

Sample Protocol for Adolescent Abuse and Neglect Cases

INTRODUCTION

The Importance of the MDT Process in Investigating and Assessing Abuse

An MDT is a group of professionals, working together in a coordinated and collaborative manner, to ensure effective investigation and response to child abuse and neglect.¹ The MDT approach caught on in the 1950s amid concerns that coordination among the many different parties involved in child abuse investigation was necessary to ensure a successful conclusion to the investigation while minimizing trauma to the child victim.² The benefits of the MDT approach are well-known and widely recognized. MDTs are believed to result in a more accurate assessment of risk, more adequate intervention, decreased fragmentation in the service delivery process, greater efficiency and reduced duplication of effort among service providers, enhanced quality of evidence for criminal prosecutions, and improved quality of services delivered.³ MDTs have also been associated with reducing the traumatization of victims in the investigative process

¹ Ells, *Forming a Multidisciplinary Team to Investigate Child Abuse*, Office of Juvenile Justice and Delinquency Prevention (2000).

² Kolbo and Strong, *Multidisciplinary Team Approaches to the Investigation and Resolution of Child Abuse and Neglect: A National Survey*. *Child Maltreatment* 2(1) (1997).

³ *Id.*



and are believed to be influential in the provisioning and use of additional services and resources at both the state and local level.⁴

In 2003, the American Humane Association released a national report which evaluated the different investigative models for child abuse and neglect used in all 50 states. A coordinated collaborative approach to child abuse investigation was shown to have substantial benefits including promoting child safety by ensuring effective prosecution, reducing re-victimization of children, ensuring worker safety, and ensuring the local community recognizes the seriousness of child maltreatment by promoting swift and successful prosecution.⁵ Data from the report also indicates that states with joint investigations mandated by statute, including Oregon⁶, may have more effective investigation models which successfully reduce the number of children who are victims of repeated maltreatment.⁷ Another study revealed that in a jurisdiction where an MDT fosters collaboration between law enforcement and child protective services, 75% of cases were referred for criminal prosecution and nearly 95% of those cases resulted in convictions.⁸ These proportions are much higher than in jurisdictions without MDTs.

MDT Guidance: The Protocol

What is a protocol?

⁴ *Id.*

⁵ *Investigation Models for Child Abuse and Neglect: Collaboration with Law Enforcement*, American Humane Children's Services (2003).

⁶ ORS 418.747.

⁷ American Humane, *supra* n.5.

⁸ Ells, *supra* n.1.



Although it is well accepted that the best response to the challenge of maltreatment investigations is the formation of an MDT, it is essential that the MDT is able to function effectively. Everyone on the team must be committed to the concept that a coordinated and collaborative response is required for a successful investigation of child abuse reports. In addition, a properly written protocol is essential for an MDT to function well. A protocol is the written understanding of how investigations and other functions will be handled by team members and the roles and responsibilities of member agencies.⁹ The protocol serves as a practical, working document which provides concrete guidance to team members.

Every community will have its own ideas about what should be included in their protocol. Protocols vary greatly by state and county but generally contain the following sections¹⁰:

1. Mission: A statement of values or a mission to express the basic approach of the community in handling child abuse and neglect cases.
2. Membership and Roles: A description of the team members and basic responsibilities of the participating agencies or team members.
3. Presentation of Cases to the team: A description of criteria of cases which are presented to the team and the mechanism for presenting cases to the team.
4. Investigation: an outline of how the investigation process occurs and guidelines for interviewing.

⁹ Ells, *supra* n.1.

¹⁰ McFarlane and Miller, *Promoting Community Protection Adolescents: part 2-Oregon* (2004).



5. Prosecution: The roles of the team members as they work together to prosecute offenders.

Need for an adolescent protocol

National studies indicate adolescent maltreatment is neither rare nor inconsequential. The National Child Abuse and Neglect Data system, which compiles state child protective services data, indicates that 25% of all substantiated cases each year since 1997 involve adolescents. However, only 33% of adolescent maltreatment reports are substantiated and researchers think these reports are much less likely to be substantiated than cases involving younger children. Data from the National Incidence Studies, which are congressionally mandated studies, indicates that 47% of all victims of maltreatment were between age 12 and 17. The most recent study, NIS-3, also found that children between ages 12 and 17 were at a greater risk of harm than children under the age of 6.¹¹

A bias against reports of adolescent maltreatment exists both nationally and within Oregon. There is a perception that adolescents are better protected against maltreatment, are less harmed by it, or may have encouraged the negative treatment.¹² The importance of adolescent abuse and neglect has been underestimated by professionals. Adolescent maltreatment, and neglect in particular, is less likely to be reported by nurses, teachers, social workers and law enforcement.¹³ There is also a bias toward concerns with identifying maltreatment in younger children because of the belief

¹¹ Smith et. al., *Adolescent Maltreatment and Its Impact on Young Adult Antisocial Behavior*, Child Abuse and Neglect 29(10) (2005).

¹² McFarlane and Miller, *supra n.10*.

¹³ Smith, *supra n.11*.



that younger children and most vulnerable and that early childhood maltreatment has the most serious consequences.¹⁴ However, recent studies indicate there is a strong relationship between adolescent maltreatment and negative behavioral and psychological development.¹⁵ Any substantiated maltreatment during adolescence increases the risk of delinquency, drug and alcohol problems, violence, depressive symptoms, internalizing and externalizing problems, and arrest compared to those never maltreated.¹⁶

In Oregon, this bias arose due to an antiquated policy focus by the Department of Human Services (DHS) which prioritized protecting younger children from maltreatment rather than assessing the factors at issue to make a vulnerability determination.¹⁷ The under representation of adolescents in Oregon’s child welfare system raised public awareness and eventually led to DHS policy changes. Today DHS is focused and committed to addressing the needs of maltreated adolescents.¹⁸

Unfortunately, many of Oregon’s MDT protocols contain language and procedures which could impact how an MDT reacts to adolescent abuse and neglect. The age of the victim weighs heavily in determining whether a case is brought to the MDT, investigative procedures, risk and safety threat analysis, and determining the priority of the case.¹⁹ The general rule expressed in the protocols is that “typically in child physical abuse cases, the younger the children the higher the risk.”

Adolescent maltreatment has been underestimated by professionals who serve abused and neglected children and youth. Studies of adolescent maltreatment

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ McFarlane and Miller, *supra n.10*.

¹⁸ *Id.*

¹⁹ *Id.*



recommend three intervention strategies for youth workers. First, additional professional training and education about the nature and impact of adolescent maltreatment is needed. Training of MDT members has been shown to improve the effectiveness of MDTs.²⁰

Second, prevention and treatment services for adolescent victims need further development and extension.²¹ Data indicates that an unfortunate phenomenon is occurring in the child welfare system: a smaller percentage of confirmed cases is receiving services.²² Given the potential life-long and devastating impacts of adolescent maltreatment, treatment services at the beginning of a case are critical.

Third, systems which assess, investigate, and intervene with maltreated adolescents must be scrutinized, evaluated, and enhanced.²³ Expanding an MDT's role to include services such as treatment planning and monitoring of case resolution will prove particularly effective for MDTs investigating adolescent maltreatment. Team effectiveness is enhanced through broader representation and active participation by individuals from different disciplines who have the skills and professional judgment to investigate maltreatment as well as respond to the needs to adolescent victims.

An adolescent-specific MDT protocol could address all three intervention suggestions discussed above. An adolescent-specific protocol would ensure that agencies that have the resources and expertise to serve adolescents are represented on the team. The adolescent MDT members should have an increased knowledge and/or a willingness to learn the particular dynamics of adolescent development and the impacts of maltreatment on adolescent behavior as well a successful strategies for interviewing and

²⁰ Kolbo and Strong, *supra n. 2*

²¹ Smith, *supra n.11*

²² Kolbo and Strong, *supra n. 2*

²³ Smith, *supra n.11*, McFarlane and Miller, *supra n.10*.



working with adolescents. A protocol specific for adolescent maltreatment cases could also ensure crisis intervention and treatment services are provided for adolescents. Obtaining services can be a difficult and intimidating process for adolescents who are trying to manage their own care. The role of the adolescent MDT includes not only crisis intervention and support services, but also a follow-up check, with the purpose of ensuring these services have been delivered.

Using the sample protocol

The information contained in this workbook section and, in particular, the Adolescent MDT Sample Protocol, is intended to serve as an “overlay” to county MDT protocols. This section of the workbook identifies specific issues which may arise when an MDT investigates and assesses adolescent maltreatment. The section also provides guidance to MDTs working on adolescent maltreatment cases by highlighting effective practices when working with adolescents. The workbook and Sample Protocol are intended to serve as a guide, not to substitute for the professional knowledge of MDT members and not to undermine professional discretion. The language of the Sample Protocol is noted in bold blue text while the comments are in black italicized text.

SAMPLE PROTOCOL FOR INVESTIGATION OF ADOLESCENT ABUSE AND NEGLECT

Purpose



*The purpose section is a statement of values or philosophy to express the basic goals of the group and the approach the group will take in dealing with cases where adolescent abuse or neglect has been alleged.*²⁴

In order to better serve the adolescents in our community and to comply with the requirements of law, ORS 418.746, we, the undersigned do hereby enter into this agreement.²⁵

The purpose of the attached Sample Protocol is to assist maltreated adolescents and provide additional guidance for handling cases of adolescent maltreatment within Oregon.

The goals of the attached Sample Protocol are to:

- **Treat adolescents and their families with dignity and respect**
- **Reduce secondary trauma that is often associated with child abuse investigations**
- **Resolve cases in a manner that promotes the safety & protection of the adolescents and the best interests of the family and community**
- **To acknowledge the legal rights and wishes of adolescents and involve them in the decision-making process whenever appropriate.**

Composition of the team

*The adolescent MDT members should have an increased knowledge and willingness to learn the particular dynamics of adolescent behavior and development.*²⁶

The Adolescent MDT consists of representatives from the following agencies²⁷:

- **County District Attorneys Office**
- **Law Enforcement Personnel (County Sheriff Department, City Police Department)**
- **DHS: Child Protective Services (adolescent CPS specialist, if available)**
- **School officials (School District representative who has experience working with adolescents)**
- **County Health Department (a representative with experience with adolescent maltreatment)**

²⁴ State of Wisconsin, *Developing Collaborative Protocols for Child Abuse and Neglect Investigations: A Community Handbook*.

²⁵ This policy statement adapted from the Marion Co. MDT protocol.

²⁶ Rogan, *The Multidisciplinary Team Approach to Child Abuse and Neglect*, Violence Hits Home: Comprehensive Treatment Approaches to Domestic Violence (1990).

²⁷ DA through juvenile department are required by ORS 418.747; See also Goldman and Salus, *A Coordinated Response to Child Abuse & Neglect: The Foundation for Practice*, US DHHS (2003), <http://www.childwelfare.gov/pubs/usermanuals/foundation/index.cfm>.



- **County Mental Health Department (a representative with experience with adolescent mental health issues)**
- **County Juvenile Department**
- **Victim Advocate (experience with adolescent victims)**
- **Faith Community & Community Organizations (if the youth has a relationship with the organization or the organization is able to provide services to the youth)**
- **Other agencies as the MDT deems appropriate.**

The designated representative from each agency mentioned above will assume responsibility for being an actively participating member of the MDT including, but not limited to: expressing opinions, stating recommendations, providing feedback, and attending training and cultivating personal knowledge to enable the representative to successfully investigate, assess and/or provide services to maltreated adolescents.

Cases referred to the team

The model protocol for the Adolescent MDT is designed for investigating allegations of adolescent maltreatment and is not intended to abrogate the other sections of the county's MDT protocol.²⁸

All investigations of adolescent maltreatment and interviews of adolescent abuse or neglect victims shall be carried out by the appropriate personnel using the protocols and procedures developed by the district attorney in each county.²⁹

Investigation & Assessment

Initial Report Contents

Reports to DHS or law enforcement of abuse and neglect are required for mandatory reporters pursuant to ORS 419B.010. Investigators of adolescent abuse and neglect may benefit from additional information, in excess of contents of the report required by ORS 419B.015(1)(a). The initial report should contain, if known:

- 1. The name and location of the youth's school**
- 2. Disabilities or mental health diagnoses**
- 3. Whether the adolescent has engaged or threatened to engage in self-harm behaviors (such as suicide)**
- 4. Medication the adolescent is currently taking**
- 5. Any other special needs of the adolescent.**

²⁸ Adapted from the Malheur County Multi-Victim Case Protocol.

²⁹ ORS 418.747 (1) & (4)



Investigation Priorities

Adolescents are more vulnerable than we think. The size and physical development of an adolescent may not indicate the level of cognitive maturity. Over the years physical development has accelerated as the onset of pubertal changes occurs at younger ages. However, the development of the brain and many of the adult capacities related to self-protection does not develop on the same schedule as the rest of the body. Brain development is not completed until the early to mid-twenties. The adolescent brain perceives differently from the adult brain. Maltreated adolescents face issues they simply cannot negotiate for themselves. Helping adolescent victims of maltreatment is often difficult because they fight our best efforts. Their resistance must be understood in terms of their safety needs. Because of their experiences, maltreated adolescents keep their guard up when they feel unsafe and the prospect of being helped with their situation may make them feel even more frightened.³⁰

Upon receipt of a report of child abuse from any source, DHS or law enforcement shall immediately cause an investigation to be made to determine the nature and cause of the abuse of the child.³¹ The priority given to the investigation should be commensurate with the apparent risk of harm under the facts of the case that are known at that time, keeping in mind that *adolescents are often more vulnerable than they first appear.*³²

Conduct of Investigation and Assessment

Victim Interviews

When a child suspected of being a victim of abuse or neglect is age 10 or older, the lead law enforcement agency will make the determination of whom will conduct the interview.³³ The interview should be conducted by a person who has received training in:

- **adolescent-specific interview techniques,**
- **understanding the impact of trauma on the behavior and thinking of the adolescent,**
- **recognizing the impact a disability may have on the interview process,**
- **techniques for effective communication with youth,**
- **understanding issues regarding youth competency.³⁴**

³⁰ McFarlane and Miller, *supra* n.10

³¹ ORS 419B.020.

³² Child Abuse Investigation Protocol: Jefferson Co, WA.

³³ *Id.* The reason for law enforcement making this decision is only to ensure that a single agency first considers and then determines the most appropriate individual to complete the interview, taking into account that individual's training and experience as well as the needs of the youth.

³⁴ See Marty Beyer, PhD., *Developmentally-Sound Practice in Family and Juvenile Court.*



Information provided to the youth

Recognizing the need to ensure the youth's voice is heard and respected, the youth must be informed of their rights as a victim of a crime. One of the most critical rights of the adolescent victim is the right to select a support person to accompany the victim to all phases of investigation and prosecution except for grand jury proceedings and certain child abuse assessments.³⁵

Location of interview

The investigator should interview the child in a safe and comfortable environment. Prior arrangements should be made for the interview, taking into account the youth's schedule. Possible locations include: a relative's home, a friend's home, physician's office, church, counselor's office.

Physical examination

Oregon statutes permit 15 year olds to consent to most types of care for themselves and permit even younger children to consent to some types of treatment.³⁶ Parental consent is required for most kinds of care if a child is younger than 15. Implicit in the right to consent to treatment is the right to refuse treatment.³⁷ Any minor may consent (and therefore refuse) to diagnoses and treatment for venereal disease.³⁸

Mental Health Services

Child victims commonly have symptoms of anxiety and depression and have high rates of post traumatic stress disorder. It is a best practice to evaluate children's mental health as a component of a comprehensive investigation and refer troubled children to mental health treatment as soon as possible. Many investigative agencies have developed referral partnerships with treatment providers to meet this need. Case review or other follow-up procedures may also be needed to ensure children have access to services.³⁹

Information on mental health services for the adolescent-victim and non-offending family members will be routinely provided to youth and families involved in a MDT investigation. During the investigation, the adolescent should be referred for a mental health assessment. If needed, the adolescent will be referred to an organization which provides services appropriate to meet the youth's needs as determined in the mental health assessment. Adolescents in MDT cases will have

³⁵ ORS 147.425.

³⁶ See ORS 109.610, 109.640, 109.675.

³⁷ *Cruzan v. Director, Mo. Dept. of Health*, 497 US 261.

³⁸ ORS 109.610.

³⁹ Jones, et. al., *Criminal Investigations of Child Abuse, The research behind best practices*, Trauma, Violence, & Abuse 6(3) (2005).



access to an appropriate evaluation and treatment regardless of their ability to pay for services. The Department of Human Services will conduct a case review within 30 days from the initial referral to ensure that, if needed, the mental health services are being provided.

Victim Support Services

Information on available support and advocacy services will be provided to the youth victim and their family. Victims will also be informed of the many “victims rights” which exist in Oregon. Upon the youth’s request, a victim advocate representative will participate on the MDT and attend case review meetings whenever possible.

