monthly CAC Advisory Committee meetings and case review. Medical providers who are on the MDT also adhere to their own professional licensure requirements with regard to training and peer review. Medical providers conduct team peer review of their exams on a regular basis.

**F. CONSENT and RELEASES**

In most cases, consent for the forensic interview, ongoing team communication, case review and service referrals will be obtained from the non-offending caregiver using PCAC’s consent forms. In exceptional cases, the referring agent will attempt to obtain consent under relevant DHHS procedures, through a court order, or, other legal means. In these cases documentation will be provided to the CAC prior to the interview.

The CAC will take necessary actions to promptly obtain information covered by the releases needed by other members of the team. The CAC cannot proceed with services without the appropriate signed consent and release form.

**G. FORENSIC INTERVIEWS**

The forensic interviewer(s) shall be members of the CAC or MDT, trained in one of several nationally-researched protocols, that includes a child development, question design, implementation of protocol, dynamics of abuse, disclosure process, culturally competency, and suggestibility component, for interviewing children who may have been abused ensuring interviews which are legally sound and child centered.

Forensic interviews shall be conducted at PCAC whenever possible. When appropriate, other suitable arrangements will be made as needed by the CAC MDT. In all situations the facility will be physically safe, appropriately supervised, and reflect diversity of local communities. Under no situation will the alleged offender be allowed on the premises of the CAC or allowed to accompany the child to the CAC. While a child is at the CAC, CAC staff will ensure that the child is supervised at all times.

The CAC staff will schedule the interview, pre- and post-interview meetings with all members of the MDT. Under the direction of the MDT, the team will decide on the best suited interviewer.

Prior to the interview, the MDT members involved with the case shall conduct a pre-interview meeting. This meeting takes place approximately fifteen minutes before the families’ arrival to allow the team to share information and to best strategize and discuss alternative hypotheses for the forensic interview. Team members will come prepared with pertinent history involving the case to share with the investigative team members during this pre-meeting. The MDT members involved in the case shall also meet with the non-offending caregiver involved directly with the case prior to and after the interview. Finally, the MDT members involved in the case shall meet after the interview to strategize, develop and discuss its action plan and to inform the non-offending caregiver about the next steps.

Forensic interviews will follow the guidelines of PCAC’s Protocols and the requirements of applicable law. In addition, the following procedures shall be used:

Welcome. The child and non-offending caregiver are welcomed by PCAC staff. If in the child’s best interest or at the request of the child they will also be introduced to the individuals who will be participating in the interview process.

Interview Process. The interview shall be conducted in a private space, designed in a manner which is child-friendly, culturally and developmentally appropriate, and non-distracting to the interview process. During the child’s interview, CAC Family Advocate or designee will meet with the non-offending caregiver(s) to provide support in a separate and private space from the forensic interview.

At a minimum, interviews shall be observed by one of the following: a law enforcement officer or a representative from DHHS. Other MDT members relevant to the case may witness the forensic interview when necessary. Other PCAC/MDT members may observe the interview if deemed appropriate by the team. Observation is conducted through a closed circuit recording system which allows the MDT members to directly observe the interview as it is occurring over a TV monitor. A minimum of one investigator (LE or DHHS) must be present in order for the interview to occur.

It is strongly recommended, if possible, that law enforcement officers participating in the interview process shall not be in uniform.

Post-interview briefing. After the interview, the Forensic Interviewer will reunite the child with the non-offending caregiver in a separate space. Immediately following the forensic interview, the MDT will meet to discuss follow up actions, including but limited to considerations of safety, investigation actions, and medical evaluation. The team will then meet with the non-offending caregiver to discuss the outcome of the interview, next steps of the investigation, and answer any questions the non-offending caregiver may have. CAC Staff will discuss, with the non-offending caregiver, services available and suggest any referrals that the team believes will be beneficial to the child and non-offending caregiver. The Family Advocate will also follow up with the non-offending caregiver in one week and again in one month to discuss any further questions the caregiver might have as it relates to the CAC process and any referrals for services which are needed.

Documentation, disposition, and report. CAC staff shall provide, a DVD(s) of the interview to a DHHS representative and/or a Law Enforcement agent who are present during the interview. The DVD will be labeled with the CAC Case Tracking number. Each case will be entered into the CAC database. The database, along with all other CAC documents, shall be maintained in a secure area. The DVD will be retained by the lead investigating agency(s). The CAC will not be authorized to release information about the interview nor will the CAC keep any copies of the DVDs. Investigating agencies are responsible for completing a report of the forensic interview, according to their agency, and any other interviews with persons relevant to the investigation. Any requests for access to the reports or DVD will be referred to the investigating agencies. (See Addendum H: PCAC Referral/Forensic Interview and Post Interview Protocol)

Peer Review of forensic interviews. All team members who conduct Forensic Interviews at the CAC will participate in monthly Peer Review. Peer Review will be conducted in a manner which is collegial, supportive, and non-judgmental. The goal of Peer Review is to improve the skills as forensic interviewers by promoting developmentally appropriate, non-leading, forensically sound interviews. It will be mandatory that the Forensic Interviewers who conduct interviews at the CAC attend at least six Peer Review sessions annually. (See Peer Review Protocol)

**H. MENTAL HEALTH**

Mental health treatment services will be referred to all child victims and non-offending caregivers with a referral made by the Family Advocate or designee to Mental Health services with PCAC linkage or trauma focused, evidence supported, mental health treatment that follow NCA standards of client’s choice. In the event that a client is unable to pay, he/she will have assistance in obtaining coverage through Maine Victim’s Compensation Act (if applicable), school-based therapy, and uncompensated care. Information will be shared with the MDT on an as needed basis, with a signed authorization of release form by the non-offending caregiver. The Family Advocate or CAC designee will explain the benefits of signing the “release of information” for case review in reference to the investigation, prosecution and treatment of the case.

**I. VICTIM WITNESS ADVOCATE**

The role of the victim witness advocate is to provide assistance, support and information to crime victims and their family. The victim witness advocate is available to guide and support victims through the criminal justice process and to act as a liaison with the district attorney and other criminal justice agencies. Services include information about the status of a case; notification of hearings, preparation and support for depositions and court testimony, information regarding Maine’s Crime Victim’s Compensation Program and may help with victim impact statements, sentencing hearings and other related court issues.

The victim witness advocate’s role may start at an initial criminal investigation, and the victim witness advocate may serve as a support to the victim and may assist with releases of information, upon the approval of the district attorney. According to the recommendation of the district attorney, the victim witness advocate may participate in the interview process. In cases that proceed to prosecution, the victim witness advocate’s role extends beyond the sentencing stage to probation status. The victim witness advocate will assist in requesting notification of offender release from Maine correctional facilities.

Release of information given to the victim witness advocate by the victim or their family will occur only if there is an expressed concern of harm to self or others, or if information is exculpatory to the prosecution of a case.

**J.  ADVOCATE SERVICES**

Crisis support will be provided by Rape Response Services and/or Spruce Run-Womancare Alliance or other appropriate agencies.  Rape Response Services provides support and services to individuals and families that have been impacted by sexual violence.  Spruce Run-Womancare Alliance provides support and services to individuals and families that have been impacted by domestic violence.  The role of the crisis and support agency is to provide an ongoing, confidential support and information for the family as long as needed with a focus on coping with the experience of being victimized.  Referrals to these services will be offered by the CAC Family Advocate or designee to the non-offending caregiver during the interview process, and ongoing as requested by the families.  Services of the Rape Response Services and Spruce Run-Womancare Alliance advocates are confidential.  The Family Advocate or designee will advise the non-offending caregiver of support services and other needed services available to them.

CAC Staff will notify Rape Response Services and/or Spruce Run-Womancare Alliance Client when a referral has been made or the non-offending caregiver has requested a call from an advocate service. CAC staff will only contact these services if a release of information has been signed by the non-offending caregiver.

**K. CASE REVIEW and CASE TRACKING**

The CAC Program Manager or designated member of the MDT will facilitate case review. A member of the CAC staff is responsible for coordinating the case review meetings.

Case Review. All agencies participating in current cases are expected to attend monthly scheduled case review meetings. This includes CAC Staff, Law Enforcement, District Attorneys, DHHS, Mental Health, Medical Providers and other community support or advocacy representatives. The goal of case review is to provide quality assurance of the process for each child and family served at PCAC while increasing our understanding of the complexities of these cases. Case Review provides an opportunity for members to share expertise and ideas to assist in the investigation, as well as discuss and work through any difficulties that may have occurred during the investigation of each case. Additionally, case review provides an opportunity to identify and address gaps in services or systems. Participation in case review by other agencies or individuals which do not provide direct services will be considered on a case by case basis and by invitation only. Case Review will be a time to address any barriers to service coordination for the families or cross cultural issues that may need to be addressed. All Case Review information is confidential and all MDT members participating in Case Review will be required to sign a confidentiality commitment at each Case Review.

Case Tracking. The Family Advocate or designee will establish and maintain a database sufficient to NCA case reporting requirements and the request of CAC MDT members. Cases are tracked while they remain pending in the DHHS and the criminal justice system. Statistics from the database will be available at the semi-annual case review meetings (and to CAC members at other times by agreement).

**L. INFORMATION SHARING**

Information about allegations and evidence will be freely shared, as permitted by applicable law and the **Consent for Examination and Related Services.** CAC members are required to adhere to Title 22 §4011-A rules and protocols of DHHS, and the protocols of the Penobscot and Piscataquis County District Attorney’s Offices regarding dissemination of information in criminal investigations or criminal cases.

**M. STRUCUTRE**

PCAC is located at 262 Harlow Street, Bangor, Maine and is a program of Penquis CAP and Rape Response Services. All employees of the CAC are hired and employed by Penquis CAP. The CAC is a program housed within Penquis CAP and is bound by all appropriate rules and regulations of Penquis CAP. All employees and volunteers who have contact with the children and families will submit to a criminal and CPS background check.

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**III. OTHER**

**PROGRAM EVALUATION**

In consultation with experts in program evaluation, the CAC will develop an evaluation plan to assess its work and implement changes as needed.

**ADVISORY COMMITTEE**

The advisory committee is a non-governing body and will be represented by a minimum of one member from each discipline. These disciplines will include, at a minimum; Children’s Advocacy Center, Medical, Prosecution, Law Enforcement, Mental Health, DHHS, and Domestic Violence & Sexual Assault Crisis and Support Centers. Each discipline will nominate these individuals. Efforts will be made to ensure that the diverse populations of both counties are appropriately represented. Representatives will be approved by the Advisory Committee. The CAC requests that the chosen representatives provide a two year commitment to the Advisory Committee and must attend or send a designee to a minimum of 8 meetings per year. At the end of the two year period the representative may change based on recommendations by the committee and/or the nomination of their respective agency/discipline.

Furthermore, structure of the committee may change over time, as the CAC begins to broaden its scope of service. This will be evaluated as progress on the development of these services increases.

A quorum for a vote on any recommendation by this committee will only require the members in attendance at the time the vote is being sought. Minutes will be recorded and distributed after each meeting.

This team will meet monthly, with a minimum of nine meetings over a calendar year period. The role of the team will be;

* Supporting the ongoing work of the Child Advocacy Center Program;
* Evaluating the overall functioning, as well as system barriers of the CAC- providing suggestions in this area;
* Helping create and achieve future goals for the CAC program;
* Assessing the training needs of the CAC team, as well as provide insight on how to meet those needs;
* Resolving conflicts amongst any of the disciplines involved in the Child Advocacy Center Program, in relationship to the work of the CAC;
* Leading and facilitating the process of accreditation;
* Organizing and guiding the work of the subcommittees so that members continue to participate in the monthly meetings and so that members stay engaged in the continuing development and success of the CAC;
* Reviewing and making recommendations or necessary changes to the existing CAC documents; and
* Members of the Advisory Committee or MDT may be asked to participate in outreach presentations

It should be noted, that at any time, the advisory committee can choose to re-evaluate its function and make necessary changes to its role within the Child Advocacy Center Program with the agreement from the Executive Director and/or the Board of Directors of Rape Response Services. The Advisory Committee description and function will be reviewed at least every other year.

All agencies related decisions are the responsibility of the Rape Response Services and its governing body.

**IV. AGREEMENTS**

1. The Program Manager, Family Services Coordinator and team members will note discrepancies, if any, between actions taken by the CAC and these guidelines and will discuss these with the Executive Director of Rape Response Services.

2. To document our support for the Mission and Guidelines of PCAC, members and their agency leaders have signed an Interagency Agreement.

3. To reflect current applicable law and to remain current with best practices in our disciplines, these guidelines and any other documents of PCAC will be periodically reviewed and changed in discussion with the CAC member agencies.