

The background features a stylized landscape with a large yellow sun in the upper right, light blue sky, and rolling hills in shades of green, red, and grey. A black vine with several green and yellow leaves curves upwards from the bottom left.

Identification, Investigation, and Prosecution of Child Abuse Involving Children with Special Health Care Needs: A Workbook for Community Improvement

Prepared by
Brigid Collins Family Support Center
Whatcom County Children's Advocacy Center
Skagit County Children's Advocacy Center

Supported by Children's Justice Act Grant administered through the Washington State Department of Children and Family Services and the Children's Justice Interdisciplinary Task Force, 2006-2008 Funding Cycle

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Children's Justice Act Grant: Project Overview

FORWARD

It is generally accepted that children with special health care needs (CSHCN) are particularly vulnerable to abuse and neglect. While the number of children with special health care needs being abused is unclear, a survey of 200 Whatcom County cases, that had some form of CPS involvement, revealed that 27% involved a child with special health care needs.

Fortunately for these children, many professionals throughout the community are dedicated to their safety and well being. This workbook creates an opportunity for those individuals to use their expertise and passion for protecting children with special health care needs to build partnerships, create protocols, and improve community practice. The end goal is to identify all children with special health care needs who are being abused and to conduct highly effective investigations and prosecutions of each of their cases.

Identification, Investigation, and Prosecution of Child Abuse Involving Children with Special Health Care Needs: A Workbook for Community Improvement was developed as a part of a Children's Justice Act Grant through the State of Washington Department of Children and Family Services to improve the identification, investigation and prosecution of child abuse cases involving children with special health care needs. San Juan, Skagit, and Whatcom Counties took part in the project by developing their own strategies for improvement. Each county began the process with uniquely different child abuse response protocols, resources, and provider relationships. Their strengths and weaknesses in the areas of policy, procedure, and skill, in addition to nationally recognized best practices, have formed the basis for improvement standards and community action recommended in this workbook.

In addition to creating the workbook, protocols for sharing information between disciplines were written, trust between systems and providers was increased, skills regarding children with special health care needs were improved, training opportunities were embraced, and one county formally approved the development of a nationally accredited Children's Advocacy Center. However, many practices and procedures need further improvement including the consistent use of "person first language", the accurate collection of data on CSHCN cases, the recognition of children with special health care needs as "vulnerable victims" in child abuse prevention and identification materials, the development of risk assessment training that adequately prepares investigators for identifying and assessing risk, the increased involvement of the state Department of Developmental Disabilities on multi-disciplinary child abuse teams, and the availability of continuing educational opportunities related to CSHCN for those in investigation and prosecution roles.

By using this tool, communities can start the process of practice improvement. The tool introduces 22 criteria that can be used to assess how well a community is doing in the areas of identification, investigation, and prosecution of CSHCN cases. In addition, the workbook includes specific strategies for developing an oversight committee, finding resources to hire a coordinator, worksheets for assessing and making improvements regarding best practice, and additional materials and information to refer to during the process. The degree of accuracy and the depth of planning and change that results from using this workbook depend on the commitment to the process of those involved.

The reward of doing this work is huge. It is only fitting that the most vulnerable of our children become the catalyst for making change that improves the lives of all children being abused.

For information, consultation, or to request an electronic version of this document, contact the Whatcom County Children's Advocacy Center at Brigid Collins Family Support Center, contact@brigidcollins.org, or, visit www.brigidcollins.org.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS DEFINED

Children with conditions that require more than the usual amount of health care and limit their activities or social role, including communication limits. The condition must have lasted, or is certain to last, for at least one year. The condition does not have to be diagnosed. This includes physical, emotional, behavioral and cognitive disabilities or delays.

<p><u>PHYSICAL</u></p> <p>Examples:</p> <ul style="list-style-type: none"> • Chronic illness such as asthma • Chronic infection • Genetic disorder such as cystic fibrosis • Sensory disability such as blindness • Disability such as cerebral palsy or autism • Disease <p>Questions that may point to special needs in this area:</p> <ul style="list-style-type: none"> • Is the child appropriate height/weight for age? • Is the child on any medication and/or dependent on any medical equipment? 	<p><u>EMOTIONAL</u></p> <p>Examples:</p> <ul style="list-style-type: none"> • Depression • Bi-Polar Disorder • Acute Stress/Anxiety <p>Questions that may point to special needs in this area:</p> <ul style="list-style-type: none"> • Does the child see a school counselor, outside counselor or psychiatrist? • Is the child on any medication? • Is the child suicidal?
<p><u>BEHAVIORAL</u></p> <p>Examples:</p> <ul style="list-style-type: none"> • Attention Deficit and Hyperactivity Disorder • Oppositional Defiant Disorder • Aggression/Anger Management Problems <p>Questions that may point to special needs in this area:</p> <ul style="list-style-type: none"> • Is the child in any special programs at school? • Is the child on any medication? 	<p><u>COGNITIVE</u></p> <p>Examples:</p> <ul style="list-style-type: none"> • Speech or communication delay • Learning disability such as reading or writing disability <p>Questions that may point to special needs in this area:</p> <ul style="list-style-type: none"> • Is the child in any special education programs at school? • Does the child seem to have appropriate communication skills for age?

Other questions that may point to a special health care need:

- Does the child have an assigned Child Protective Services worker?
- Does the child have an Individualized Education Plan?
- Does the child receive Supplemental Security Income (SSI)?

COMMUNITY IMPLEMENTATION RECOMMENDATIONS

Targeting a vulnerable high risk population, this project is an opportunity to compare a community's present response to alleged abuse of children with special healthcare needs (CSHCN) and researched best practices. It is a "jumping off place" and recognizes that each community must determine its own deficits, resources and needs when responding to abuse of CSHCN. The standards and criteria specified in the workbook will help communities develop goals and objectives for improving their CSHCN child abuse response system.

Building an Multidisciplinary Team (MDT) Steering Committee or Oversight Team

Build a Multidisciplinary Team including a prosecutor, a law enforcement detective, a child protection worker, a medical provider, and an advocate. This MDT reviews the recommended standards and criteria found in the workbook. In addition, mandatory reporters from schools and agencies that serve children with special needs, as well as parents of such children, have a perspective that should be included on the team as a community sets improvement goals. Using existing committees that could take on this task, with the addition of a few representatives of other relevant systems, may be a possible starting point in some communities. Furthermore, this team, or a sub-group of it, may be useful as a standing MDT to consult on cases of abuse of CSHCN coming to the attention of law enforcement or CPS.

MDT Members' Responsibilities

- Become passionate about improving service to children with special health care needs who are abused.
- Learn more about the abuse of children with special healthcare needs. Meet with agencies that serve CSHCN to ask questions and share information about systems' priorities, mandates and roles.
- Act as a liaison to agency administrators regarding the work of the committee and various barriers to better service to CSHCN. Share what you have learned and what strategies are recommended to improve your agency functioning at staff meetings.
- Identify resources to support the project.
- Promote collaboration including information sharing, joint interviewing and case reviews.
- Attend training that can improve skills in working with other systems and with CSHCN.

Project Coordinator

Identifying a coordinator is an important step in keeping this process going. The responsibilities of the project Coordinator may be broad or narrow, depending on resources. It is recommended that at least 10 hours a month is initially dedicated to the process. Some of the possible duties are:

- Contacting representatives of systems/agencies to create multi-disciplinary oversight team
- Set meeting agendas, facilitate, take minutes and record tasks and assignments.
- Gather information from other communities, collect local data about reports of abuse, investigation, and prosecution of CSHCN
- Help draft protocols and agreements needed among agencies.

Strategies for supporting a coordinator include:

- Identify an agency/individual that will commit to the project and write seed grants to cover expenses.
- In communities that have a Children's Advocacy Center, the responsibilities can be established as a practice improvement priority and integrated into its existing quality assurance activities.
- Communities that do not have a Children's Advocacy Center can commit to developing one and incorporate the workbook activities into their development activities. Communities that commit to developing a Children's Advocacy Center are eligible for sizable grants through the Washington State Association of Children's Advocacy Centers and the National Children's Alliance.

COMMUNITY IMPROVEMENT WORKSHEETS

This workbook is designed to help communities discuss and develop plans to better identify, investigate, and prosecute CSHCN child abuse cases. It is not intended to result in a comprehensive and exhaustive analysis of community competencies. Instead, the intent is to bring attention to best practices for identifying children with special health care needs who are being abused and for initiating action that will result in an improved response of justice and healing for the child.

Many standards and criteria could have been included in this workbook. However, the authors believe that a commitment to work on the following 22 criteria, or even one of them, will set in motion efforts to deepen competencies in community practice as a whole. What is more important than scoring well on the competencies, is that the effort sets in motion a long term commitment to continuous improvement with tangible milestones and timelines. For some communities, it may result in quick and dramatic changes in policy and practice.

Each standard has criteria important to demonstrating competency. Using your MDT Steering Committee or Oversight Team, review the criteria in terms of your own community experience. Fill in the worksheets and answer the questions for each criterion. Next discuss and agree upon the tasks needed to improve the quality and effectiveness of the things on your list. Decide who will take a lead on the tasks and when they are expected to be completed. Next, record each team members' impression of how the community is doing on the standard by placing their name on the evaluation continuum. It is recommended that each criterion is reassessed annually.

Communities can use this workbook in their own way. The most important thing is that at least one criterion is being worked on all the time and that there is a clear and documented commitment to make improvement on the criteria. Some options may be to:

- Select and address one criterion at a time.
- Select combinations of criteria to address concurrently.
- First address the competencies that are already going well, followed by more challenging ones.

List Oversight Team or Steering Committee members and their contact information:

Name	Email	Phone	MDT discipline	Title
1.			Prosecutor's	
2.			Law Enforcement	
3			Child Protective Services.	
4.			Medical	
5.			Advocacy	
6.			Therapy	
7.			CSHCN Specialist	
8.			Coordinator	
9.			Parent	
10.			Educator	

IDENTIFICATION - The community is committed to identifying all children with special health care needs (CSHCN) who are being abused or neglected.

Identification - Criteria A

It is reflected in community child abuse awareness and identification materials and activities that children with special health care needs are much more vulnerable to abuse than other children.

List below community awareness materials and activities and indicate if they address the vulnerability of children with special health care needs (Examples include: child abuse prevention brochures, advertisements, presentations, child abuse prevention month activities and materials, etc.)

- 1.
- 2.
- 3.
- 4.

Describe what is going well regarding the community's outreach and awareness around the vulnerability of children with special health care needs to child abuse.

Describe activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

Is CSHCN's high vulnerability for abuse reflected in community awareness and identification materials and activities?

Fully

Mostly

Somewhat

Inadequately

Not at All

MDT Member Comments:

IDENTIFICATION - The community is committed to identifying all children with special health care needs (CSHCN) who are being abused or neglected.

Identification - Criteria B

Mandatory Reporter training videos and other provider education and training materials include sufficient reference to the vulnerabilities and intervention considerations needed to improve the recognition and reporting of children with special health care needs who are being abused.

List below provider training and education materials and indicate if they address the vulnerability of children with special health care needs.

- 1.
- 2.
- 3.
- 4.

Describe what is going well regarding the identification of children with special health care needs who are being abused. Include a list of providers who are dedicated and skilled in the area of child abuse and CSHCN.

Describe activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

Do Mandatory Reporter training videos and other provider education materials include sufficient reference to the vulnerabilities and intervention considerations needed to improve the recognition and reporting of children with special health care needs who are being abused?

Fully	Mostly	Somewhat	Inadequately	Not at All
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MDT Member Comments:

IDENTIFICATION - The community is committed to identifying all children with special health care needs (CSHCN) who are being abused or neglected.

Identification - Criteria C

LE investigation procedures and CPS intake and risk assessment tools include questions and specific language that will elicit accurate information regarding whether a child has a special health care need or not.

List below LE investigation procedures and CPS intake and risk assessment tools. Indicate if they include specific language to elicit accurate information regarding whether a child has a special health care need or not (See Example of CSHCN Intake Questionnaire.)

- 1.
- 2.
- 3.
- 4.

List individuals from LE and CPS who are uniquely skilled in working with CSHCN.

Describe activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

Do LE investigation procedures and CPS intake and risk assessment tools include questions and specific language that will illicit accurate information regarding a child's potential for having a special health care need?

Fully	Mostly	Somewhat	Inadequately	Not at All
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MDT Member Comments:

IDENTIFICATION - The community is committed to identifying all children with special health care needs (CSHCN) who are being abused or neglected.

Identification - Criteria D

There are formal partnerships between CPS/ LE and CSHCN service providers/organizations that promote collaboration and improve early identification and risk assessment activities.

List partnership agreements, programs, committees or advisory groups that promote collaboration between CPS/LE and agencies/ organizations serving children with special health care needs.

- 1.
- 2.
- 3.
- 4.

Describe activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

How well do LE and CPS work together with CSHCN service providers and organizations to assess risk and identify abuse?

Fully	Mostly	Somewhat	Inadequately	Not at All
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MDT Member Comments:

IDENTIFICATION - The community is committed to identifying all children with special health care needs (CSHCN) who are being abused or neglected.

Identification - Criteria E

At least one community planning or leadership group embraces, as a community priority, the early identification of children with special health care needs who are being abused or neglected. State and community based DD providers are represented on these groups.

Identify the group(s), its members, how often it meets, and any actions or proclamations regarding CSHCN and child abuse it has made.

Describe examples of changes the community has made to improve the early identification of children with special health care needs who are being abused.

Describe activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

How well does the community work together to make changes in the system to better identify children with special health care needs who are being abused?

Fully	Mostly	Somewhat	Inadequately	Not at All
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MDT Member Comments:

IDENTIFICATION - The community is committed to identifying all children with special health care needs (CSHCN) who are being abused or neglected.

Identification - Criteria F

CPS, LE and CSHCN service providers collaborate to provide education and support to help parents protect their children, identify potential abuse, and access help.

Identify training and support available to parents of children with special health care needs. Be specific about what is being taught related to child abuse.

Describe activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

1.

2.

Assessment Date (re-assess annually):

How effective is the support and training given to parents of children with special health care needs related to child abuse prevention?

Fully

Mostly

Somewhat

Inadequately

Not at All

MDT Member Comments:

INVESTIGATION-The community uses a multidisciplinary-team approach to investigate CSHCN child abuse, child sexual abuse, and neglect cases

Investigation - Criteria G

Official community response protocols include specific MDT investigation procedures for CSHCN child abuse and neglect cases.

List below all MDT investigation procedures sited in community response protocols that uniquely address child abuse, neglect and sexual abuse cases involving children with special health care needs.

- 1.
- 2.
- 3.
- 4.

Describe what is going well regarding the community's response to CSHCN cases.

Describe activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

Does the community response protocol include specific MDT investigation procedures for CSHCN child abuse, child sexual abuse, and neglect cases? Enter the initial of each Steering Committee member(s) in a box below that best reflects their answer to this question. Re-assess annually.

Fully	Mostly	Somewhat	Inadequately	Not at All
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MDT Member Comments:

INVESTIGATION-The community uses a multidisciplinary-team approach to investigate CSHCN child abuse, child sexual abuse, and neglect cases

Investigation - Criteria H

Within the scope of their legal and ethical obligations, MDT members share CSHCN case information, including school and medical records.

List protocols, Memorandum of Agreements, or other procedures reflecting the practice of sharing information between MDT members.

- 1.
- 2.
- 3.
- 4.

Describe CSHCN case example(s) demonstrating the importance of sharing information between LE or CPS, and, schools or medical providers.

Describe activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

Do community protocols include the practice of sharing information between MDT members including school and medical information on CSHCN cases? Enter the initial of each Steering Committee member(s) in a box below that best reflects their answer to this question.

Fully	Mostly	Somewhat	Inadequately	Not at All
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MDT Member Comments:

INVESTIGATION-The community uses a multidisciplinary-team approach to investigate CSHCN child abuse, child sexual abuse, and neglect cases

Investigation - Criteria I

CPS and LE data regarding cases of CSHCN is as comprehensive and accessible as data and reporting is for ethnicity and age.

List typical CPS and LE reports regarding child abuse, and indicate if they include information related to the number of children identified as CSHCN.

- 1.
- 2.
- 3.
- 4.

List how the information is made available to the community.

- 1.
- 2.

Describe activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

Is CPS and LE data regarding CSHCN comprehensive and accessible?

Fully	Mostly	Somewhat	Inadequately	Not at All
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MDT Member Comments:

INVESTIGATION-The community uses a multidisciplinary-team approach to investigate CSHCN child abuse, child sexual abuse, and neglect cases

Investigation - Criteria J

MDT members use "person first language" when discussing children with special health care needs cases (See "person first language" in Terminology and Definitions section.)

For each MDT discipline, list mandatory training or academies they attend and indicate if they teach the use of "person first language."

1. Prosecutor's
2. Law Enforcement
3. Child Protective Services
4. Medical Providers
5. Advocates
6. Therapists

Activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

Do MDT members use "person first language" when discussing children with special health care needs cases?

Fully	Mostly	Somewhat	Inadequately	Not at All
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MDT Member Comments:

INVESTIGATION-The community uses a multidisciplinary-team approach to investigate CSHCN child abuse, child sexual abuse, and neglect cases

Investigation - Criteria K

LE and CPS risk assessment tools and practice significantly elevate the risk level based on the potential that a child has a special health care need.

List tools or protocols that elevate risk level. Describe methodology, scoring, or process for elevating risk for each tool. Be specific.

- 1.
- 2.
- 3.
- 4.

Activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

Do investigators, in practice, elevate risk level based on the potential that a child has a special health care need?

Fully	Mostly	Somewhat	Inadequately	Not at All
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MDT Member Comments:

INVESTIGATION-The community uses a multidisciplinary-team approach to investigate CSHCN child abuse, child sexual abuse, and neglect cases

Investigation - Criteria L

CSHCN medical and child development assessment experts are available for consultation.

List the names, phone numbers and contact procedures for CSHCN medical and child development assessment experts.

- 1.
- 2.

Describe examples of when it is appropriate to contact those individuals.

- 1.
- 2.

Describe activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

Are CSHCN medical and child development assessment experts accessible for consultation?

Fully	Mostly	Somewhat	Inadequately	Not at All
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MDT Member Comments:

INVESTIGATION-The community uses a multidisciplinary-team approach to investigate CSHCN child abuse, child sexual abuse, and neglect cases

Investigation - Criteria M

Children with special health care needs are interviewed by a forensic interviewer that has advanced training and experience in working with CSHCN. When additional interviews are necessary, they are conducted by the same interviewer at the same child friendly location.

List forensic interviewers that have advanced training or experience working with CSHCN.

- 1.
- 2.
- 3.
- 4.

Activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

Do forensic interviewers have advanced training and experience in working with CSHCN?

Fully	Mostly	Somewhat	Inadequately	Not at All
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MDT Member Comments:

INVESTIGATION-The community uses a multidisciplinary-team approach to investigate CSHCN child abuse, child sexual abuse, and neglect cases

Investigation - Criteria N

Forensic interviewers are given pre-interview information relevant to the child's special health care need.

List protocols or standard operating procedures that reflect the practice of giving pre-interview information regarding children with special health care needs to forensic interviewers.

- 1.
- 2.
- 3.
- 4.

Describe examples of how pre-interview information about CSHCN was used to improve the interview outcomes.

Activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

Are forensic interviewers routinely given pre-interview information about children with special health care needs?

Fully	Mostly	Somewhat	Inadequately	Not at All
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MDT Member Comments:

INVESTIGATION-The community uses a multidisciplinary-team approach to investigate CSHCN child abuse, child sexual abuse, and neglect cases

Investigation - Criteria O

Special accommodations are made for the child before, during, and after the interview based on the child's needs, with particular attention to communication and patterns of behavior (Examples include scheduling to not upset child's routines, removing potential triggers, addressing visual and auditory impacts such as color and noise, etc. The child's educational providers and parents are good sources for this information.)

List the names of individuals and positions in charge of making sure special accommodations are made for the child.

Give case examples of special accommodations being made for CSHCN.

- 1.
- 2.

Describe activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

Are special accommodations routinely made for children with special health care needs?

Fully	Mostly	Somewhat	Inadequately	Not at All
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MDT Member Comments:

INVESTIGATION-The community uses a multidisciplinary-team approach to investigate CSHCN child abuse, child sexual abuse, and neglect cases

Investigation - Criteria P

LE and/or CPS workers interview educators, service providers, parents (when appropriate), care takers, and others who know the child in order to:

- Obtain a cognitive and behavioral profile of the child.
- Establish child's behavior pre and post-alleged abuse.
- Substantiate the child's capacity regarding abstract thinking, memory, and coping strategies.
- Help assess whether abuse indicators are the result of abuse or are typical characteristics of the child's special health care need.

List protocols or standard operating procedures reflecting the practice of interviewing those who know the child.

- 1.
- 2.
- 3.

Give case examples of how interviewing those who know the child resulted in information pertinent to the investigation.

Activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date:

Does LE and CPS routinely interview educators, service providers, parents (when appropriate), care takers, and others who know the child with a special health care need?

Fully	Mostly	Somewhat	Inadequately	Not at All
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MDT Member Comments:

INVESTIGATION-The community uses a multidisciplinary-team approach to investigate CSHCN child abuse, child sexual abuse, and neglect cases

Investigation - Criteria Q

Investigators and prosecutors recognize that changes in routines, emotions and behaviors of children with developmental disabilities is highly unusual and possible evidence of abuse.

List procedures or protocols or training that directs investigators to use consultants to assess the cause of changes in routines, emotions, and behaviors as possible evidence of abuse.

Activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

Do investigators and prosecutors recognize changes in routines, emotions and behaviors as possible evidence of alleged abuse?

Fully	Mostly	Somewhat	Inadequately	Not at All
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MDT Member Comments:

PROSECUTION – CSHCN cases are recognized as requiring unique victim specific strategies and additional consultation to optimize the possibility for successful prosecution.

PROSECUTION - Criteria R

Investigators and prosecutors receive training specific to the investigation and prosecution of cases involving children with special health care needs in accordance with the standards taught by the National Center for the Prosecution of Child Abuse at the National District Attorney's Association.

List names of investigators and prosecutor's who have attended training and the date they attended.

Describe activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

How well do investigators and prosecutors apply the principles and skills taught by the National Center for the Prosecution of Child Abuse related to children with special health care needs?

Fully

Mostly

Somewhat

Inadequately

Not at All

MDT Member Comments:

PROSECUTION – CSHCN cases are recognized as requiring unique victim specific strategies and additional consultation to optimize the possibility for successful prosecution.

PROSECUTION - Criteria S

An individualized process to support the child during court room and other prosecution activities is developed based on the child's needs.

List the name(s) of those responsible for creating and following through with an individualized process during prosecution and court room activities.

Describe activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

How well does the prosecution and court room processes adapt to the unique needs of children with special health care needs?

Fully	Mostly	Somewhat	Inadequately	Not at All
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MDT Member Comments:

PROSECUTION – CSHCN cases are recognized as requiring unique victim specific strategies and additional consultation to optimize the possibility for successful prosecution.

PROSECUTION - Criteria T

Prosecutors identify children with special health care needs as "vulnerable victims" prior to offender sentencing.

State the percentage of cases involving CSHCN when the prosecutor has identified the child as a "vulnerable victim" prior to offender sentencing. (See "vulnerable victim" in Terminology and Definitions section.)

Describe activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

Do prosecutors identify CSHCN as "vulnerable victims" prior to sentencing?

Fully

Mostly

Somewhat

Inadequately

Not at All

MDT Member Comments:

PROSECUTION – CSHCN cases are recognized as requiring unique victim specific strategies and additional consultation to optimize the possibility for successful prosecution.

PROSECUTION - Criteria U

Experts are called in as an expert witness to establish the child's adaptive functioning, mental age, and language ability.

State the percentage of cases involving children with special health care needs when experts are called in to establish the child's adaptive functioning, mental age, and language ability.

Describe activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

Are CSHCN experts called in to establish the child's adaptive functioning, mental age, and language ability?

Fully

Mostly

Somewhat

Inadequately

Not at All

MDT Member Comments:

PROSECUTION – CSHCN cases are recognized as requiring unique victim specific strategies and additional consultation to optimize the possibility for successful prosecution.

PROSECUTION - Criteria V

Prosecutors obtain and present evidence that increases the credibility of a witness who may struggle with significant communication and social challenges.

List the kind of evidence that prosecutors use to increase the credibility of a child with special health care needs as a witness.

Describe activities or changes that will improve how well the community meets the criteria. Include who is responsible for following up on the activity or change and a target date for its completion.

- 1.
- 2.

Assessment Date (re-assess annually):

Are children with special health care needs who are abused recognized as credible witnesses by investigators and prosecutors?

Fully

Mostly

Somewhat

Inadequately

Not at All

MDT Member Comments:

REPORT ON CSHCN WITH CPS INVOLVEMENT

This report is based 10 Brigid Collins Family Support Center Case Manager reports, looking back at their Whatcom County clients who had involvement with Child Protective Services, from January 2007 - April 2008. The total number of children/cases reviewed was 200.

The following was reported:

- **10** cases of a **COGNITIVE** special health care need
- **9** cases of a **BEHAVIORAL** special health care need
- **7** cases of a **PHYSICAL** special health care need
- **7** cases of a **EMOTIONAL** special health care need
- **7** cases of **EMOTIONAL & BEHAVIORAL** special health care needs (within same child)
- **5** cases of **EMOTIONAL, BEHAVIORAL & COGNITIVE** special health care needs (within same child)
- **4** cases of **PHYSICAL, BEHAVIORAL, COGNITIVE & EMOTIONAL** special health care needs (within same child)
- **3** cases of **BEHAVIORAL & COGNITIVE** special health care needs (within same child)
- **1** case of **PHYSICAL, BEHAVIORAL & COGNITIVE** special health care needs (within same child)
- **1** case of **PHYSICAL, EMOTIONAL & BEHAVIORAL** special health care needs (within same child)
- **1** case of **PHYSICAL & EMOTIONAL** special health care needs (within same child)

This is a total of **55** cases of children with one or more special health care needs.

This number represents approximately **27%** of the children/cases reviewed.

A deeper look at types of special health care needs reported:

Post Traumatic Stress Syndrome (16 cases)	Bi-Polar Disorder (1 case)
Aggression/Anger Management (11 cases)	Severe Allergies (1 case)
ADHD/ADD (9 cases)	Depression (1 case)
Speech Delay (7 cases)	Macrocephaly (1 case)
Cognitive Delay (6 cases)	Enuresis/Encopresis (1 case)
Developmental Delay (4 cases)	Chronic Bed Wetting (1 case)
(No other evidence other than IEP) (3 cases)	Reoccurring Seizures (1 case)
Asthma (3 cases)	Autism (1 case)
Respiratory Syncytial Virus (2 cases)	Cerebral Palsy (1 case)
Deafness (In some form) (2 cases)	ODD (1 case)
Acute Stress Anxiety (2 cases)	Severely Crossed Eyes (1 case)
	Down Syndrome (1 case)

ANECDOTES AND EXAMPLES

PROGRESS IN WHATCOM, SKAGIT AND SAN JUAN COUNTIES

Skagit County Protocol Update - As a result of input from the CSHCN MDT, the July 2008 updated County Protocol for the Investigation and Prosecution of Child Abuse and Child Fatalities now contains a number of references to early identification of a child's special needs. The protocol emphasizes early identification of children's special health care needs during the initial law enforcement and CPS investigation and careful consideration of the child's special needs prior to forensic and medical interviews and in relation to the settings for each interview.

CAC Development - While assessing their systems and community response practices, the Skagit County MDT for CSHCN determined that the county needed to develop a Children's Advocacy Center as a "best practice" for all child victims. The County Police Chiefs, Prosecutor's office, Children and Family Service and many other child serving agencies signed letters of support to pursue grant funding for CAC development. The MDT grew to include all law enforcement departments, Skagit Valley Hospital and County Health Department representation, and therapeutic and advocacy services.

Skagit County Child Forensic Interviews - Major changes have taken place in Skagit County regarding child interviewing. A Child Forensic Interviewer was hired in the Prosecutor's Office and was immediately sent to national training. Video recording of child interviews has been implemented and notification to and viewing by involved law enforcement officers and CPS is encouraged.

Early Identification of CSHCN - In both the Skagit County MDT for CSHCN and in the Whatcom CAC Steering Committee initial interview questions were discussed. A simple question such as "Does your/this child have any disabilities/conditions that could affect her ability to communicate with me about the abuse" was suggested. Law enforcement detectives on these MDTs agreed to consistently ask such a question. The Early Identification Questions were also provided to the San Juan County MDT.

Early Identification and Data - The Skagit CPS Supervisor has begun tracking and reporting to the MDT the identified CSHCN cases screened in for investigation each month. This is done via a hand count as she reviews cases for assignment. There is no computerized data system that tracks such information presently, in either the CPS or law enforcement databases. It is recommended that such data be a part of an existing data base in each system.

Data tracking through the CAC - The Children's Advocacy Center in Whatcom County has developed a CSHCN data form and is requesting data on special needs for all referrals to the CAC.

The CAC Policies Reviewed - The Whatcom CAC Policies have been updated for recognition of CSHCN. Additions were made to policies on case tracking, case review and therapeutic and mental health services.

Role Clarification and System Partnering - The updated Skagit Protocol supports CPS staff with forensic interview training to provide such service when it is not possible for the designated forensic interviewer to do so.

New Skagit County Data Tracking - The newly appointed Forensic Interviewer has developed a data tracking form to provide needed client data for a future CAC. It captures information on special needs of children, before they are interviewed.

Anecdotes and Examples, continued

Training for Prosecutors and Investigators held in Bellingham - Allison Turkel, Senior Attorney/Chief of Training, presented a seminar entitled "Investigating and Prosecuting Cases with Victims or Witnesses with Developmental Delays" from the National Center for Prosecution of Child Abuse. It received extremely high evaluation marks by attendees from more than 30 agencies investigating and prosecuting child abuse as well as serving CSHCN. It is recommended that this training be made available in Washington State annually.

"Abuse and Neglect of Children with Disabilities: A Collaborative Response" - This one and one-half day training was offered for the three counties under the CJA grant. Twenty-three attendees included staff from CPS, law enforcement, CSHCN support and service agencies, educators and parents. The course was purchased from Partnership for People with Disabilities, Virginia Commonwealth University. A multidisciplinary team from CPS, law enforcement, educators and parents of CSHCN facilitated it. The extensive material was positively received, although facilitators and participants alike found it challenging to follow the curriculum notebooks. Recommendations for future use include limiting the number of presenters and making available some modules for particular audiences without presenting the entire course.

The three counties participating in the project began with significantly different community response protocols and practices. San Juan County, a rural and isolated county, had a relatively informal multidisciplinary team approach to investigating child abuse with limited community resources. Skagit County, an urban-rural community, had an independent approach to investigations with some coordination between departments and providers. And, Whatcom County, an urban-rural community with a moderate size city, had a Children's Advocacy Center with formal multi-disciplinary team investigation protocols and substantial community resources.

EXAMPLES OF HOW CSHCN CAN BE INCLUDED IN COUNTY PROTOCOLS

The County Investigation and Prosecution of Child Abuse and Child Fatalities Protocol provide guidance for all law enforcement, CPS and Prosecutors in responding to allegations of child abuse. The State Children's Administration and Washington Association of Sheriffs and Police Chiefs support a multidisciplinary approach as evidenced by the training offered by The Criminal Justice Training Commission and Washington Coalition of Sexual Assault Programs to multi-disciplinary teams on Implementing and Revising County Child Abuse Investigation Protocols.

The following inclusions in the Skagit County Protocol are good examples of competency and awareness that children with special needs must be identified early in the investigation, and, that partnering agencies must pass on information relevant to those needs.

Section: Initial Report of Child Abuse

“Early in the investigation process, concomitant with or prior to any interview of the child victim, CPS and/or law enforcement should attempt to identify any developmental, medical or educational issues that may affect the child victim’s ability to communicate and assist in the investigation.”

Section: Child Victim Interview

“Law enforcement should provide a brief summary of the general nature of the allegations, in writing, to the Child Forensic Interviewer prior to the interview occurring. Any information regarding the special developmental, medical or educational issues of the child victim should be provided in advance to the child interviewer whenever possible.”

Section: Location of the Interview

“The setting should be modified to meet the specific needs of child victims with developmental, medical or other conditions that could affect his/her ability to participate in the interview.”

Section: Medical Examination, Treatment, Evidence

“The victim’s family should be consulted where appropriate and encouraged to share developmental, medical and educational issues that could affect the child victim’s communication with a forensic examiner.”

EXAMPLE OF CSHCN INTAKE QUESTIONNAIRE

Children with Special Health Care Needs Intake Questionnaire

Client Name: _____

Case Manager: _____

Date: _____

Definition of **Special Health Care Needs**: Children with conditions that require more than the usual amount of health care and limit their activities or social role. The condition must have lasted, or is certain to last, for at least one year. **The condition does not have to be diagnosed.**

Types of disabilities or delays:

1. Physical (such as chronic illness, autism, or blindness)
2. Emotional (such as depression, bi-polar)
3. Behavioral (such as ADHD, anger management problems)
4. Cognitive (such as communication delay, learning disability)

1. Does any child in the family have any special health care needs? **Yes** **No**
2. Does any child in the family receive special services, such as an IEP? **Yes** **No**
3. Does any child in the family have any condition that may affect their ability to communicate or assist in investigation/interview? **Yes** **No**
4. Does any child in the family receive Supplemental Security Income (SSI)? **Yes** **No**

This information is also available through ACES at the point of CPS Intake or through the Children's Administration, Child Health and Education (CHET) Screeners.

PLEASE EXPLAIN:

Child's Name: _____

Type(s) of SHCN: _____

TERMINOLOGY AND DEFINITIONS

Children with special healthcare need (CSHCN): Definition developed by the Whatcom County Health Dept. Program for CSHCN.

CSHCN refers to children and adolescents with conditions that:

- require more than the usual amount of medical care,
- limit activities and/or social role,
- have lasted, or are certain to last, for at least one year.

CSHCN may have:

- health-related behavioral, emotional or educational problems such as learning disabilities or ADHD.
- disabilities such as developmental delays.

County Protocol for Investigation and Prosecution of Child Abuse and Child Fatalities (County Protocol) refers to a state-mandated document that guides law enforcement, the Prosecutor's Office, State Child Protective Services and any others assisting in the investigation of child fatalities or suspected abuse.

Child Abuse: RCW 26-44-020 (12) defines abuse and neglect as injury, sexual abuse, sexual exploitation, negligent treatment or maltreatment of a child by any person under circumstances which indicate that the child's health, welfare, and safety is harmed. Abuse and neglect does NOT include the physical discipline of a child as defined in RCW 9A.16.100.

Child Forensic Interviewer refers to an individual employed by law enforcement, CPS, the prosecuting attorney, or the CAC with special training and experience to conduct forensic interviews of children. This individual must be trained in accordance with RCW 43.101.224 and/or RCW 74.14B.010.

Child Victim refers to the child against whom abuse allegedly occurred.

Children's Advocacy Center (CAC) is a child-focused, facility-based program in which representatives from many disciplines—law enforcement, child protection, prosecution, mental health, medical and victim advocacy—work together, conducting joint forensic interviews and making team decisions about the investigation, treatment, management and prosecution of child abuse cases.

Child Protective Services (CPS) refers to all state Child Protective Services, whether from the Children and Family Services, Division of Licensed Resources or Tribal Child Protective Services.

Developmental Disabilities (DD) refer to state and county government services for children with disabilities.

First Responders refers to those law enforcement, CPS workers and medical professionals who respond first to the scene of a child abuse and/or child fatality report.

Law enforcement (LE) refers to any law enforcement agency such as local police departments, the Sheriff's office and tribal police departments.

Terminology and Definitions, continued

Person First Language refers to language that speaks of a person first, then the disability. Person First Language does not label people while describing different needs. (Say, "She is a child who has a developmental disability," or, "he is a child with cerebral palsy." Do not say, "He is retarded," or, "The DD child.")

Vulnerable victim refers to all victims whose quality of evidence is likely to be reduced because they have a mental disorder or learning disability or a physical disability or disorder.

2004 Federal Sentencing Guidelines

U.S.S.G. §3A1.1. Hate Crime Motivation or Vulnerable Victim

- (a) If the finder of fact at trial or, in the case of a plea of guilty or nolo contendere, the court at sentencing determines beyond a reasonable doubt that the defendant intentionally selected any victim or any property as the object of the offense of conviction because of the actual or perceived race, color, religion, national origin, ethnicity, gender, disability, or sexual orientation of any person, increase by 3 level*
- (b) (1) if the defendant knew or should have known that a victim of the offense was a vulnerable victim, increase by two levels. (2) If (A) subdivision (1) applies; and (B) the offense involved a large number of vulnerable victims, increase the offense level determined under subdivision (1) by two additional levels.*

For purposes of subsection (b), "vulnerable victim" means a person (A) who is a victim of the offense of conviction and any conduct for which the defendant is accountable under §1B1.3 (Relevant Conduct); and (B) who is unusually vulnerable due to age, physical or mental condition, or who is otherwise particularly susceptible to the criminal conduct.

JUSTIFICATION FOR STANDARDS AND CRITERIA

Identification: The community is committed to identifying all CSCHN who are being abused or neglected. Universally, the research reviewed recognizes early identification of disabilities of abused children as an issue of importance. Many studies have found that CSHCN are abused at a higher rate than children without disabilities and that it goes on longer. But grant staff in this project found it impossible to find local data on CSHCN who are abused. CPS in many states, including Washington, do not consistently note the presence of disabilities in their records, and can not determine from the database the numbers of CSHCN who are reportedly abused. In addition, it is not normally information that is specifically requested by first responders in law enforcement.

Research recognizing supporting the need for defined processes of identification and tracking of CSHCN who are abused includes:

Sullivan and Knutson, (2000).

American Academy of Pediatrics: *Assessment of Maltreatment of Children with Disabilities*. (2001)

Sorenson, D.D. (2003)

Investigation: The community uses a multidisciplinary team approach to investigate child abuse involving CSHCN. The MDT approach to prevention, identification, investigation and prosecution of abuse of children with special needs is supported through research and best practice conclusions of organizations such as the American Academy of Pediatrics, National Center for Prosecution of Child Abuse and the Partnership for People with Disabilities at Virginia Commonwealth University. The need for expertise in investigation as well as an understanding of the impact of various disabilities on the child victim's ability to assist in the legal processes requires cross- disciplinary collaboration. In addition to shared knowledge, an MDT increases local understanding of system roles and responsibilities can decrease duplication of services and increase community awareness of needs and resources for children and families.

A multi-disciplinary approach is supported by:

Training course produced by Virginia Commonwealth University, Partnership for People with Disabilities titled *Abuse and Neglect of Children with Disabilities: A Collaborative Response*.

Training course titled *Victims and Witnesses with Developmental Delays/Disabilities*, by Allison Turkel, Senior Attorney/Chief of Training, The National Center for Prosecution of Child Abuse.

Research papers by:

Mitchell, L. M., Turbiville, V., Turnbull, H. R. (1999)

Orelove, F. P., Hollahan, D. J., Myles, K. T. (2000)

Prosecution: CSHCN cases are recognized as requiring unique victim specific strategies and additional consultation to optimize the possibility for successful prosecution. There are specialized strategies for working with victims with disabilities in the criminal investigation and prosecution processes. The collaboration with CPS, educators and disability professionals is valuable in identifying special needs and strategies that will avoid further victimization of the child, and maximize the evidence acquired.

Support for this standard and criteria are evidenced by best practices training:

Victims and Witnesses with Developmental Delays/Disabilities, by Allison Turkel, Senior Attorney/Chief of Training, The National Center for Prosecution of Child Abuse.

RESOURCES AND CITATIONS

Anderson, J. & Heath, R. T. (2006). Forensic interviews with children with developmental disabilities. *American Prosecutors Research Institute*. 19(1); 19(2).

<http://courts.delaware.gov/childdeath/pdcc/DDUpdatePt1.pdf>.

<http://courts.delaware.gov/childdeath/pdcc/DDUpdatePt2.pdf>.

A concise overview of pre-interview assessment of issues (part 1) and interview strategies (part 2) relevant to children with disabilities. It recommends a multidisciplinary approach.

Assessment of maltreatment of children with disabilities. American Academy of Pediatrics, Committee on Child Abuse and Neglect and Committee on Children with Disabilities. *Pediatrics*, 108(2), August 2001. 508-512. <http://pediatrics.aappolicy.aappublications.org>.

This article attempts to raise awareness of maltreatment of children with disabilities and addresses the role of pediatricians in early identification, reporting, treatment, needed education, prevention and advocacy. It includes recommendations:

Can Do! Child Abuse and Neglect Disability Outreach Project

<http://disability-abuse.com/cando/>

Training and publications available

The risk and prevention of maltreatment of children with disabilities. *In Focus*. February, 2001. National Clearinghouse on Child Abuse and Neglect Information.

www.childwelfare.gov/pubs/prevenres/focus/focus.pdf

A concise overview of abuse and children with disabilities, this report compares major research by Sullivan and Knutson (2000) and Crosse, Kaye and Ratnofsky, n.d) in terms of methodology and results. It addresses risk and strategies for prevention regarding societal, familial and child-related factors.

New York State Consultation Center on Child Abuse.

<http://www.nyscarcc.org/resources/index.php>.

New York makes available a number of publications relevant to child abuse and disabilities, and will send copies free.

Mitchell, L. M., Turbiville, V., Turnbull, H. R. (1999). Reporting abuse and neglect of children with disabilities: Early childhood service providers' view. *Infants and Young Children*. Frederick: 11(3):19-26.

Through focus groups of early intervention professionals this research looks at strengths and challenges of the existing child protective systems. Many challenges, including identifying abuse versus a condition related to the disability, fear of repercussions for the child and fear of negatively impacting the parent and program relationship result in under-reporting. Recommendations for changes included more collaboration between CPS and intervention servicing programs, on-going training for mandated reporters on abuse and neglect and disabilities, and mandated reporters need access to experts in disabilities and child maltreatment to address questions about suspected incidents of abuse and neglect.

Office of Victims of Crime

<http://www.ojp.usdoj.gov/ove/publications>

This site has many resources including articles, informational booklets and audiovisual training materials, available for the cost of shipping.

From the home page, click on "topical resources" and choose "victims with disabilities".

Videos include:

"Serving Crime Victims with Disabilities" for service providers

Resources and Citations, continued

“Meeting the Needs of Under Served Victims” for law enforcement which discusses challenges for a number of populations including victims who are deaf and those with physical disabilities.

“First Response to Victims of Crime” addressing how law enforcement first responders can help meet the needs of children, elders, immigrants and people with disabilities.

Orelove, F. P., Hollahan, D. J., Myles, K. T. (2000). Maltreatment of children with disabilities: Training needs for a collaborative response. *Child Abuse & Neglect*, 24(2), 185-194.

This research used a needs assessment instrument tailored to each of three key groups: parents, educators and investigators. All were asked about their knowledge level, experience with and training interests on maltreatment of children with disabilities. Their knowledge level was not extensive and most were receptive to training. All three groups ranked recognition of maltreatment of CSHCN as a top training priority.

Partnership for People with Disabilities

Virginia Commonwealth University

<http://www.vcu.edu/partnership>

An extensive instructor’s guide and participant handbook for a training seminar, “Children with Disabilities: a Collaborative Response” is available for purchase on line and in hard copy. This VCU department is recognized by the Federal Administration on Developmental Disabilities as a university center for excellence. The course was presented by a team of instructors from Skagit and Whatcom County in May, 2008.

Sorensen, D.D. (2003). The invisible victims. *TASH Connections*, August-September, 2003.

This article summarizes numerous studies that found higher abuse rates of adults with disabilities, and lower prosecution rates.

Sullivan, P.M. and Knutson, J.F. (2000). Maltreatment & Disabilities: a population-based epidemiological study. *Child Abuse and Neglect*, 24(10), 1257-1273.

One of the most quoted studies on abuse of children with disabilities; this study looked at over 50,000 school children in Omaha, Nebraska. It relates specific types of abuse to specific disabilities. Overall children with disabilities were 3.4 times more likely to be abused than children with no known disabilities.

Teachers College, Columbia University

<http://www.childabuse.tc.columbia.edu>

This New York based site has publications and other resources, some relevant to abuse of those with disabilities. Succinct, one-page guides on preparing for and interviewing those with cognitive delays and autism are available.

Turkel, Allison, Senior Attorney/Chief of Training, National Center for the Prosecution of Child Abuse.

Excellent trainer and resource for those prosecuting abuse of children with disabilities. Presented “Victims and Witnesses with Developmental Delays/Disabilities” for a statewide audience in Bellingham in January, 2008.

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CHILDREN'S JUSTICE ACT PROJECT OVERVIEW

Multidisciplinary Team for Children with Special Health Care Needs: A Child Abuse Reporting and Investigation Model

It is widely recognized that children with special health care needs (CSHCN) are at high risk for child abuse and neglect. However, the fact that their physical, social, emotional, and cognitive disabilities make them vulnerable cannot be changed. What can be changed is the community's identification and criminal justice response to their maltreatment.

This project will address the issues of underreporting abuse of children with special health care needs and the ineffectiveness of the criminal justice response when abuse is reported. It will develop a demonstration program that improves child abuse identification and criminal justice activities for CSHCN. The program will be replicable in other communities or regions across the state and will include a report with recommendations for replication.

"Studies consistently reveal that the level of violent and other major crimes against children and adults with substantial disabilities is from four to ten times higher than against the general public. These studies also show that such crimes are reported at a much lower rate and that there are lower rates of prosecution and conviction." (The Invisible Victim, Daniel D. Sorensen, July 2003.)

According to Sorensen, "...there is evidence that crimes against people with substantial disabilities are often not reported (failed to result in a crime report). The components of the criminal justice system cannot take necessary action when they are not informed of crimes." Furthermore, "There is also expert opinion and empirical evidence that, when reported, there are lower rates of police follow up..."

The process this project used to determine how to address these issues was to choose an evidence based practice that could be applied to children with special health care needs who are abused and neglected. As a result, a Children's Advocacy Center Multidisciplinary Team (MDT) child abuse reporting and investigation model was chosen as the best possible approach. The MDT is comprised of social workers, law enforcement officers, doctors, prosecutors and mental health workers. A coordinated interview with the alleged child victim is the centerpiece of the multidisciplinary team work. Following the initial interview, the team members meet to discuss the child's particular situation. At these meetings, all members have the opportunity to share their expertise and to contribute to the overall case plan. Lines of communication are established and strengthened between professionals, yet each agency's identity and authority are maintained. The coordinated model is effective in screening out false allegations, incidences of coaching, and well-meaning but misperceived reports. The MDT balances the needs of child victims and the need for offender accountability with community safety standards.

The Multidisciplinary Team (MDT) model was the chosen approach to address investigation issues because it is a proven model, "that combines the wisdom and professional knowledge of team members for a more complete understanding of case issues." (Children's Advocacy Center: Improving Community Response to Child Abuse, National Children's Alliance). The best practices being used are for first responders described in the Report of a National Blue Ribbon Panel (David Markenson, MD, Director of Pediatric Critical Care and Child Protection, Harlem Hospital Center, Columbia University College of Physicians and Surgeons, New York, NY. The EBP information on MDT's is from the Children's Advocacy Center: Improving Community Response to Child Abuse, National Children's Alliance.

Furthermore, while no evidence based model was found related to improving child abuse reporting practices, the MDT model can be easily adapted to include emerging best practices related to mandated reporters identifying abused children with special health care needs.

For information, consultation, or to request an electronic version of this document, contact the Whatcom County Children's Advocacy Center at Brigid Collins Family Support Center, contact@brigidcollins.org, or, visit www.brigidcollins.org.

