CHILDREN'S ADVOCACY CENTER
IN DEKALB COUNTY

PROTOCOL FOR MULTIDISCIPLINARY AND COORDINATED RESPONSE TO
ALLEGATIONS OF SEXUAL AND PHYSICAL ABUSE OF CHILDREN

Most recent revision:

2016
# DEKALB COUNTY CHILD ADVOCACY PROTOCOL

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PREFACE

We, the undersigned agencies, by and through our directors/administrators, and our designated representatives, do hereby agree to following this Protocol supporting the development, implementation, and operation of the Child Advocacy Center in DeKalb County, Illinois (hereafter, “CAC”).

Each of the undersigned agencies has specific responsibilities with regard to the investigation, assessment, medical/mental health treatment, and prosecution of cases of child sexual and physical abuse. We agree to support the concepts and adhere to the guidelines as outlined. We note that, on occasion, exceptions to the guidelines will be necessary, and at such times exceptions will be granted with the agreement of all parties involved. We, the undersigned, do hereby acknowledge that the multidisciplinary team approach, through the institution of the CAC, serves to enhance the individual efforts of each agency. We acknowledge that through these respective agencies, and through public support and awareness, the CAC unifies our community in our efforts to ensure the protection and well-being of the children of DeKalb County.

The mission of the CAC is to ensure and support a comprehensive, child appropriate and multidisciplinary response to reports of child sexual and physical abuse in DeKalb County. The CAC purpose is to coordinate and track the investigations, provide crisis intervention/support services to non-offending family members, provide medical and counseling referrals, and provide child abuse education to various members of the community in order to protect children and their families. This Protocol is designed to promote interagency cooperation between the mandated agencies in order to ensure coordination between said agencies.

General Provisions

- Each agency works with and assists other agencies along with the CAC to ensure that the best interests and protection of children are served.
- All reasonable efforts are made by each agency to coordinate each step of the investigation/assessment process in order to minimize the number of interviews to which a child is subjected, thus reducing potential trauma.
- It is expressly understood that each agency works within its departmental mandates and policies. Nothing contained in this Protocol supersedes the statutes, rules or regulations
governing each agency. To that end, if any provision of this Protocol is inconsistent with any state statute, rule or regulation; the statute, rule or regulation will prevail.

STATUTORY BASIS AND AUTHORITY

The DeKalb County Children’s Advocacy Center Advisory Board shall adopt, by a majority of the members, a written child abuse protocol for a Coordinated Response System, which is subject to revision: The protocol shall be filed with the Illinois Department of Children and Family Services (hereafter DCFS), and a copy shall be furnished to each participating agency in DeKalb County. The protocol shall be a written document outlining in detail the procedures to be used in investigation and prosecution of cases as a result of alleged child sexual abuse and/or severe/fatal injuries or neglect of a child and in coordinating treatment referrals for the child and his or her family (55 ILCS 80/3).

As set forth in (55ILCS 80/4), the CAC has been established to coordinate the activities of the various agencies involved in the investigation, prosecution and treatment referral of child sexual abuse and severe/fatal injury to a child.

PHILOSOPHY:

- It is recognized that each child and family has an inherent right to be treated with dignity.
- It is recognized that child abuse is a community problem. No single agency, individual or discipline has the necessary knowledge, skills or resources to provide all the assistance needed by abused children and their families.
- It is recognized that the combining of all experience and professional knowledge of the multidisciplinary team members can result in a more thorough understanding of case issues and can provide the best system response.
- It is recognized that open communication and case coordination among agencies are critical for protecting the child and promoting justice and healing.
- It is recognized that the protection and best interests of each child will be foremost in all recommendations related to investigation, prosecution, treatment referrals, and follow-up.
REPORTING CHILD ABUSE AND NEGLECT:

Every Mandated Reporter who has reasonable grounds to believe that a child may be in need of protection has a legal obligation to report the information to DCFS.

**Indicators of Abuse:**

There are many physical and behavioral signs that may suggest abuse. One of these indicators may not provide proof of abuse, but a pattern of these indicators greatly increases the likelihood of abuse. These indicators are not positive proof that a child is being abused, but they are a sign that a child and family may need help. Suspected child abuse and neglect needs to be reported to DCFS (1-800-252-2873).

These indicators are:

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<tr>
<th>TYPE OF ABUSE</th>
<th>PHYSICAL INDICATOR</th>
<th>BEHAVIORAL INDICATORS</th>
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<tr>
<td>PHYSICAL</td>
<td>injuries (bruises, cuts, burns, bite marks, fractures, etc.) that are not consistent with explanation offered (e.g., extensive bruising to one area) • the presence of several injuries over a period of time • any bruising on an infant • facial injuries in preschool children (e.g., cuts, bruises, sores, etc.) • injuries inconsistent with the child’s age and development</td>
<td>cannot recall how injuries occurred, or offers an inconsistent explanation • wary of adults or reluctant to go home, absences from school • may cringe or flinch if touched unexpectedly • may display a vacant stare or frozen watchfulness • extremely aggressive or extremely withdrawn • wears long sleeves to hide injury • extremely compliant and/or eager to please • sad, cries frequently</td>
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<td>SEXUAL</td>
<td>unusual or excessive itching in the genital or anal area</td>
<td>age-inappropriate sexual play with toys, self, others</td>
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<td>NEGLECT</td>
<td>abandonment</td>
<td>regularly displays fatigue or listlessness, falls asleep in class</td>
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<td></td>
<td>• unattended medical or dental needs</td>
<td>• steals food, begs from classmates</td>
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<td>• consistent lack of supervision</td>
<td>• reports that no caretaker is at home</td>
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<td>• consistent hunger, inappropriate dress, poor hygiene</td>
<td>• frequently absent or late</td>
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<td>• persistent conditions (e.g., scabies, head lice, diaper rash or other skin disorder)</td>
<td>• self-destructive</td>
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<td>• developmental delays (language, weight)</td>
<td>• school drop-outs (adolescents)</td>
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**CONFIDENTIALITY:**

All multidisciplinary team members (hereafter MDT), including the CAC staff, Advisory Board, and Governing Board members, within the bounds allowed by law and the rules and regulations of their respective agencies, agree to maintain the confidentiality of all records and information gathered on all cases investigated through the CAC. All MDT personnel further agree not to release any record or information on any CAC case except as it relates to the legitimate program operations of their agencies.

All members of the MDT agree to respect the privacy of persons served by the CAC and to hold in confidence all information obtained during the course of professional service. The members of the MDT further agree to maintain confidentiality when storing or disposing of client records.
The individual case files and any information obtained by the CAC are confidential. Any outside requests for information are referred to the appropriate DCFS investigator, law enforcement officer, or Assistant State’s Attorney to process according to the existing policies of their respective agencies.

Requests to the CAC for information will be referred to the Family Service Agency Executive Director. All requests for release of information must be in the form of a written authorization to release information, which meets the following conditions:

- Addressed specifically to the CAC
- States the specific information requested
- States the purpose for which the information is intended
- Signed and dated by the legal guardian and/or client, if applicable
- Received by the CAC no more than 90 days from the date of the signature

Information that can be released to a client that has reached the age of majority, or to their guardian includes; verification of receiving services, dates of service(s), and child protection/legal outcome.

If subpoenas or requests by the court are received, legal counsel will be consulted prior to the release of any confidential information.

All CAC records are secured at all times to protect the client’s right to privacy and are maintained in locked filing cabinets. All client records are to be retained for a minimum of seven (7) years or until all litigation and/or adverse audit findings are resolved.

CASES WITH NO FORENSIC INTERVIEW

The CAC will coordinate services utilizing the MDT approach for allegations of child sexual abuse, allegations of severe physical abuse, or injury sustained from neglect, to a child occurring in DeKalb County involving all children up to their 18th birthday. Children that will not be going through the CAC process for reasons including, but not limited to, child death, not being verbal (either due to age or developmental delay), being interviewed by an investigator, or being in an inpatient facility, may still require and utilize the coordination services and/or treatment referrals that the CAC can provide. Additionally, it is important that the CAC provide accurate statistics to state and national agencies regarding the incidence of child abuse in DeKalb County. To that end, Law Enforcement and/or DCFS shall, at their earliest convenience, provide a summary
report of all child abuse allegations to the CAC, even if the child will not be going through a forensic interview.

**ROLES OF PARTICIPATING AGENCIES:**

The effectiveness of the MDT approach in an investigation is largely dependent on the relationship between team members. Before there is a need for the team to carry out an investigation of abuse, the overall organizational structure and each player’s role must be defined and agreed upon. The team must also be aware that conflicts may arise at some point and members should be willing to address and resolve such conflicts.

**Department of Children and Family Services:**

The Illinois DCFS is the state agency mandated to investigate reports of child abuse and neglect. The Department is responsible for investigating all reported cases of alleged child abuse/neglect if the alleged perpetrator is a parent, family member, person residing in the home, a person in a caregiving role, or a person in a position of authority. In a situation where it may appear that there is a non-offending caregiver, a thorough assessment must be done to ensure that that person is not a perpetrator of the abuse through acts of omission or neglect. The DCFS investigator is to ensure that the child is in a safe environment. If the child is not in a safe environment, the DCFS investigator is to take appropriate action by way of the development of a protection/safety plan or protective custody.

**Law Enforcement:**

Law enforcement agencies are established by law for the purpose of protecting communities through vigorous enforcement of criminal law. They are set up to receive reports of criminal violations, conduct investigations, identify and apprehend alleged criminal offenders, provide for the safety and well-being of victims and present evidence to appropriate authorities.

Law enforcement agencies will investigate cases according to law enforcement procedure. Law enforcement will obtain search warrants, conduct property searches if advisable and collect and preserve case evidence. Law enforcement will also assemble and maintain investigation records in the format necessary for presentation in court.

**State’s Attorney’s Office:**

The role of the State’s Attorney’s Office is to seek justice by prosecuting those cases identified as warranting prosecution. The State’s Attorney’s Office will be available to assist the MDT regarding legal requirements for prosecution. It will be the responsibility of the State’s
Attorney’s Office to review the collection of evidence and to conduct an evaluation of the evidence accumulated and provide necessary input to the investigation. If criminal charges are indicated, the State’s Attorney’s Office will initiate the court procedures and maintain primary responsibility for prosecution as well as victim/witness warrants and making the final decision in legal and court-related matters.

**Mental Health/Treatment Agencies:**
The role of mental health/treatment agencies is to provide assessments/evaluations and behavioral health treatment to victims and their non-offending family members. The agencies will be available for consultation regarding the status and/or abilities of parents, children, and staff who are involved in the investigation. Agencies will be alert to potential crisis situations involving any aspect of the investigation and will prepare strategies to diffuse conflict or stress. Mental health/treatment agencies may also be asked to provide expert testimony in court.

**Medical Personnel:**
The role of area hospitals, physicians and nurse practitioners is to provide medical treatment which, when appropriate, includes a complete medical examination of the victim by a professional with knowledge of child abuse examinations. If necessary, medical personnel may be asked to provide expert testimony in court. Medical personnel will also assure evidence processing and evaluation of medical findings.

**Children’s Advocacy Center:**
The role of the CAC is to coordinate the MDT investigations and to provide support and advocacy services for children and non-offending family members who are involved in child abuse investigations. The CAC will coordinate the MDT investigation with the assigned law enforcement investigators, DCFS investigators and representatives of the State’s Attorney’s Office. The CAC will conduct an age and developmentally appropriate forensic interview for all child victims, siblings, witnesses and other children deemed at risk of harm in a child friendly environment utilizing specially trained child forensic interviewers. The CAC will provide clinical assessment services and referrals for crisis intervention, counseling and specialized evidence based trauma treatment services as well as coordinate access to these services. The CAC will provide the child victim and non-offending family members with support, legal
advocacy services as well as referrals for medical assessment and/or treatment, housing, transportation, financial and other service needs identified by the client.

REFERRAL PROCESS FOR ALLEGATIONS IN WHICH THERE WILL BE A FORENSIC INTERVIEW

Reports to Department of Children and Family Services:

Sexual Abuse. When a report of sexual abuse/offender has access involving a child victim is received by DCFS, the assigned investigator will immediately make notification to the CAC, which, in turn, will immediately notify the State’s Attorney’s office and the appropriate law enforcement jurisdiction. Additionally, the DCFS investigator will fax the Investigative Intake Summary to the CAC. Child victims, witnesses and risk of harm children who are over the age of 15 and up to the child’s 18th birthday, will be interviewed at the discretion of DCFS after all variables, such as maturity of the child, development of the child and effect of crime on the child, have been considered. Ideally, all children up to their 18th birthday will be interviewed in the neutral setting of the Child Advocacy Center.

The following is a list of sexual abuse allegations, with their respective DCFS allegation numbers, which will require notification to the Children’s Advocacy Center:

1. Sexually Transmitted Diseases (#18)
2. Sexual Penetration (#19)
3. Sexual Exploitation (#20)
4. Sexual Molestation (#21)
5. Substantial Risk of Harm – Sexual (#22) When a report of “Substantial Risk of Harm – Sexual” is taken by DCFS and the report alleges a registered, and/or convicted, and/or DCFS indicated sexual offender resides in a home with a child (the report will be referred to the CAC as in other sexual abuse allegations.) However, if an individual who is only suspected of sexual abuse resides with a child creating the “Substantial Risk of Harm – Sexual” allegation, DCFS has discretion in making a referral to the CAC. When investigating such a situation, if the child begins to disclose sexual abuse incidents(s) DCFS will limit the scope of the interview whenever possible so that the child can be interviewed in more
detail at the CAC. Interviews of all involved subjects will be coordinated through the CAC.

**Physical Abuse.** When DCFS receives a report of severe physical abuse, the assigned investigator will immediately make notification to the CAC, which, in turn, will immediately notify the State’s Attorney’s office and the appropriate law enforcement jurisdiction. Additionally, the DCFS investigator will fax the Investigative Intake Summary to the CAC. The death or serious injury of a child may be the result of both abuse and/or neglect allegations. The MDT members, in consultation with the State’s Attorney office, will determine the course of the investigation and how the CAC will coordinate the interviews and supportive services.

Law enforcement may also notify the CAC of a child’s death or severe injury which does not fall under the purview of DCFS when the perpetrator was not in a caregiver role, a family member, household member, or person in a position of authority. The goal in all cases of a child’s death or severe injury is to ensure that all professional interventions are coordinated to ensure the safety of any other child who may be at risk and an appropriate legal outcome.

The following is a list of physical abuse allegations with their respective DCFS allegation numbers, which may require notification to the Children’s Advocacy Center:

1. Death (#51)
2. Head Injuries (#52)
3. Burns (#55)
4. Bone Fractures (#59)
5. Cuts, Bruises, Welts, Abrasions and Oral Injuries (#61)

**Reports to Law Enforcement:**

When a report of child sexual abuse or assault or abuse/neglect involving a child victim under the age of eighteen is received by the DeKalb County Sheriff’s Department or any outlying DeKalb County Law Enforcement agency that does not involve DCFS, the assigned law enforcement agent will immediately notify the CAC who will in turn immediately notify the State’s Attorney’s Office. Child victims, witnesses and children alleged to be at risk of harm who are over the age of fifteen up until the child’s 18th birthday, will be interviewed at the discretion of law enforcement after all variables, such as maturity of the child, development of the child and
effect of crime on the child, have been considered. In cases where a law enforcement agency has staff who are trained in CAC Advisory Board approved and nationally recognized child forensic interview techniques, and who will be conducting the interview, the discretionary age will be fifteen and up until the child’s 18th birthday. Again, it is ideal that all children up to their 18th birthday be interviewed in the neutral setting of the Child Advocacy Center.

Access to the Children’s Advocacy Center:
Notification of cases to the CAC shall be made during normal business hours, Monday through Friday, 8:30am to 5:00pm by calling (815)758-8616 extension 219.
In cases of an emergency that require coordination and access to the center after hours or when no one can be reached at the above number; notification may be made by calling the CAC Director (Please see Addendum #5).

NOTE: The CAC of DeKalb County was established for the coordination of child sexual and physical abuse cases in DeKalb County. However, the interview room at the CAC is available to any investigator who needs to interview child victims and/or child witnesses of serious crimes. The investigator should contact the CAC Director or CAC Program Coordinator to schedule such interview. The CAC Director also has discretion to allow use of the CAC for interviews of children by investigators from other counties.

INTERVIEW AND INVESTIGATION PROCEDURES
Interviews are crucial elements of investigations. Interviews provide the substantive information for determining whether a report is indicated or unfounded and in what way a case will be presented in court proceedings. The questions that are asked and the way in which they are presented may affect the outcome of the interviews. The environment in which the interviews take place also has significant impact.

Procedural Guidelines for Interviewing Child Victims:
DCFS will make contact with the child within 24 hours of the report. This brief initial contact with the child should only be to obtain information necessary to verify the report and to determine whether immediate safety concerns exist. This initial contact assessment should not preclude a Forensic Interview at the CAC.
In cases involving sexual abuse/assault and serious injury resulting from abuse or neglect where the alleged victim is younger than eighteen years of age, it is recommended that all interviews
will be conducted at the CAC. In cases involving sexual abuse/assault or serious injury resulting from abuse or neglect in which the alleged victim who is at least 15 years of age and up until their 18th birthday, a number of variables exist in deciding upon the selection of the most appropriate site for the interview of the victim. In these cases, the choice of the most appropriate site will be left to the discretion of the investigating law enforcement agency. An interview conducted at an alternative location does not preclude notification to the CAC. In cases where a law enforcement agency has staff who are trained in CAC Advisory Board approved and nationally recognized child forensic interview techniques, and who will be conducting the interview, the discretionary age will be at least 15 years of age up until their 18th birthday. The following considerations shall be taken into account when making the above decision:

1. The maturity of the child;
2. The effect of the crime on the child;
3. The need for the child and family to be handled in a child sensitive manner;
4. The child’s developmental and psychological needs.

In cases involving severe/fatal injury or neglect of a child where the alleged victim or other children at risk are younger than 18 years of age, it is preferred and suggested that the interviews of said victims and/or witnesses be conducted at the CAC.

The primary investigative agency, law enforcement or DCFS, will contact the CAC to schedule a forensic interview based on the above criteria. The investigative agency will provide family contact information to the CAC staff as well as other pertinent information for interview scheduling including contact information of children who are deemed at risk of harm and witnesses. The CAC staff will also be informed of any special needs issues or issues that could interfere with the interview process.

The CAC will then contact the family to schedule the interview and notify the remaining multidisciplinary team members of the arranged date and time of the scheduled interview. In all cases every effort will be made to conduct the forensic interview as soon as possible, preferably within the first 24 to 48 hours after the report is received. Once a child discloses abuse the risk of the child being coerced or to feel pressure to take back or deny the allegation increases with time.
In cases involving severe/fatal injuries or neglect of a child in which the alleged victim or other at-risk children is/are at least 15 years of age and up until their 18th birthday, a number of variables exist in deciding upon the selection of the most appropriate site for the interview of the victim. In these cases, the choice of the most appropriate site will be left to the discretion of the investigating law enforcement agency. An interview conducted at an alternative location should not preclude notification to the CAC. In cases where a law enforcement agency has staff who are trained in CAC Advisory Board approved and nationally recognized child forensic interview techniques, and who will be conducting the interview, the discretionary age is at least 15 years of age and up until their 18th birthday.

In the investigation of all child sexual assault/abuse or severe/fatal injuries to a child, every effort should be made to minimize the number of interviews conducted with the child during the investigative process. As a general rule, DCFS, law enforcement, the States Attorney’s Office and the CAC will work together to arrange interviews at such a time that a representative from each agency is able to be present. Children who demonstrate significant mental health issues, developmental/cognitive delays or disabilities or who have experienced extensive or multiple traumas may benefit from a multisession interview process. This shall be determined prior to or during the interview process by the MDT on a case by case basis. Every effort will be made to include all members of the multidisciplinary team for every session. However, if a member of the MDT is not available within a reasonable time frame the interview will be completed and the results shared with any MDT member not present at the interview.

In the event that the CAC is asked to conduct a courtesy interview for another county or state, the CAC staff will contact the States Attorney’s Office of that county or state in order to determine availability to attend the interview. If the States Attorney’s Office of that county or state is unavailable, or its not part of their protocol to attend the interview, then the CAC staff will follow the guidance of the States Attorney’s Office of that county or state when conducting the interview.

To encourage consistency, DCFS, law enforcement, and State’s Attorney supervisors will make every effort to assign personnel who are sensitive to, experienced and educated in the investigation and prosecution of child sexual abuse/assault and/or cases of serious/fatal injuries or neglect of a child. If the Center is not used, interviews should occur in a neutral setting based
on criteria set forth in this protocol. If the safety of the child is at risk and the interview must be conducted on an emergency basis, interviews will be conducted outside the presence of parents or caretakers. Interviews will never be conducted within the vision or presence of the alleged known perpetrator. If at all feasible, the victim should not be interviewed in the family home. Every effort should be made to minimize interviews with victims at school. **Again, the CAC is the preferred location for all child interviews anytime, day or night.** A CAC representative will meet with the non-offending parent/guardian and will explain the interviewing process and discuss the Release/Exchange of Information as well as the Acknowledgement of Recorded Interview forms. Specifics of the case will not be discussed at this time. Prior to interview, the child and family should be offered a tour of the CAC and the room where the interview will take place.

**Consent.** In cases where law enforcement, medical doctors, or DCFS have taken protective custody of the child, the officer or the authorized agent should sign the Release/Exchange of Information and the Acknowledgment of Recorded Interview forms. It should be noted on the forms that the child is in protective custody and the DCFS hotline has been called. In a case where a child has been taken into protective custody, it is the responsibility of the custody-taking agent to alert the child’s caregiver(s) of the situation. If the child is a ward of the state, an authorized agent should sign the consent on behalf of the child.

**Supervision.** Children brought to the CAC are to be supervised by the person who transported them unless some other arrangements are made to the satisfaction of the investigative and site personnel.

**Interview Arrival.** The MDT members arriving for the interview should meet in the CAC observation room 15 minutes prior to the scheduled interview for a pre-interview staffing. CAC staff is responsible for duplicating and disseminating any existing reports or forms to all team members in attendance. Occasionally it is learned that prior investigative activities have occurred without all parties present. In these circumstances, it is important that team members review reports generated from the prior investigative activities.

**Safety.** The CAC is designed to provide complete separation of victims and an alleged offender to the maximum extent possible. No alleged sexual abuse offender interviews will be conducted at the CAC (See Addendum #1).
Observation. Only MDT members may observe the forensic interview child involved in a child abuse investigation, or child being interviewed as a witness. If there is any disagreement over who shall be allowed to observe the interview, the DeKalb County State’s Attorney’s Office representative shall determine who shall be present.

If a team member cannot attend the interview within a short or reasonable time, the decision to proceed should be determined on a case-by-case basis. Parents/caregivers of children interviewed at the CAC, attorneys for non-offending parents/caregivers, attorneys for suspects, Court Appointed Special Advocates, mental health professionals, medical personnel, and victim advocates are not permitted to participate in or observe the investigatory interviews at the CAC. In the event that it is discovered during the interviews that jurisdiction is different than originally understood, the interviews should be completed and then law enforcement should contact the other department. The team will decide who will be responsible for contacting child protection agencies in other states if necessary.

The observing team members must listen attentively and note verbal and non-verbal behaviors. Observing team members may suggest questions to the interviewer through the earpiece worn during the interview.

Interviews. Interviews will be completed by the specially trained CAC Forensic Interviewer. To qualify as a trained Forensic Interviewer, the interviewer must possess certification of successful completion of CAC Advisory Board approved training. Interviews should include an assessment of the child’s immediate safety. A determination should be made as to whether the child’s non-offending caregiver is willing and able to protect the child from the alleged perpetrator or related harm.

Recording of the Interview. All child interviews conducted at the CAC will be video and audio recorded to provide an accurate record of the child’s behavior and statements as well as to document that the interview techniques were appropriate and legally sound. Recording all interviews is now considered best practice across the State of Illinois and is shown to reduce the trauma to the child. This includes interviews of siblings, neighbors, witnesses, etc. Interviews will be audio/video recorded in all cases; with the exception of cases in which the parent or authorized agent fails to give consent. Cameras will provide both a fixed and movable view of the room and the child.
One DVD recording per child interview shall be used. A DVD that was used previously shall never be reused. CAC Staff will test the video and audio equipment prior to each interview in order to ensure proper functioning.

The recording of the interview shall begin prior to the child entering the interview room. Once the interview is started, the equipment will be recording throughout the entire interview. This includes any times that the interviewer or child leaves the room. At no time during the interview should the audio/video recording be stopped. Once the interview is complete, the interviewer shall return the child to the waiting room and the CAC representative in the Observation Room will then turn off the video equipment. A hard copy of the forensic interview is automatically saved to the iRecord hard drive. These hard drive copies of the forensic interview shall remain on the system for a period of 180 days, at the end of the 180 day period an interview will be deleted from the hard drive.

**Possession of the DVD Recording.** A CAC representative shall mark the DVD Case with the necessary information. This will include the following: the child’s name, the date of the interview, and the name of the interviewer. Pursuant to 725 ILCS 5/116-4(a), if the recording is intended to be used for the purpose of criminal prosecution, then the recording will be given to the law enforcement representative to be tagged into evidence. Each law enforcement department will follow their respective evidence procedures for logging and storing the recording. In the event that law enforcement is not involved, the interviewer shall tender the DVD recording to the DCFS investigator.

The integrity and confidentiality of the recordings produced will be preserved and protected like all other pieces of evidence in an investigation. Therefore, the standard chain of evidence shall be strictly adhered to. Upon request, the CAC can provide a copy of the recorded interview to the DCFS investigator, all other requests for copies of the video recorded interviews at the CAC will only be granted by court subpoena. Parents or legal guardian’s requests to view the recorded interviews will be referred to the States Attorney’s Office.

The original video in a criminal prosecution resulting in a conviction may not be destroyed for 50 years or without a court order pursuant to 725 ILCS 5/116-4(b). DCFS and the States Attorney’s Office must be consulted prior to any destruction of a video.
Procedural Guidelines for Medical Examination Referrals:

Assessment. All children who are suspected victims of child abuse should be assessed to determine the need for a medical evaluation. The need for medical evaluation will be determined by the MDT as a result of medical screening criteria discussed at intake at the CAC. Prior historical information provided by investigators, information provided by the child during the forensic interview as well as collateral information will be considered in determining the need of a medical evaluation. It is encouraged that in all cases, child victims shall be referred to medical providers with specialized knowledge in the area of sexual abuse/assault and/or severe physical abuse/neglect examinations. The CAC staff shall meet with the non-offending caregiver and the child victim and discuss the medical exam and obtain the family’s availability for the exam. The CAC staff will then contact the medical provider and obtain an appointment time for the family and coordinate with the family for transportation and support.

Medical exams are a critical part of the investigative process. (Please see Addendum #2). Exams help to ensure the health, safety, and well-being of the child and can provide reassurance and education to the family. The exams should be utilized to diagnose, document, and address medical conditions resulting from abuse and any conditions that may be unrelated to abuse. In addition, the exams should differentiate medical findings that may be indicative of abuse from those which may be explained by other medical conditions. Exams should assess the child for any developmental, emotional, or behavioral problems needing further evaluation or treatment.

Emergency Situations. All emergency cases of child sexual abuse/assault shall be treated in the emergency department of a hospital in accordance with hospital protocol. If the treating hospital is not equipped with a colposcope, then the hospital will treat the child and refer the child to the closest child specialized sexual assault medical provider. Kishwaukee Hospital and Valley West Hospital Emergency Departments both have pediatric protocols and standing orders (Please see Addendum #3) in regard to sexual and physical abuse allegations. At the earliest possible convenience, children will need to be seen by medical personnel at MERIT or at Edward Care Center.

Non-Emergency. In non-emergency cases of sexual abuse/assault it is preferable that the forensic interview of the child take place prior to the medical examination. Upon completion of
the interview, the team will conduct a post interview staffing and if deemed necessary request that a medical exam be scheduled for the child at a specialized medical clinic or hospital.

**Physical Injury.** All alleged victims of serious injury shall, at a minimum, have a medical consult, if not already seen by a physician. Medical examinations may have already been completed on reports that originate from medical personnel.

The DCFS investigator will request that the medical staff do a complete medical examination including a long bone scan on any involved child who has a broken bone, as a result of any abuse to identify any previously healed fractures.

**Risk of Harm Children.** The DCFS investigator will consult with the MDT in order to determine on a case by case basis if any other non-involved children residing with the alleged perpetrator should be taken for a medical examination as well. If the non-involved children are being taken into protective custody, the initial health screening will suffice.

The DCFS investigator will obtain releases from a biological parent/guardian for any and all available medical records for the involved child(ren) and any other child (ren) living with the alleged perpetrator.

The DCFS investigator will have as much information as possible on the involved child’s medical condition to present at the staffing which will occur as soon as possible after the investigation is initiated.

**FOLLOWUP PROCEDURES**

**Post Interview Staffing:** At the conclusion of the child interview, the MDT will briefly staff the case to evaluate the interview, the parent intake information, perpetrator information, and other available information in order to determine the protection needs of the child and the need for further investigation, referrals and follow-up including medical and crisis intervention counseling.

**Multidisciplinary “Comprehensive” Case Review:** The purpose of a case review is to insure that the multiple needs presented are addressed in an organized and comprehensive manner. An MDT approach is desirable to ensure the best interests of the child. Case Reviews are to be coordinated by the CAC Director or other CAC staff member and scheduled monthly at an agreed upon date and time by the MDT members and will take place at the CAC. Cases that will be reviewed are all new cases that have come in during the last month, and those cases that are still under investigation and/or no decision has been made regarding the filing of criminal
charges or determination of DCFS findings. The CAC Director or Program Coordinator will notify each agency through a monthly agenda with the list of cases to be reviewed. This does not preclude the scheduling of individual case reviews of the MDT when the need arises outside of the monthly review process. Information to be shared and discussed includes the following:

1. Child information (name, address, date of birth, family information, history, developmental levels);
2. Suspect information (name, address, date of birth, criminal history, family information);
3. DCFS background check for all priors known to the family.
4. Status of referrals made (medical, mental health counseling/treatment);
5. Summary of allegations including child’s statements, suspect’s statements, other evidence, any actions taken or requested; and any further actions needed for protection, investigation, prosecution, etc.;
6. Charging decisions by Assistant State’s Attorney and any additional information regarding prosecution. In cases where the alleged suspect is involved in current pending criminal, delinquent or abuse and neglect proceedings, the Assistant State’s Attorney shall consult with other assigned prosecutors in other pending matters prior to authorization of new charges.
7. Child Protection Issues: Review details of child’s need for protection, child’s current location, supportive/non-supportive family and other significant issues of concern;
8. Mental Health Issues, including the discussion of emotional support and treatment needs of the child and non-offending family members and strategies to meet those needs. This discussion shall include the child’s development level, ability to testify, and treatment recommendations.
9. Cultural issues that need to be addressed.

Attendance of Case Review. The MDT involved in the Case Review process may include, but is not limited to: DCFS personnel, law enforcement representatives, Assistant State’s Attorneys, Victim/Witness Advocate, medical personnel, mental health providers, and CAC staff. If an MDT member is unable to attend the Case Review, then that team member will contact the CAC Director or Program Coordinator in advance to provide an update regarding the case and the Director/Program Coordinator will present this information at the Case Review. If an MDT member is unable to attend the Case Review and information is shared regarding their case, the
CAC Director will contact that team member and give them the information obtained from the Case Review. CAC Staff will facilitate the “comprehensive” case review. There is a Case Review co-facilitator currently assigned (Please see Addendum #5). It will be the co-facilitator’s job to fill in for CAC Staff in the event that CAC staff is unable to attend case review. The co-facilitator will be rotated at each revision of the Protocol (every two years). CAC Director will provide opportunities within Case Review to increase the MDT’s understanding of the complexity of child abuse cases including providing formal training opportunities and facilitating and encouraging discussion of complex issues related to the dynamics of child abuse.

Firearms

Law enforcement officers not directly participating in face-to-face interviews with children are permitted to carry firearms while at the Children’s Advocacy Center in DeKalb County. It is encouraged that any officer participating in a face-to-face interview with a child either remove their firearm or conceal it from the child at all times.

Further, anyone that is not a law enforcement official is strictly prohibited from possessing a firearm while at the Children’s Advocacy Center in DeKalb County, even those with a conceal/carry permit.

Cultural Competency

It is the policy of the CAC that children and families from all backgrounds feel welcomed and acknowledged by staff, MDT members, and governing boards, regardless of their appearance, background, or beliefs. Therefore, all services provided by the CAC shall abide by the CAC Cultural Competency Plan. This plan can be made available to MDT members, Police Chiefs, and Board Members upon request.

Investigation Documentation and Communication:

All information developed in the investigation shall be available and furnished to other team members, to ensure that all information is properly directed in order that all leads and information are appropriately assigned and fully investigated.

Case Tracking. The CAC Director will maintain a computer database for tracking client demographic information, case information and investigation/intervention outcomes. All MDT
members provide case updates to the CAC on case information and investigation/intervention outcomes during multidisciplinary case review as well as in between reviews.

**Annual MDT Member Survey.** The Children’s Advocacy Center shall provide an annual survey to MDT members in order to ensure that the center is meeting the needs of the team and the child victims and non-offending family members.

**Statistics.** The CAC will be responsible for providing statistical information to the National Children’s Alliance twice a year as well as Monthly Data Reports to the Children’s Advocacy Centers of Illinois, and quarterly reports to both DCFS and the Violent Crime Victim Assistance Grant Monitor.

**Coordination of Treatment and Counseling Referrals:**
Through contacts with trauma counselors at the Family Service Agency’s Center for Counseling, the CAC of DeKalb County makes crisis intervention services available to every child and non-offending caregiver referred to the CAC. These services are provided at no cost to clients of the CAC. Crisis intervention services include: crisis intervention assessments for children and their non-offending caregiver, short term emotional support, education, information and referral services, and assistance in locating long-term treatment, when appropriate.

Treatment providers accepting CAC referrals involving child victims of sexual abuse and serious/fatal injuries or neglect of a child shall:

1. Comply with legal mandates requiring both initial and subsequent reporting of abuse allegations involving minors. It is recognized that while treatment providers are not to assume an investigative role, treatment provision frequently results in the child’s expanded disclosure of the abuse/assault and necessitates reporting to appropriate investigative agencies.
2. Maintain accurate documentation of client service records and provide accurate testimony as to treatment contact as needed.
3. Participate in specialized trainings offered on the topic of sexual abuse/assault and serious/fatal injuries or neglect of a child.
4. Participate as requested in the case review process as outlined in this document.

**Victim Advocacy Services**
Victim advocacy services are provided to child victims and their non-offending family members through the CAC Director and/or CAC Program Coordinator throughout the investigation and
subsequent legal proceedings. These victim advocacy services include, but are not limited to, legal advocacy, referrals and information pertaining to housing, public assistance, domestic violence intervention, and transportation. Community based programs that provide assistance in these arenas include: Safe Passage, Housing Authority, DeKalb County State’s Attorney’s Office, DeKalb County Community Action Department, Department of Children and Family Services, and VAC.

**CASE COORDINATION PROCEDURES**

**Case Introduction:** At the intake appointment, the CAC will provide written information to families introducing the roles of the CAC and the MDT, case coordination and follow-up process.

**Counseling Referrals:** If a referral for counseling has not already been made during the intake appointment, then the CAC staff will contact the family to provide this offer of referral and discuss counseling options. The goal is to assess the needs of the family and provide this referral as soon as possible following the interview.

**Additional Referrals:** Ongoing assessments of the needs of the family are made through discussions with the parents and victims. Additional services are pursued for these families as needs arise and they are deemed appropriate to meet their individual needs.

**Legal Advocacy:** Ongoing contact through phone calls and written correspondence is maintained in order to assist the child victim and non-offending family members in understanding the legal process and acting as a liaison between the family and State’s Attorney’s Office.

**Court Preparation:** It is important that all victims and their families feel comfortable with the concept of testimony in a trial scenario. Courtroom preparations begin in cooperation with the State’s Attorney’s Office to assist in establishing a comfort level for the victims and their families in the event testimony is required. The goal is to begin court preparation when a trial date has been scheduled.

**Contact with Witnesses:** Contact is made with witnesses as requested by the Assistant State’s Attorney. If the witnesses are children, advocacy and court preparation are provided from the point of authorization and the need for referrals for counseling is explored with those families.

**Follow-up Contact with Law Enforcement:** Ongoing contact is made with law enforcement representatives assigned to the case to clarify any investigative issues and gain information.
regarding family issues and additional investigation being conducted as it relates to the court authorized case. Information is also provided as to case status and input exchanged.

Follow-up Contact with Department of Children and Family Services and Contracting Agencies: Ongoing contact is made with DCFS and its contracting agencies to gain further knowledge regarding the family background, the anticipated service plan and to discuss problems and concerns as they may relate to the court authorized case. Additional collateral contacts such as school personnel, agencies, and individuals from other jurisdictions, etc., may be made to gather other important information to further respond to the child victim and their family.

Follow-up with Assistant State's Attorney: Ongoing contact occurs between the CAC and the Assistant State’s Attorney to discuss case preparation, family dynamics, problems and concerns, and anticipated court preparation for testimony by the child victim and witnesses.

TRAINING

- Each MDT participating agency will pursue training specific to skill development within its own discipline and primary function for its personnel with concentration in child sexual victimization dynamics.
- As funding allows, annual training will be conducted by the CAC for MDT participating agencies that will focus on integrating the roles of various agencies as well as the special considerations of each discipline.
- Each MDT agency may notify the CAC Director of specific training needs, and as funds allow, CAC will pursue these training opportunities locally for all participating agencies.
- The CAC shall make an ongoing commitment to train staff, volunteers, and team members on cultural competency and diversity as such trainings become available. If these trainings are not available locally, the CAC shall make an effort to organize and facilitate cultural competency and diversity trainings.

COMMUNITY AWARENESS AND EDUCATION

Participating agencies shall strive to coordinate community presentations, media coverage and the dissemination of written educational materials through the CAC to increase the awareness within our community of child abuse.
All participating agencies shall share in the responsibility of increasing community awareness by designating personnel whom the CAC may contact for assistance in planning for and responding to community awareness opportunities.

The CAC will provide child abuse education and awareness for children and adults of DeKalb County through presentations, community awareness events and dissemination of child abuse prevention literature.

The CAC will conduct professional child abuse prevention and awareness trainings for DeKalb County community agencies, faith based organizations, medical, school, child care, recreational programs and service club organizations.

The CAC Director or designated staff will attend and participate in appropriate community violence/child abuse prevention groups and will communicate trends and statistics related to the CAC services and child abuse in DeKalb County.

CONFLICT RESOLUTION PROCEDURES

In the spirit of multidisciplinary teamwork, it is hoped that team members will maintain openness for feedback from each team member involved on each case. To this end, it is recommended that team members be open to and request constructive feedback during and following each interview.

It is understood that from time to time there may be disagreements among team members that cannot be resolved in the normal course of case discussion. Conflicts from multidisciplinary professionals about team members should be directed to that team member at the time of the interview, if possible. If unresolved, conflicts may be directed to the State’s Attorney who, in turn, may take that conflict to the Advisory Board of the CAC in order to facilitate a resolution.

NEWS MEDIA RELATIONS

Members of the MDT shall not communicate with the news media, except through a designated media spokesperson. All members of the team will collaborate among themselves in order to determine the content of any and all news releases. This procedure may vary with the circumstances of the case at hand and agreements previously negotiated between DCFS, law enforcement, and the State’s Attorney’s Office. News release(s) will be determined by the law enforcement agency and the State’s Attorney’s Office. Media contact will then be made by the
designated media spokesperson. This procedure is essential to prevent interference with an ongoing investigation and protect confidentiality.

Others involved in an investigation, including victims, parents, collaterals, and reporters, should also be encouraged not to speak with anyone about details of the investigation. They should be encouraged to adhere to this policy throughout the investigation. Except for the media, they should, however, be kept informed of how the investigation is proceeding and be allowed access to a knowledgeable resource person in case of individual questions or concerns.

STATEMENT OF UNDERSTANDING

Signatories of this protocol shall utilize their best efforts to implement the purposes and spirit of this document in the best interests of the child victims involved. In furtherance thereof, regular meetings of representatives of the signatories will be held for review of progress, problem identification and problem resolution.
Children's Advocacy Center of DeKalb County

Subject:
Policy regarding alleged offenders

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<th>Approved by</th>
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Children as Alleged Offenders

For children under the age of ten years old who are suspected of having sexually abused another child, a forensic interview process may take place by the Children Advocacy Center (CAC) of DeKalb County. Due to their age, these children are not considered to be alleged perpetrators according to DCFS standards, as they are under the age for criminal prosecution. Therefore, they are unable to be indicated, arrested/prosecuted, and their actions are considered sexually reactive behaviors. However, the FSA staff member who is observing the waiting room will be made aware of this child’s sexually reactive behavior ahead of time and every effort will be made to separate this child from other children in the building.

Children ages ten years or older may not be interviewed as an alleged perpetrator by the CAC. These children should be interviewed with the collaboration of both the State’s Attorney’s Office and the police department with jurisdiction. This can take place either outside CAC or the CAC may be borrowed as an interview site, but without the use of CAC staff. In the latter scenario, the interview will be scheduled to take place at a time when no other children are scheduled to be present at the CAC. In cases where a child ages ten years or older is suspected of having abused another child and/or of being abused, an interview may take place with certain guidelines by the CAC:

i. The child is interviewed only regarding their own victimization and not regarding any acts that they may have committed against another child.

ii. The child is informed by the forensic interviewer at the beginning of the forensic interview process that they will only be speaking about what has happened to them and not what they may have done to others.
iii. If at any time the child begins to disclose information regarding perpetrating other children, the forensic interview process will be redirected immediately.

iv. The child will come to CAC separately from any other children involved in the case (i.e., the alleged perpetrator child will not come to CAC at the same time as their alleged victim).

v. The forensic interview will be scheduled at a time when no other children are present in the waiting room at the CAC in order to ensure the safety of all other children

**Alleged Adult Offender Accompanying child to CAC**

During the child’s forensic interview, if it is determined that the caregiver or other person present at the CAC is in fact an alleged perpetrator, that person will be asked to leave immediately by the CAC staff and/or law enforcement officer. The child will remain in a separate location with either a member of CAC staff or another member of the investigative team until that alleged perpetrator has been notified and escorted out of the building by a law enforcement officer. It is the responsibility of the CAC staff, the DCFS investigator, and/or law enforcement officer to inform this person of their status as an alleged perpetrator and ensure that they leave the building. It is also the responsibility of both DCFS and the police to ensure that the child returns home with an appropriate non-offending caregiver. DCFS will be responsible for identifying an appropriate caregiver or taking the child into DCFS custody if there is no other appropriate caregiver present.

**Alleged Adult Offender that Arrives at CAC Unannounced**

If it comes to the attention of any CAC staff member or member of the investigative team that an alleged perpetrator is present at the CAC or immediately outside of the building, the police investigator will instruct the person to leave immediately. If law enforcement is not present, 911 will be called immediately.
ADDENDUM #2
Children's Advocacy Center of DeKalb County

**Subject:**

**Amended Medical Evaluation Referral Policy**

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**Purpose**

This policy is implemented to ensure that all children involved in a child abuse investigation in DeKalb County are given access to a specialized medical evaluation, regardless of their caregiver's ability to pay.

**Scheduling & Referrals**

Children's Advocacy Center Staff will routinely make referrals for a medical exam on the following basis: Any child disclosure of:

- Penetration
- Oral to genital contact
- Any genital fondling skin to skin
- Any contact of the alleged perpetrator's skin to the child's mouth, genital or anal area.
- Being struck in the head/face
- Being struck with an object
- Burns
- Physical symptoms such as genital/anal pain, discharge, sores, bleeding, or painful urination.

Cases involving fondling over the clothes or any other concerns will be staffed with the multidisciplinary (MDT) and medical team for the appropriateness of an exam.

Referrals for medical examinations are requested by law enforcement, DCFS, Prosecutors, and CAC Director. Medical exams are coordinated with all members of the team in order to avoid duplicative interviewing and history taking of the child.
Multiple exams of a child are limited in that the local hospital protocol will only check for injuries. They will call DCFS, Law Enforcement, and the CAC Director when a child presents at their Emergency Department with sexual abuse allegations. The family will be referred to Merit and non-offending caregiver contact information will be given to the multidisciplinary team. In non-emergency cases, the medical exam appointment will be made by CAC Staff following the forensic interview. In emergency situations and after hours, the CAC Director (Holly) can be reached at 815-762-4975. The Merit Program on-call number is 815-971-5000 and can be reached after normal business hours for purposes of scheduling an emergency appointment.

**Medical Assessment and Exam**

The medical provider will:

- Collect the child’s medical history from a non-offending caregiver.
- Ask for a description of any current symptoms.
- Ascertain development, emotional/behavioral issues including threats of self-harm.
- Conduct a head-to-toe medical assessment of the child in order to assess their general health, safety, and well-being.
- Conduct an assessment of any injuries related to the abuse.
- Sexual abuse exam with colposcope and photo documentation.
- Physical abuse exam with photo documentation.
- Documentation and procedure for collection of Sexual Assault Evidence Collection Kit.
- Documentation of all statements made by the child, as well as their reactions.
- Documentation of all medical findings in the medical summary.

The medical provider will track all laboratory results and notify the investigative team, the CAC, and the child’s primary care physician (if requested by non-offending caregiver).

A parent or support person of the child’s choice may be present during examination.

Medical records may be requested from other providers per federal HIPPA guidelines.

A post medical examination conference will take place with the non-offending caregiver to explain all of the findings and any possible follow-up care.

The medical provider will report any findings and follow-up to the investigators/prosecutors.

Medical provider will participate in MDT Case Review meetings whenever their schedule allows.
ADDENDUM #3
PEDIATRIC SEXUAL ASSAULT GUIDELINES – Kishwaukee Health System

(17 Years old and younger)

When the patient arrives in the Emergency Room with a complaint of sexual assault:

A. Notify appropriate authorities and other community agencies

1. Contact the police department in the appropriate jurisdiction where the assault/abuse occurred.
2. Notify the Department of Children and Family Services if the alleged perpetrator was in a caregiver role, is a parent or a legal guardian. Complete appropriate mandated reporter forms. DCFS Hotline 1-800-252-2873.
3. Contact Family Service Agency Children’s Advocacy Center (CAC) at 815-758-8616 x221 and ask to speak to the CAC staff during the hours of 8:30AM-5:00PM Mon-Fri. Give child’s name and birth date, date and time of the assault, jurisdiction of the assault, name and relationship of the alleged perpetrator if known and non-offending care giver contact information. If the CAC staff is unavailable or if the call occurs after hours, call Holly at 815-762-4975 to notify of case and arrange for support and transportation.
4. Contact Safe Passage for all cases of sexual assault, including children. At this point in the patient’s visit, do not ask them if they want Safe Passage services. To promote timely response by the sexual assault advocate, the call will be made as soon as possible. The advocate’s role is one of providing emotional support and information to the victim. The advocate will have contact and conversation with the family prior to the examination and during the examination if deemed appropriate and at the consent of the parent. If, after the advocates’ arrival, the victim or family prefers no interaction with the advocate, their wishes will be respected.
5. Documentation of all calls made to any authority/organization will be noted on the Emergency Department record.

B. Taking a History from the Pediatric Patient

Try to get history from the accompanying adult whenever possible (it is preferable that no questions be directed to the child.)

Ask as few questions as possible, from as few people as possible.
Ask only what will affect your management and treatment of the child.

Document both questions and answers in direct quotes.

What Every Patient Should Hear

“This was not your fault.”
“You’re in charge now. We won’t do anything you don’t want done.”
“You are very brave. Many people have kept this secret. It takes a lot of courage to talk about this and to seek help for it.”
C. Consent and Release of Evidence

1. Consent for medical treatment: Any patient who presents after sexual assault, no matter what age, may be given medical care without the consent of a parent or guardian. If the patient is too young to understand the consent, have parent, guardian or DCFS sign.

2. Consent for the release of medical info/evidence kit: Patients 13 and older may sign their own release of evidence and medical information. If the patient is 12 or under, consent must be signed by a parent, guardian, law enforcement or DCFS. A hospital consent form will also be completed to facilitate ongoing care with the Children’s Advocacy Center (see attached).

Examination and Evidence Collection Guidelines:

1. If the pt is peri/post pubertal (has started menses)
   Follow Adult guidelines for examination and evidence collection
2. If the pt is female and prepubertal (has not started menses) or if the patient is male and there is need for internal anal examination
Follow the following guidelines:

**Did the assault occur within 72 hours?**

**Yes:**
Call MERIT (815) 971-5000 and follow intake person’s instructions regarding next steps
Communicate plan to the family
Contact Family Service Agency CAC at 815-758-8616 X 221 during business hours M-F. Give child’s name, birth date, date and time of the assault jurisdiction of the assault name and relationship of the alleged perpetrator and non-offending care giver. If after hours, contact the following persons to notify of case and arrange for support and transportation
- Monique at 815-762-1582 OR
- Holly at 815-762-4975

Offer external exam for acute injury and evidence collection-- remember to tell the patient that they can do any part or all of the kit that they wish.

**Conducting External Exam for Acute Injury and Evidence Collection**

**Is a Pediatric SANE available?**

- Perform Evidence Collection utilizing hospital evidence collection guidelines without the use of a speculum and consider vaginal washing by MD for evidence.
- If a SANE is not available to do the evidence collection, utilize a trained nurse and follow guidelines for evidence collection without the use of speculum and consider vaginal washing by MD for evidence. Have MD sign all procedures done by non-SANE emergency room staff.

3. Following evidence collection, the examining physician may order the following specimens for collection and processing at Kishwaukee/ Valley West Community Hospital:
- Urinalysis for sperm, trichomonas, or fungus & routine urinalysis
- Blood specimen for serology
- Vaginal swab for GC culture
- Wet mount for trichomonas
- Chlamydia culture
- Vaginal culture

4. The physician will order any additional diagnostic procedures, which may be appropriate for care. Consider deferral of gonorrhea, Chlamydia and Trichomonas prophylaxis; most pediatric sexual assault patients are low risk for HIV; if you determine the risk to be high, discuss prophylaxis.

6. The patient will receive a payment voucher just as the adult sexual assault victim (see above).

**No:**
Address any acute medical issues through examination and treatment
Contact Family Service Agency CAC (see above) to give them information
- If family would like to talk to CAC during this visit, facilitate contact as above
- Give family the blue Pediatric Sexual Assault folder with information about FSA and the specialized sexual assault medical examination.
After hours contact information for the Children’s Advocacy Center is as follows:

Director, Holly Peifer, can be reached at her cell number 815-762-4975. At any time that the Director is going to be out of town or for any reason unreachable for longer than 24 hours, the Program Coordinator’s cell number will also be made available to the MDT.
ADDENDUM #5
The current co-facilitator for case review is ________________ with the ________________ Police Department. Another co-facilitator will be assigned at the next revision of our Protocol, which will be in October, 2016.
THE FOREGOING DEKALB COUNTY CHILD ADVOCACY PROTOCOL HAS BEEN
ADOPTED THIS _____ DAY of ____________, 2016.

DeKalb County State's Attorney

Sheriff
DeKalb County Sheriff's Office

Chief of Police
Carland Police Department

Chief of Police
Sycamore Police Department

Chief of Police
Somonauck Police Department

Chief of Police
Waterman Police Department

Chief of Police
Genoa Police Department

Chief of Police
Kirkland Police Department

Chief of Police
Sandwich Police Department

Chief of Police
Hinckley Police Department

Chief of Police
Kingston Police Department

DCFS Supervisor
DeKalb Field Office
Executive Director
Family Service Agency

Director of Emergency Department
Kishwaukee Health System

Regional Superintendent
Regional Office of Education