Child Advocacy Centers

Accreditation Standards

MDT Standards

- Written interagency agreement signed by representatives of all MDT members that commits all signed parties to the MDT model for child abuse intervention/response.
  - Must include members from LE, CPS, Prosecution, Mental Health, Medical Services, Victim Advocacy and the CAC
- Written protocols are in place that discuss the function of the MDT and the roles/responsibilities of each discipline. Protocols should be developed with input from the MDT and should be reviewed and updated as needed at least every three years.
- All members of the MDT are routinely involved in investigations/interventions
- MDT members effectively share information in ways that are consistent with the legal, ethical, and professional standards of it’s members. The MDT ensures a timely exchange of information about the case with the MDT.
- Written documentation is in place describing how information is shared among MDT members and how confidential information is protected
- The CAC provides opportunities for MDT members to give feedback and share suggestions regarding the CAC/MDT. There is a formal process for reviewing and assessing the information provided.
- The CAC/MDT annually provides or facilitates training/educational opportunities focused on issues related to investigation, prosecution, and service provision for children/families being served. The CAC maintains documentation of MDT member participation in annual professional development.

Forensic Interview Standards

- Forensic interviews are conducted by MDT members with specialized training in conducting FIs. The CAC must keep record that all forensic interviewers have completed trainings that include the following elements
  - Minimum of 32 hours of instruction and practice
  - Evidence supported interview protocols
  - Pre and post testing that reflects understanding of the principles of legally sound interviewing
  - Content that includes child development, question design, implementation of protocols, dynamics of abuse, disclosure process, cultural competency, and suggestibility
  - Practice component with a standardized review process
  - Required reading of current articles specific to the practice of forensic interviewing
- FI curriculum must be included on the NCAs approved list of nationally or state recognized forensic interview trainings or submitted with the accreditation application
- Forensic interviewers must participate in ongoing education in the field of child maltreatment or forensic interviewing that amount to at least eight hours every two years
- CAC/MDT Protocols must include the following items
Case acceptance criteria; criteria for choosing an appropriately trained interviewer for a specific case; Personnel expected to attend/observe the interviews; Preparation, info sharing, and communication between the MDT and the forensic interviewer; Use of interview aids; Use of interpreters; Recording and/or documentation of the interview; Interview methodology; Introduction of evidence in the forensic interviewing process; Sharing information with MDT members; Mechanism for collaborative case coordination; Determining criteria and process by which a child has a multi session or subsequent interview

- MDT members responsible for investigating a case must observe the forensic interview to ensure preparation, info sharing, and coordination throughout the interview and post-interview process
- For cases which meet the CAC case acceptance criteria (in the MDT protocols), interviews are conducted at the CAC at least 75% of the time
- Forensic interviewers must participate in a structured peer review process at least twice a year. Structured peer review must include the following
  - Ongoing opportunities to network with, and share learning and challenges with peers
  - Review and feedback of an actual interview in a processional and confidential setting
  - Discussion of current relevant research articles and materials
  - Training opportunities specific to forensic interviewing of children and the CAC specific methodologies
- The MDT/CAC coordinates information gathering including history taking, assessments, and FIs to avoid duplication

**Victim Support and Advocacy Standards**

- Victim support and advocacy services are provided by individuals who have specialized training in victim advocacy. The CAC must demonstrate that all advocates who provide services have successfully completed at least 24 hours of training which includes the following
  - Dynamics of abuse; Trauma informed services; Crisis assessment and intervention; Risk assessment and safety planning; Professional ethics and boundaries; Understanding the coordinated multidisciplinary response; Assistance in accessing/obtaining victims rights as outlined by law; Court education, support, and accompaniment; Assistance with access to treatment and other services including protective orders, housing, public assistance, domestic violence intervention, transportation, financial assistance, interpreters, and other as determined for individual clients
- Advocates must participate in ongoing education in the field of victim advocacy or child maltreatment at least 8 hours every two years
- Advocates must provide the following services
  - Crisis assessment and intervention, risk assessment, and safety planning; Assessment of individual needs; Presence at CAC during forensic interviews to information share with MDT and support families; Provide education on and assistance with access to victims rights and crime victims compensation; Assistance obtaining needed services such as housing, OOPs, DV intervention, food, transportation, etc.; Referrals for specialized, trauma focused MH and medical treatment if not provided through CAC; Access to transportation to interviews, court, treatment, or other case related meetings;
Engagement and support of family/child throughout investigation and prosecution; Participation in case review to ensure coordination of services for families; Updates to families on case status, dispositions, etc.; Court education and court room tours, support, accompaniment, etc.; Coordinated case management meetings with all individuals providing victim advocacy services

- Active outreach and follow up support services for caregivers are available on a consistent basis
- The CAC/MDTs written protocols and guidelines include availability of victim support and advocacy services for all CAC clients throughout the case and participation of advocates in case review

**Medical Standards**

- Medical evaluations are conducted by healthcare providers with specific training on child sexual abuse that meets *at least one* of the following training standards
  - Child abuse pediatrics sub-board eligibility or certification medical evaluation of child sexual abuse followed by competency based clinical preceptorship
    - [https://www.abp.org/content/child-abuse-pediatrics-certification](https://www.abp.org/content/child-abuse-pediatrics-certification)
  - Physicians without board certification or eligibility in the field of Child Abuse Pediatrics, Advanced Practice Nurses, or Physician Assistants with *a minimum of 16 hours of formal didactic training in the medical evaluation of child sexual abuse*
  - SANEs without advanced practitioner training should have *a minimum or 40 hours of coursework* specific to the providers as full or part time staff while other provide this service through linkage agreements

- Medical professionals providing services to CAC clients must engage in *at least eight hours of continuing education in the field of child abuse every two years*

- Medical professionals providing services to CAC clients must demonstrate that *at least 50% of all findings deemed abnormal or diagnostic of trauma from sexual abuse* have undergone expert review by an “advanced medical consultant”
  - the medical provider must be able to provide documentation of participation in expert review with an “advanced medical consultant”
  - “Advanced medical consultants” can be... A child abuse pediatrician (can be done via direct linkage agreement with a provider or through MyCaseReview which is sponsored by the Midwest Regional CAC) OR a physician or advanced practice nurse who meets the minimum training standards for CAC medical providers, has performed at least 100 child sexual abuse exams, and is current on CQI requirements

- Specialized medical evaluations for the child clients are available onsite or through linkage agreements with agency providers
- Specialized medical evaluations are available and accessible to all CAC clients regardless of ability to pay
- The CAC/MDT written protocols and guidelines include access to appropriate medical evaluation and treatment for all CAC clients
- The MDT protocols and guidelines include the circumstances when medical evaluation for child sexual abuse is recommended
- Medical findings are documented by written record and photo documentation
• MDT members and CAC staff have training about the purpose and nature of medical evaluations for suspected sexual abuse. MDT members or CAC staff can educate clients/caregivers regarding medical evaluation
• Findings of the medical evaluation are shared with MDT in a routine, timely, and meaningful manner

**Mental Health Standards**

• MH services are provided by professionals who have training in trauma focused, evidence supported mental health treatment. All mental health providers for CAC clients must meet the following training requirements
  o MH providers have completed 40 contact hours of CEU in accordance with their licensure requirements, CEUs from specific evidenced based treatment for trauma training, and clinical supervision hours by a licensed clinical supervisor
  o MH providers must meet at least one of the following academic training standards: Masters degree, licensed, certified, or supervised by a licensed MH professional; Master’s degree or license eligible in a related MH field; OR Student intern in accredited MH related grad program when supervised by a licensed MH professional
• MH providers working with CAC clients must have *at least 8 hours of continuing education every two years* in the field of child abuse
• Evidence supported, trauma focused mental health services for the child client are consistently available and must include the following
  o Trauma specific assessment including traumatic events and abuse related trauma sx;
  Use of standardized assessments to measure inform tx and assess progress/outcomes;
  Individualize tx plans based on assessments/evaluations; Individualized evidence supported tx as appropriate for each client; caregiver engagement in tx; Referral to community services as needed
• MH services are available and accessible to all CAC child clients regardless of ability to pay
• MDT protocol includes access to trauma informed MH assessment and tx for all CAC clients
• MDT protocols define the roles/responsibilities of MH professionals on MDT. These responsibilities include:
  o Participating in MDT case review; Sharing relevant info with MDT while protecting client’s confidentiality rights; Serving as a clinical consultant to MDT on issues r/t child trauma and evidence based tx; Supporting the MDT in monitoring the tx progress and outcomes of clients
• The MDTs written protocols include provisions about the sharing of MH info and how client confidentiality and MH records will be protected in accordance with state and federal laws
• The CAC must provide supportive services to caregivers to address: Safety of child(ren); Emotional impact of abuse allegations; Risk of future abuse; Issues or distress that allegations trigger. These services are available onsite or through linkage agreements with other appropriate providers.
• Clinicians providing MH services to CAC clients participate in ongoing clinical supervision/consultation
MDT protocol additions from sections:

- (MH) Clinicians providing mental health treatments to CAC clients must participate in ongoing clinical supervision/consultation. This may include supervision from CAC staff and must be designated
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- (MH) MDT protocol includes access to trauma informed MH assessment and tx for all CAC clients
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- (MH) MDT protocols define the roles/responsibilities of MH professionals on MDT. These responsibilities include:
  o Participating in MDT case review; Sharing relevant info with MDT while protecting client’s confidentiality rights; Serving as a clinical consultant to MDT on issues r/t child trauma and evidence based tx; Supporting the MDT in monitoring the tx progress and outcomes of clients
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- (MH) The MDTs written protocols include provisions about the sharing of MH info and how client confidentiality and MH records will be protected in accordance with state and federal laws
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- The CAC/MDT written protocols and guidelines include access to appropriate medical evaluation and treatment for all CAC clients
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- The MDT protocols and guidelines include the circumstances when medical evaluation for child sexual abuse is recommended
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- MDT members and CAC staff have training about the purpose and nature of medical evaluations for suspected sexual abuse. MDT members or CAC staff can educate clients/caregivers regarding medical evaluation
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- Findings of the medical evaluation are shared with MDT in a routine, timely, and meaningful manner
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- We must establish screening criteria for emergent, urgent, or non-urgent for Medical scheduling
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