PEORIA COUNTY PROTOCOL FOR THE INVESTIGATION, PROSECUTION AND TREATMENT REFERRAL OF CHILD SEXUAL AND SERIOUS PHYSICAL ABUSE CASES

Adopted February 20, 2019

I. STATUTORY BASIS AND AUTHORITY

This protocol is mandated by the Children's Advocacy Center Act (55 ILCS 80/1 et. seq.), which requires a written protocol to set forth a coordinated approach to the investigation, prosecution, and treatment referral of cases involving the sexual abuse, sexual assault or sexual exploitation of a child as those offenses are defined in Section 5 of the Criminal Code of 2012. For the purposes of this protocol, the term "sexual abuse" will include the offenses defined as sexual assault in Section 5 of the Criminal Code of 2012. By the agreement of the undersigned, this protocol also applies to cases of serious or fatal physical abuse and to cases of child sexual trafficking, as defined in later sections, and to investigations of sudden, unexpected deaths of children under the age of two years.

The purpose of this protocol is to ensure coordination and cooperation among all agencies involved in the investigation, prosecution and treatment referral of child sexual abuse, sexual exploitation and sexual trafficking cases as set forth in Section II C of this protocol, serious or fatal physical abuse cases and cases involving the sudden, unexpected death of children under two, in order to increase the efficiency and effectiveness of those agencies, to minimize the stress created for the child victim and his or her family by the investigation and judicial processes, and to ensure that the child and his or her non-offending family members are referred for effective treatment. An additional purpose of this protocol is to ensure the safety of the victim and other children by holding offenders responsible for their actions.

A copy of this protocol will be filed with the Department of Children and Family Services and CACI and a copy will be furnished to each agency in Peoria County which is responsible for the investigation, prosecution or treatment referral of sexually or seriously physically abused children.

II. AGREEMENT TO CREATE AN INTERAGENCY COORDINATED RESPONSE TO CHILD SEXUAL AND SERIOUS PHYSICAL ABUSE

A. The undersigned agree that a Children's Advocacy Center (CAC) should be maintained to most efficiently and effectively coordinate the activities of the various agencies involved in the investigation, prosecution and treatment referral of cases of child sexual abuse, sexual exploitation, sexual trafficking, serious or fatal physical abuse and sudden, unexpected deaths of children under the age of two, as set forth below.

B. The Peoria County Children's Advocacy Center is a coordinated effort supported by the Peoria County State's Attorney's Office, the Peoria Police Department, the Peoria County Sheriff's Office, the Illinois Department of Children and Family Services, the Pediatric Resource Center and the Illinois State Police. Each of these agencies provides the following functions relative to the Children's Advocacy Center:

1. The State's Attorney's Office provides the following personnel for the Children's Advocacy Center: The Executive Director/Prosecutor, the Director and the Case Manager/Victim Advocate. The State's Attorney's Office maintains supervision over its employees assigned to the Children's Advocacy Center.

The State's Attorney also provides the office equipment and supplies for the Center. The State's Attorney's office is responsible for handling all cases from charging through trial, sentencing or disposition, and any other court involvement. The State's Attorney's office is the sole decision maker on the final decision to charge.

2. The Peoria Police Department assigns two detectives who are designated as Children's Advocacy Center investigators and who have an office at the Center. The Peoria Police detectives investigate allegations of child sexual abuse, exploitation and trafficking, serious or fatal physical abuse of children as set forth in Section II C of this Protocol, collect evidence, identify and apprehend criminal offenders, participate in case reviews, and assist DCFS in providing for the safety of victims. If a DCFS investigator is assigned to a case, the Peoria Police detective coordinates the investigation of that case with the DCFS investigator. The Peoria Police Department maintains supervision over its investigators assigned to the Children's Advocacy Center and the custody and approval of all police reports resulting from Children's Advocacy Center investigations. The Peoria Police Department maintains control over the DVD containing the recorded interview of the victim and maintains the DVD in the same manner as other evidence.

3. The Peoria County Sheriff assigns a detective who is designated as a Children's Advocacy Center investigator and has an office at the Center. This investigator also accepts and investigates cases referred by municipal police departments within Peoria County that meet the criteria for Children's Advocacy Center cases. The Sheriff's detective investigates allegations of child sexual abuse, exploitation and trafficking, serious or fatal physical abuse of children as set forth in Section II C of this Protocol, collects evidence, identifies and apprehends criminal offenders, participates in case reviews and assists DCFS in providing for the safety of victims. If a DCFS investigator is assigned to a case, the Sheriff's Office detective coordinates the investigation of that case with the DCFS investigator. The Peoria County Sheriff's Office maintains supervision over its investigator assigned to the Children's Advocacy Center and the custody and approval of all police reports resulting from Children's Advocacy Center investigations. The Peoria County Sheriff's Office maintains control over the DVD containing the recorded interview of the victim and maintains the DVD in the same manner as other evidence.

4. The Illinois Department of Children and Family Services (DCFS) assigns an investigator to each Children's Advocacy Center case which involves allegations of intra-familial or caretaker sexual abuse, exploitation or trafficking, serious or fatal physical injury inflicted by family, caretaker, or household member, and cases involving the sudden, unexpected death of children under the age of two. The DCFS investigator will coordinate his or her investigation with the law enforcement officer assigned to the case. The Department of Children and Family Services maintains supervision over its investigators assigned to Children's Advocacy Center cases and custody and approval of all Child Protection investigation reports resulting from Children's Advocacy Center investigations.

5. The Illinois State Police accepts requests to assist in investigations involving child sexual abuse, exploitation or trafficking and serious or fatal physical abuse, and the Illinois State Police investigator collects evidence, identifies and apprehends criminal offenders, and assists DCFS in providing for the safety of victims. If a DCFS investigator is assigned to a case, the Illinois State Police investigator will coordinate the investigation of that case with the DCFS investigator. The Illinois State Police maintains supervision over its investigator assigned to a Children's Advocacy Center case and the custody and approval of all reports generated as a result of a Children's Advocacy Center investigation. The Illinois State Police maintains control over the DVD containing the recorded interview of the victim and maintains the DVD in the same manner as other evidence.

6. The Pediatric Resource Center (PRC) provides medical evaluations for children who experience sexual abuse and serious or fatal physical abuse under a Memorandum of Understanding with the CAC. The Pediatric Resource Center maintains supervision over its staff and the custody of all records and images generated as a result of its activities. *The Memorandum of Understanding with the PRC is attached as Appendix 1*

C. The Peoria County Children's Advocacy Center is responsible for the coordination of the investigation and treatment referral of the following cases, which arise out of incidents occurring in Peoria County:

1. Cases involving intra-familial and caretaker sexual abuse, sexual exploitation or sexual trafficking of victims who are presently under the age of eighteen;

2. Other cases involving the sexual abuse, sexual exploitation or sexual trafficking of victims under the age of sixteen **except for the following**:

   a. Cases of sexual assault or abuse **not involving force or the threat of force** between a **victim aged thirteen through sixteen** and a **perpetrator who is not a family member or in a position of authority and who is less than five years older than the victim.** The meaning of the term "force or the threat of force" in this protocol is the one set forth in 720 ILCS 5/12-12(d)(1) and (2). If no such force is alleged, the police agency should investigate the incident per usual procedure. If the Children's Advocacy Center receives a referral for such a case and the allegation of force is absent or unsubstantiated, the Center will remand the case to the referring jurisdiction for completion of the investigation, and

   b. Cases in which the sexual abuse has not been disclosed until after the victim turns sixteen years old;

3. Sexual exploitation is defined as the sexual use of a child for sexual arousal, gratification, advantage or profit and includes, but is not limited to, sexual exploitation as defined in 720 ILCS 5/11-9.1, Indecent Solicitation of a Child, Solicitation of a Child, and Child Pornography, **except for the following:** cases involving the exchange of sexually explicit communications and/or images between a victim aged thirteen through sixteen and a perpetrator who is not a

family member or in a position of authority and who is less than five years older than the victim;

4. Sexual trafficking cases involving persons under the age of eighteen as defined in 720 ILCS 5/10-9;

5. All cases involving the sudden, unexpected death of children under two, and

6. Cases of serious or fatal physical abuse to a child under 16, which includes, but is not limited to: brain injury, skull fractures, subdural hematomas, retinal hemorrhages, internal injuries, second or third-degree burns, poisoning, severe cuts requiring stitches, adult human bite marks, bone fractures, sprains and dislocations.

D. The Director has discretion to accept cases other than those specified herein when, in the judgment of the Director and the Executive Director, a particular case should be served by the Children's Advocacy Center.

E. Other cases in which forensic interviews will be conducted at the CAC:

1. All children who are witnesses in a CAC case should be brought to the CAC for a recorded forensic interview;

2. Children who witness serious interfamilial violence, homicides or violent crime should be interviewed at the CAC by a forensic interviewer whenever possible, taking into consideration the demands of the investigation and the availability of a forensic interviewer;

3. All victims of sexual or physical abuse with a moderate, severe or profound intellectual disability, defined as an IQ of 55 or below, should be interviewed at the CAC by a forensic interviewer if possible, taking into consideration the demands of the investigation and the availability of a forensic interviewer. If the victim's IQ is unknown, the law enforcement investigator will use information collected from family members and his/her assessment of the victim's intellectual functioning and ability to communicate to determine whether the victim should be referred to the CAC for a forensic interview.

F. Cases appropriate for Children's Advocacy Center intervention are determined by the age of the victim and the factors set forth in Section II C, above. The age of the offender is not a consideration. Children's Advocacy Center cases will be prosecuted in criminal court if the offender is an adult or subject to transfer and in juvenile delinquency court if the offender is age appropriate under the Juvenile Court Act.

G. The Children's Advocacy Center Advisory Board is composed of the following persons: Peoria County Sheriff Brian Asbell personally or through his designee; Peoria Acting Police Chief Loren Marion personally or through his designee; the Illinois State Police through Trooper Keri Englert; Ms. Jonna Tyler, LCPC; Ms. Shea Kamp, Illinois Department of Children and Family Services, through her designee, Ms. Megan Sturtevant; Ms. Aurthur Mae Perkins; Pastor Joseph Johnson; Ms. Stephanie Johnson, Executive Director of the Pediatric Resource Center; Bartonville Police Chief Brain Fengel; Peoria Heights Police Chief Dustin Sutton; Chillicothe

Police Chief Scott Mettille; Teresa Riech, M.D., Medical Director of the Pediatric Emergency Department at Children's Hospital of Illinois; Peoria County State's Attorney Jerry Brady; Peoria County First Assistant State's Attorney Nancy Mermelstein.

1. The Advisory Board will meet at least annually to review and evaluate this protocol and to make revisions as necessary.

2. The Advisory Board shall adopt a protocol by the majority of members. Each member has one vote.

3. A subcommittee of the Advisory Board, consisting of the Executive Director and representatives of the Peoria County Sheriff's Office, the Peoria Police Department, and the Illinois Department of Children and Family Services, will meet as needed to evaluate the implementation and effectiveness of the protocol and to resolve any disputes among the respective agencies regarding the protocol or Children's Advocacy Center issues in general.

III. MULTIDISCIPLINARY TEAM

The Children's Advocacy Center consists of a multidisciplinary team comprised of the following:

A. Executive Director/Prosecutor: the Executive Director is a felony Assistant State's Attorney who sets policy for the Children's Advocacy Center, is accountable for the functional and operational performance of the CAC, provides direction to the Director, participates in Multidisciplinary Case Reviews, assists the investigators during the investigations, accepts charging recommendations, acts as a liaison between the investigators and the State's Attorney's Office, and, together with the Director, identifies continuing education and training needs and resources for the multidisciplinary team. The Executive Director will follow all the procedures and guidelines of the State's Attorney's Office.

B. Director: the Director is responsible for the day to day administration of the CAC, participates in Multidisciplinary Case Reviews to facilitate inter-agency cooperation, reviews referrals of Children's Advocacy Center cases from law enforcement and DCFS, maintains an open case tracking system, tracks all Children's Advocacy Center data and, together with the Executive Director, identifies resources to meet the training needs of the multidisciplinary team, communicates training opportunities to the team members and coordinates trainings offered by the Peoria County Children's Advocacy Center. The Director will follow all the procedures and guidelines of the State's Attorney's Office.

C. Case Manager/Victim Advocate: the Case Manager provides victim advocacy for the child and his or her caretaker and non-offending family members, makes referrals for mental health services for the child and the caretaker and non-offending family members, schedules victim interviews and multidisciplinary case reviews, notifies all team members of case reviews and participates in Multidisciplinary Case Reviews as an advocate for the child and his or her family. The Case Manger will follow all the procedures and guidelines of the State's Attorney's Office.

D. Law Enforcement Investigator: a detective assigned by a law enforcement agency to investigate Children's Advocacy Center cases. The investigator will have county-wide jurisdiction and will participate in Multidisciplinary Case Reviews and will coordinate his or her investigation with the assigned DCFS investigator. The law enforcement investigator will meet with the assigned DCFS investigator prior to victim interviews to determine the issues to be addressed during the interview. The investigator will write reports and perform any investigation needed to complete the investigation or trial preparation. The investigators will follow all procedures and guidelines of the law enforcement agency from which they are assigned.

E. DCFS Investigator: the DCFS investigator will attend Multidisciplinary Case Reviews and will coordinate his or her investigation with the police investigator. The DCFS investigator will meet with the police investigator prior to victim interviews to determine the issues to be addressed during the interview. The DCFS investigator will write reports and will cooperate in other investigation needs or trial preparation. The DCFS investigators will follow all procedures and guidelines of DCFS.

F. Pediatric Resource Center (PRC): The Pediatric Resource Center provides medical evaluations for children who experience sexual abuse and serious physical abuse under a Memorandum of Understanding with the CAC. PRC physicians are board certified child abuse pediatricians who are specially trained to evaluate and diagnose sexual and physical abuse in children. The PRC also employs an Advanced Practice Nurse with a minimum of 16 hours of formal didactic training in the medical evaluation of sexual abuse and who conducts sexual abuse medical forensic examinations on children. Pediatric Resource Center staff question the child only to obtain medically necessary information but do not interview the child. Pediatric Resource Center case coordinators meet with the children and caretakers to explain how the examination will be conducted and address questions and concerns related to the examination. Pediatric Resource Center medical providers or case coordinators explain the results of the examination to the children and their caretakers. Pediatric Resource Center physicians and case coordinators participate in Multidisciplinary Case Reviews when they have appropriate releases of information in accordance with Illinois and Federal law. Pediatric Resource Center staff will follow all the procedures and guidelines of the Pediatric Resource Center and maintain custody and control of records and images generated as a result of PRC staff activities.

G. Mental Health providers:

1. If a child has a mental health provider at the time of the case review who has consent to release information in accordance with Illinois and Federal law, that provider is invited to participate in the case review;

2. If the child does not have a mental health provider, a sexual abuse or physical abuse therapist from The Center for Prevention of Abuse (The Center) will attend the case review as a clinical consultant to the other team members on issues relevant to child trauma and evidence - based treatment and to provide insight as to how the child may experience and communicate the abuse;

3. The Center for Prevention of Abuse therapists provide evidence - based, trauma - focused mental health services to children and their non-offending caretakers and family members under a Memorandum of Understanding with the CAC. The Center provides mental health services at no cost to the families. *The Memorandum of Understanding with The Center is attached as Appendix 2*

4. All mental health providers follow the procedures and guidelines of their respective agency and maintain custody and control of all records generated as a result of their activities.

IV. PROCEDURE FOR REFERRAL OF CASES

A. The Peoria Police Department sends a daily log of new juvenile cases to the Director each weekday morning. The Director reviews this log to determine which cases fall within the Children's Advocacy Center criteria and then completes the Children's Advocacy Referral form based on the information contained within the police report. The Case Manager will then open a Children's Advocacy Center file for the case and initiates contact with the assigned detective and the victim's non-offending caretaker.

B. The Department of Children and Family Services refers cases to the Children's Advocacy Center by sending a copy of the Case Notification form to the Director, who then completes the Children's Advocacy Referral form if it has not already been prepared. The Case Manager will then open a Children's Advocacy Center file for the case and initiates contact with the assigned DCFS investigator and the victim's non-offending caretaker.

C. Municipal police agencies outside the City of Peoria but within Peoria County refer CAC qualified cases to the Peoria County Sheriff's Office detective assigned to the CAC. This detective notifies the Case Manager, who then opens a Children's Advocacy Center file for the case and initiates contact with the child's non-offending caretaker.

D. The Peoria County Sheriff's Office Supervisor reviews new incident reports each weekday morning, selects the cases which meet the criteria for Children's Advocacy Center cases, and notifies the Case Manager, who then opens a Children's Advocacy Center file for the case and initiates contact with the child's non-offending caretaker.

V. INVESTIGATION PROCEDURES

A. Initiation of child abuse investigation:

1. If a law enforcement agency is the first to receive the complaint, the officer will contact the DCFS hotline at 1-800-252-2873. If DCFS receives the initial complaint via the hotline, the responding on call worker or investigator is to promptly notify the appropriate law enforcement agency. Both the police and DCFS investigators are to make a Children's Advocacy Center referral and begin to coordinate their investigations at the earliest possible time.

2. The patrol officer is **not to interview the child victim** unless a brief interview is necessary to ensure the safety of the child. If such an interview is necessary, it should be limited to such information as: the identity of the offender, where the offender lives, who resides in the victim's residence, if there are other children in the home who may have witnessed or have been victims of the abuse, and whether the victim feels safe at this time. **As much information as possible should be obtained from the victim's non-offending caretaker or other witnesses.**

B. The investigators assigned to the case should determine the primary language and any special needs of any of the involved parties (victim, victim's family, suspect) and indicate the need for any interpreters or translators in the investigator's initial report.

C. Law enforcement agencies outside the City of Peoria but within Peoria County may investigate Children's Advocacy Center cases from time to time. The CAC detective assigned by the Peoria County Sheriff's Office is available to assist and consult on these cases. The Sheriff's assigned CAC detective or forensically trained DCFS investigator will conduct the forensic interview for these law enforcement agencies. These investigators will coordinate the investigation of their cases with the assigned DCFS investigator, follow the guidelines of this protocol, participate in case reviews, arrest suspects, and locate and transport witnesses. The law enforcement agencies referred to will retain jurisdiction of the cases arising within their jurisdiction and retain supervision of their investigators involved in these cases, including the approval of all police reports generated by the investigation. Police departments within Peoria County other than the Sheriff's Office and Peoria Police Department include:

- Bartonville Police Department
- Chillicothe Police Department
- Elmwood Police Department
- Glasford Police Department
- Peoria Heights Police Department
- Norwood Police Department

D. Suspects are never permitted at the Children's Advocacy Center.

VI. CASE REVIEWS

Multidisciplinary Case Reviews are held, at a minimum, once a month. The third Thursday of each month is set aside for case reviews; however, any team member may request that a case review be scheduled as needed.

A. Any team member may request that a case be reviewed by contacting the Case Manager, who then sends notice of the review and an agenda to each team member via email. Team members may request a case review based on the complicated nature of a case, failure to follow protocol, disagreement on how to proceed with a case, or other team/case issues. All death and abusive head trauma cases and cases involving sexual abuse of a child under the age of six years are reviewed as

soon as schedules permit after the case is initiated. *The case review agenda is found in Appendix 3 – Case Review*

B. If a conflict arises on how to proceed with the investigation or referrals in a case, the involved team members should call a case review so the issue can be discussed among the entire team. If consensus is not reached, the team member whose discipline has primary responsibility for the issue will decide how to proceed.

C. The following will attend each case review: assigned law enforcement and DCFS investigators, the Case Manager/Victim Advocate, the CAC Director, the CAC Executive Director/Prosecutor, and the child's mental health provider if he or she has one, or a consultant therapist from the Center for Prevention of Abuse. Pediatric Resource Center staff will attend case reviews in which PRC staff has evaluated the child or performed a records review. DCFS and law enforcement supervisors will attend case reviews whenever possible. The Peoria County Coroner will attend case reviews on fatalities when possible.

D. Confidentiality: all team members sign a confidentiality agreement at the beginning of each case review. Pediatric Resource Center staff and mental health providers obtain consents to release information in accordance with Illinois and Federal law prior to attending the case review or disclosing information to any team member other than the DCFS investigator. Each agency maintains possession and control of any records generated by its activities.

E. The designated facilitator for the case review is the Executive Director. The case reviews are held in the MDT conference room at the CAC. Follow-up recommendations made during the case review are communicated directly to appropriate parties during the case review. The Director is responsible for ensuring that follow up recommendations are completed.

VII. THE FORENSIC INTERVIEW

A. The victim interview will be conducted by a law enforcement or DCFS investigator forensically trained in a nationally recognized, evidence based interview method approved by the National Children's Alliance.

1. Current Peoria County CAC forensic interviewers have successfully completed Finding Words or Child First training. The Peoria County CAC selects its forensic interview method based upon the recommendation of Children's Advocacy Centers of Illinois.

2. All forensic interviewers will participate in a minimum of eight hours every two years of continuing education in the field of child maltreatment and/or forensic interviewing. The CAC Director is responsible for locating training opportunities and notifying MDT agencies of training opportunities. The CAC, DCFS, Peoria Police Department and Peoria County Sheriff's Office share financial responsibility for continuing education of team members.

3. Peoria County has eighteen forensic interviewers. All forensic interviewers will participate in structured peer review a minimum of two times per year. Peoria

County CAC conducts a formal and structured peer review three times each year. *The formal peer review structure is found in Appendix 4 – Peer Review.*

4. The CAC Director is responsible for tracking each forensic interviewer's compliance with participating in at least two peer reviews each year. If an interviewer falls below this standard, the Director will notify the interviewer, the Executive Director, and the interviewer's direct supervisor. If an interviewer does not participate in at least two peer reviews each year, he or she will not be allowed to conduct forensic interviews at the CAC until he or she has participated in two peer review sessions.

B. The victim interview should occur as soon as possible and reasonable after the allegations are made.

C. The victim interview should be held at the Children's Advocacy Center. In rare circumstances the victim interview may be held at a hospital or the police department, but there should be an apparent reason why the interview could not be held at the CAC.

1. If the victim interview occurs at a place other than the CAC, the investigators will ensure the victim's privacy and comfort to the extent possible in that setting. The interview should **never** be held in a place where the abuse may have occurred or with the suspect in the vicinity.

2. The investigators will ensure that every victim interview is video and audio recorded, wherever it is held, and that the victim is not exposed to the alleged offender.

3. The victim will be interviewed by a trained forensic interviewer, regardless of the interview location.

4. The Children's Advocacy Center is available for interviews as late as 7PM Monday through Friday. The investigators will not interview child victims after 7PM unless it is necessary to ensure the child's safety.

D. A recorded victim interview will be conducted in each case unless the victim:

1. Is too young to be interviewed;

2. Is mentally or physically unable to be interviewed;

3. Lives out of the jurisdiction and diligent efforts to obtain a courtesy forensic interview fail;

4. Recants at the beginning of the investigation and there is no evidence to suggest the victim was pressured to recant, or

5. The victim refuses to be interviewed or the victim's parent refuses to allow the victim to be interviewed.

E. The investigator who is not conducting the interview and other authorized observers will observe via video camera from the adjacent observation room. The observers may suggest questions or areas of inquiry to the interviewer via the laptop located in the interview room; however, the interviewer should always take a break during the interview to meet with the observers to ensure all needed areas of questioning are addressed during the interview.

F. The only people who are permitted to observe the victim interview are other investigators involved in the case, DCFS or law enforcement supervisors and the Prosecutor/Executive Director; however, if the investigators believe it would be helpful for an additional person to observe the interview, an exception can be made after consultation with the Executive Director.

G. In most cases the victim will be interviewed only one time; however, there are instances when more than one interview may be necessary. The investigators will make this decision after consultation with the Executive Director and other members of the MDT as practicable. *Guidelines for Multi-Session Forensic Interviews are found in Appendix 5, Multi-Session Forensic Interviews.*

H. An interviewer may present evidence to the victim in the interview. G*uidelines for the use of evidence in the forensic interview are found in Appendix 6, Use of Evidence in the Forensic Interview.*

I. An interviewer may use various aids to assist the child in communicating during the interview. *Guidelines for the use of interview aids are found in Appendix 7, Interview Aids.*

J. The forensic interview will be recorded on DVD. Prior to the interview the investigators will ascertain that the recording equipment is functioning properly.

K. Pre- and Post-Forensic Interview Meetings: Prior to the interview, the investigators will meet to determine the issues to be addressed in the interview and to decide who is the most appropriate person to conduct the forensic interview.

1. The decision as to the most appropriate forensic interviewer should be based solely upon the child's needs. The interviewers/investigators should consider whether the child appears more comfortable with one or the other, the anticipated difficulty of the interview and the relative experience between interviewers, and whether the gender of the interviewer might influence the child's comfort in the interview. If necessary, a forensic interviewer not involved in the case may conduct the interview.

2. Following the victim interview, the investigators will meet to determine the further course of their investigation.

3. The investigators will consult the appropriate Center for Prevention of Abuse therapist, the Victim Advocate and the Executive Director/Prosecutor for the pre- and post- interview meetings, as necessary.

4. Following the forensic interview, the investigators will decide which one will verbally communicate the substance of the victim's statement to the PRC,

other medical provider, mental health provider, victim advocate, prosecutor or other MDT member as necessary on a case-by-case basis. The communication will be directly from one of the investigators to the other MDT member as soon as possible.

L. The law enforcement agency will take possession of the original DVD of the victim's interview and will follow all its standard procedures for tagging, logging, and storing it as evidence.

M. The CAC does not retain a copy of the victim's recorded interview.

N. Law enforcement reports, including those summarizing the forensic interview, will not be disclosed by the CAC Director or Case Manager to any member of the multi-disciplinary team unless it is requested by the law enforcement investigator. CAC staff will not provide verbal reports or summaries of the contents of law enforcement reports. An MDT member who receives a copy of a law enforcement report will not re-disclose that report or its contents to any outside person or agency. Requests for law enforcement reports or their contents must be directed to the assigned law enforcement investigator or his supervisor.

O. Use of interpreters in the forensic interview:

1. If the child to be interviewed is not fluent in English, the investigators notify the Director prior to the interview.

2. The Director will contact Court Administration at the Peoria County Courthouse and obtain the name of and contact information for a court certified interpreter for the child's language and schedule the interview.

3. The interpreter will be present during the recorded interview to interpret the interviewer's questions and the child's answers.

VIII. VICTIM ADVOCACY

Victim advocacy services are provided to all child victims and their caretakers or non-offending family members by the CAC Case Manager/Victim Advocate. Advocacy services will be provided by the CAC Case Manager/Victim Advocate throughout the investigation and prosecution and after the case is closed if requested by the family. *A description of the Victim Advocacy services is found in Appendix 8 - Victim Advocacy.*

Court and witness preparation are the sole responsibilities of the prosecutor who is assigned the case.

IX. MENTAL HEALTH REFERRALS

All victims and non-offending caretakers are provided information about mental health services.

A. The Case Manager/Victim Advocate meets with the victim child and his or her non-

offending caretakers at the time of the child's interview and makes referrals for appropriate treatment for the child and non-offending caretaker and other non-offending family members as needed.

B. The CAC Case Manager/Victim Advocate advises the child's non-offending caretaker of the availability and importance of mental health counseling to the child victim and other family members.

C. The Case Manager/Victim Advocate explains that proper mental health treatment can help the victim and non-offending caretakers and family members heal from the trauma inflicted by the abuse and strongly encourages counseling services for the child and non-offending caretaker and family members.

D. Most referrals are made through a Memorandum of Understanding with The Center of Prevention of Abuse, which provides counseling regardless of the family's ability to pay.

E. If the family wishes to access mental health services through private providers, the Case Manager/Victim Advocate will assist in the coordination of those services to the extent possible.

F. Mental health referrals are completed while the family is at the CAC for the child's interview.

G. All mental health providers maintain client files and records separate from those of the CAC. CAC staff does not have access to any mental health records.

X. MEDICAL EVALUATIONS

A. The Purpose of a Sexual Abuse Forensic Medical Evaluation includes:

1. To help ensure the health, safety, and well-being of the child;

2. To diagnose, document, and address medical conditions resulting from abuse;

3. To differentiate medical findings that are indicative of abuse from those which may be explained by other medical conditions;

4. To collect and preserve forensic evidence for potential use in criminal proceedings against the offender and/or in child protection proceedings, and

5. To reassure and educate the child and family.

B. Referrals for Sexual Abuse Forensic Medical Evaluations:

1. If a child discloses being sexually abused within the previous 7 days, or someone reports witnessing a child being sexually abused within the previous 7 days, or a child has disclosed past sexual abuse by a specific individual and was in the care of that individual within the previous 7 days, the child must be

referred directly to an emergency department for immediate evaluation or treatment referral in accordance with Illinois law.

2. If a child discloses sexual abuse and is experiencing any acute pain or bleeding, suicidal ideation or there is suspected human trafficking, the child must be referred directly to an emergency department for immediate evaluation and treatment.

3. If a child discloses being sexually abused more than 7 days previously, or someone reports witnessing a child being sexually abused more than 7 days previously, or a child has disclosed past sexual abuse by a specific individual and was in the care of that individual more than 7 days previously, and there are no emergency medical, psychological or safety needs identified, the investigators will consult the PRC concerning the need for an evaluation. If after hours, the DCFS investigator will contact the PRC on call provider at 309. 655.7257.

4. If PRC staff recommends that the child be evaluated at the PRC and the last abuse or contact occurred within the previous 2 weeks and there are no emergency medical, psychological or safety needs identified, the exam will be scheduled by the DCFS investigator as soon as possible.

5. If PRC staff recommends that the child be evaluated at the PRC and the last abuse or contact occurred more than two weeks prior and there are no emergency medical, psychological or safety needs identified, the exam will be scheduled at the convenience of the family and the PRC provider.

6. Follow up examinations to reevaluate findings, conduct further STI testing or confirm initial examination findings will be scheduled as determined by the PRC provider and at the family's convenience.

C. Referrals for Physical Abuse Medical Evaluations:

1. Children with acute injuries or bleeding, changes in mental status, or who appear to be in pain must be referred directly to an emergency department for immediate evaluation and treatment.

2. Non-hospitalized victims of serious physical abuse who have no acute injuries or pain are referred to the Pediatric Resource Center for evaluation as appropriate based upon the circumstances of the case and the discretion of the team members after consulting with the Pediatric Resource Center staff and any medical providers who have already treated the child's injuries.

D. PRC staff explains the result of the examination and any testing to the child and/or his or her non-offending caretaker at the time of the examination or by telephone after test results arrive. PRC case managers promptly contact the DCFS and/or law enforcement investigator by telephone to inform them of the results of the examination and tests. PRC physicians and advance practice nurse are available for consultations with the DCFS and law enforcement investigators, prosecutor and other team members by telephone or in person within a few days of the request for a staffing.

E. The DCFS investigator is responsible for scheduling the medical evaluation. To avoid duplicate interviewing and history taking, DCFS and/or law enforcement investigators verbally communicate the child's statement and appropriate information to the Pediatric Resource staff prior to the child's scheduled evaluation and are available by cell phone if additional questions arise during the examination.

VIII. PROSECUTION

A. The State's Attorney's Office will evaluate the evidence and reports and determine whether to file criminal charges and whether a juvenile court petition is necessary to ensure the safety of the victim and his or her siblings.

B. If charges and/or a petition are filed, the State's Attorney's Office will prosecute the case through final disposition.

C. The State's Attorney's Office will keep the Case Manager/ Victim Advocate and the victim and his or her non-offending caretaker apprised of all significant court hearings and case developments.

D. The prosecutor who is assigned the case will meet with the victim and his/her non-offending caretaker prior to court to prepare the victim to testify and to orient the victim and the non-offending caregiver to the courtroom and court procedures.

E. The State's Attorney's Office will request a no contact order as a condition of bond, and STI testing of the offender, where appropriate.

F. The prosecutor assigned the case will request an order of protection, payment of medical and counseling bills, STI testing, sex offender treatment and other pertinent conditions of probation where appropriate.

G. The prosecutor will use the best efforts to obtain a prompt resolution of the case.

IX. RECORD KEEPING

A. The Director ensures the confidentiality of Children's Advocacy Center records by maintaining only necessary identifying information regarding the victim and his or her family and by using appropriate safeguards to protect access to those records. The investigative team members, PRC and mental health providers maintain their records as required by the policies of their respective agencies and by Illinois law.

B. The Children's Advocacy Center's comprehensive data tracking system records:

1. Statistical information and demographics for the child, family and offender, including age, ethnicity, disability, gender;

2. Nature of the allegations, including type of abuse;

3. Results of DCFS and law enforcement investigations;

4. Criminal and delinquency charges filed, juvenile abuse and neglect petitions filed, and the disposition of all court cases;

5. Mental health and medical referrals made and whether the family complied.

This information is made available to the agencies that participate in the Children's Advocacy Center, grant providers, and the Advisory Board.

C. Cases are deemed closed for purposes of data and case tracking after the sentencing hearing. Children's Advocacy Center staff will continue to provide services to clients as requested or needed after the case is formally closed.

X. PROCESS FOR EVALUATING THE EFFECTIVENESS OF THE CAC

A. A suggestion box is kept in the case review room and MDT members are invited to submit suggestions and feedback.

B. The Director sends all MDT members an electronic survey annually requesting feedback regarding CAC staff, services, facility, forensic interviews, case reviews and communication The Director forwards the responses to the Executive Director and they address issues as needed.

C. The CAC utilizes the NCA's Outcome Measuring System (OMS). Each non-offending caregiver who brings a child to the CAC is offered an initial client survey on the Kindle tablet, by email, or a as a paper survey.

D. The Executive Director and Director review all client responses twice a year and adopt changes as necessary to provide excellent service to our clients.

SPECIALIZED MEDICAL EVALUATIONS
MEMORANDUM of UNDERSTANDING

The following agreement between the Peoria County Children's Advocacy Center (hereinafter referred to as the Peoria County CAC) and the Pediatric Resource Center (hereinafter referred to as PRC) defines the parameters of referral, treatment, coordination and collaboration of services to child victims referred for the presenting factor of sexual abuse, serious physical abuse or trauma. The purpose of coordination is to ensure justice and healing. Due to the challenges and costs of time and travel for medical staff, children, and families, these agencies agree to collaborate on the following:

1. PRC staff agrees to be available for phone case consultation at the time of the intake and/or following the interview to assist the investigative team in determining whether a medical exam is warranted.
2. Referrals for medical examinations and treatment shall be made with the parents'/guardians' written consent via a signed release of information form.
3. To ensure timely communication, PRC staff agrees to maintain communication with Peoria County CAC team members responsible for the investigation and prosecution via signed release of information, legal mandate or subpoena of medical reports and so that children and families receive services as needs are identified.
4. The Peoria County CAC will provide a representative to assist children and families to: contact the Pediatric Resource Center, schedule appointments, provide education on the medical examination, provide assistance in accessing resources to secure transportation to exam, and provide assistance in accessing funding or reimbursement for exam costs.
7. PRC staff agrees to assist Peoria County CAC team members in understanding the results of specialized medical examination reports and findings.
8. PRC confirms that PRC medical staff can provide documentation and meet a minimum of one of the following (please check all that apply):
   - [x] Child Abuse Pediatrics Sub-board eligibility
   - [ ] Child Abuse Fellowship Training of Child Abuse Certificate of Added Qualifications
   - [x] Documentation of satisfactory completion of competency-based training in the performance of child abuse evaluations
   - [x] Documentation of 16 hours of formal medical training in child sexual abuse and/or serious physical injury evaluation
9. PRC confirms that it is PRC's procedure to photo-document sexual abuse exams, when the appropriate consent is obtained.
10. PRC agrees to share information regarding training provided by PRC staff in the area of child sexual abuse and serious physical injury with the Peoria County CAC and investigative team members.
11. PRC confirms and agrees to supply documentation that it participates in the following:
    - Ongoing education of PRC medical providers in the field of child sexual abuse and/or serious physical injury consisting of a minimum of 8 hours per every 2 years of CEU/CME credits.
    - Quality assurance program whereby random samplings of PRC cases are reviewed by PRC staff, which includes two pediatricians with board certification in Child Abuse Pediatrics. In addition, all sexual abuse exams determined to be abnormal or unusual presentations are also reviewed by PRC staff.
    - Monthly medical peer review through the Midwest Regional CAC.
    - Quarterly case specific peer review through Midwest Regional Children's Advocacy Center MyCaseReview.

SPECIALIZED MEDICAL EVALUATIONS
MEMORANDUM of UNDERSTANDING

Peoria County CAC and PRC believe in protecting the client's right to confidentiality. Therefore, Peoria County CAC and PRC agree all medical records are the property of the PRC. Records will be accessed by the Peoria County CAC and investigative team members via authorized release of information signed by the child's parent/guardian, legal mandate or subpoena duces tecum.

Channing Petrak, MD, Medical Director
Pediatric Resource Center

2/8/18
Date

Donna Cruz, Executive Director
Peoria County Children's Advocacy Center

2/12/18
Date

Stephanie Johnson
Stephanie Johnson, Executive Director
Pediatric Resource Center

2/8/2018
Date

Peoria County Children's Advocacy Center

Peoria County Children's Advocacy Center

Memorandum of Understanding with The Center for Prevention of Abuse for Mental Health Referral, Assessment, Treatment and Case Review

The Peoria County Children's Advocacy Center (CAC) and The Center for Prevention of Abuse (Center) agree to collaborate to ensure that child victims of sexual and serious physical abuse and their non-offending family members receive trauma focused mental health services. This linkage agreement provides as follows:

- CAC staff is responsible for making the initial referral to the non-offending parent/caregiver for mental health evaluation and treatment for the child and non-offending family members.
- The Center agrees to ensure assessment of CAC referrals and schedules an appointment within a reasonable amount of time.
- The Center mental health provider(s) agree to protect confidentiality of their patients as outlined in their own agency policies and procedures.
- The Center's mental health providers will develop a treatment plan to meet the needs of the child and non-offending family members as determined by a trauma informed assessment.
- The Center confirms that each clinician meets at least one of the following standards:
  - Master's degree, licensed, certified or supervised by a licensed mental health professional
  - Master's degree or license-eligible in a related mental health field
  - Student intern in an accredited mental health related graduate program and supervised by a licensed/certified mental health professional
- The mental health provider(s) have completed 40 contact hour CEUs in accordance with the Center's mental health related license requirements, CEUs from specific evidence-based treatment for trauma training, and ongoing clinical supervision hours by a licensed clinical supervisor and continuing education in the field of child abuse consisting of a minimum of 8 hours every two years.
- The Center confirms that services are available and accessible to all CAC clients regardless of their ability to pay.
- The CAC staff is responsible for notifying the Center for Prevention of Abuse physical abuse therapist, Karen Greene, or the Center for Prevention of Abuse sexual abuse therapist, Lauren Auer, of any scheduled Case Review meetings. Case Reviews will usually be held monthly on a Thursday morning. Karen Greene will attend physical abuse case reviews and Lauren Auer will attend sexual abuse case reviews as clinical consultants on issues relevant to child trauma and evidence-based treatment, and will provide education, advice, direction and input on mental health issues and needs to the MDT.
- The CAC and the Center for Prevention of Abuse agree that all mental health records are the property of the Center for Prevention of Abuse, records are maintained at the Center for Prevention of Abuse, and records can only be accessed via authorized release of information signed by the child's parent/caregiver or by court order.

This agreement reflects an established, ongoing partnership between the Peoria County Children's Advocacy Center and the Center for Prevention of Abuse and will remain in effect from the date signed until December 31, 2022, unless modified or terminated in writing prior to that date by either party.

Donna Cruz 2/20/19
Donna Cruz (date)
Executive Director

Carol Merna 02.12.2019
Carol Merna (date)
Executive Director

Appendix 3 – Case Review Agenda

CASE REVIEW AGENDA

The following topics are addressed at every case review. The team member(s) listed after the topic begin the discussion of the topic. All members provide input.

Presentation of Facts - DCFS/Law Enforcement investigators

Interviews - DCFS/Law Enforcement investigators

- Victim(s)
- Parent(s)
- Sibling(s)
- Alleged offender
- Witnesses
- Other

Special issues (cultural, language, disability, etc.) - Victim Advocate, Center Therapist, DCFS

Medical findings – Dr. Petrak, Alison Cordoni, PRC case manager

Child Protection – Safety plan, Order of Protection, Protective Custody, Placement – DCFS

Needs of Child and Family – Victim Advocate, Center Therapist, DCFS

Further Investigation needed: Prosecutor, Law Enforcement, DCFS Investigator

Possible charges (criminal and child protection) - Prosecutor

Appendix 4 – Peer Review

PEORIA COUNTY FORENSIC INTERVIEWER

PEER REVIEW FORMAT

The Executive Director completed forensic interview training and facilitates peer review. Each peer review includes:

1. A PowerPoint presentation/refresher on the Child First interview method;
2. Review and discussion of a journal article selected and presented by the Executive Director on an issue related to forensic interviewing;
3. Observation of a recorded interview conducted by one of the Peoria County forensic interviewers. The interviews used in peer review are from cases which have been disposed of in court or were never charged;
4. The forensic interviewers are given a sheet summarizing the Child First interview method and are encouraged to analyze the reviewed interview according to the principles of the Child First interview method as well as their own experience, and
5. After watching the interview, the group provides verbal feedback to the interviewer who was observed and discusses challenges they face during interviews.

MULTI-SESSION FORENSIC INTERVIEWS

A. Following is a non-exhaustive list of when a second interview may be necessary:

1. A second interview may be necessary when the victim becomes emotionally distraught and the investigators determine that continuing the interview would negatively impact the child's emotional well-being.

2. Additional circumstances justifying a second interview include when the victim refuses to answer questions, the victim raises a separate and unrelated incident of abuse late in the interview, or there are allegations that the victim has recanted after the initial interview.

B. Multi-Session Extended Forensic Interviews: No Peoria County forensic interviewer is trained to conduct extended forensic interviews. An extended forensic interview may be beneficial if the child to be interviewed is very young, extremely traumatized, has developmental delays, or has cognitive disabilities. If a situation arises where an extended forensic interview appears beneficial, the investigators, together with the Executive Director, will request assistance from a forensic interviewer trained in extended interviews from the FBI or Department of Homeland Security.

USE OF EVIDENCE IN THE FORENSIC INTERVIEW

Interviewers may present evidence to the child in the forensic interview. The following guidelines should be followed:

1. The interviewer should tell the victim that he has the evidence during the rapport-building phase of the interview. The interviewer should not be specific but should tell the victim he has some photos or text messages, etc. that he will ask the victim about later in the interview.

2. The interviewer should not show the victim video footage of the offense. If the evidence is in video form the interviewer should print out stills of sections of the video.

3. If the victim did not know the images were taken, the interviewer should give the victim the choice of whether he shows the victim the images or describes the images to the victim.

Appendix 7- Interview Aids

The Use of Aids in the Forensic Interview

Interview aids available at the CAC include easel, paper and crayons, body diagrams, non-anatomically correct dolls and anatomically correct dolls.

Body diagrams should be used as instructed in the Finding Words and Child First trainings.

Anatomically correct dolls may be used only under the following guidelines:

- Anatomically correct dolls may only be used after the child has made a verbal disclosure of abuse.
- If the child is under five years old, the interviewer must first demonstrate representational shift before allowing the child to demonstrate with the dolls.
- Anatomically correct dolls may be used for the following purposes:
    - To clarify if the child described something improbable and can't adequately explain it;
    - To allow the child to distance herself from the abuse. Using the doll allows her to demonstrate what was done on the doll instead of on her own body.
    - To assist the child's communication if the interviewer can't' understand the child's words, the child's vocabulary is inadequate to explain the events, or she is developmentally delayed or has a cognitive disability.

Appendix 8 - Victim Advocacy

The CAC Case Manager/Victim Advocate provides the following services to the victim child and his or her non-offending caretaker and family members:

- Greeting, providing an orientation to the Children's Advocacy Center, assessing cultural consideration, and providing crisis assessment and needs throughout the investigation and court process. The Case Manager/Victim Advocate will continue to provide services to the victim and his or her non-offending caretaker after the case is disposed of in court, if requested by the family.

- Educating the child and caretaker or non-offending family member about the multidisciplinary response, their legal rights as crime victims, and the judicial process.

- Accompanying the child and caretaker to all court appearances and meetings with the prosecutor.

- Participating in the case review to discuss the unique needs of the child and family, to plan associated support services and to ensure their concerns are addressed by the other team members

- Referring for medical evaluation and mental health treatment

- Referring for community services, transportation to and from court, orders of protection, domestic violence intervention, obtaining clothing to wear to court

- Assisting with completing forms for crime victims' compensation and the attorney general's victim notification service

- Providing updates on case status, continuances, dispositions, sentencing

- Offering emotional support to the child and the family throughout the duration of the case and encouraging their cooperation in the case investigation and prosecution.

PEORIA COUNTY PROTOCOL FOR CASES OF SEXUAL ABUSE AND SERIOUS PHYSICAL ABUSE OF CHILDREN

Signature page

The undersigned express their agreement with and commitment to the terms of this protocol.

3-20-19
Jerry Brady Date
Peoria County State's Attorney

2/20/19
Brian Asbell Date
Sheriff, Peoria County

2/20/19
Capt. Scally, designee for Date
Loren Marion
Acting Chief, Peoria Police Department

SIA K.K. 4695 2/20/19
Keri Englert Date
Illinois State Police

2/21/19
Brian Fengel Date
Chief, Bartonville Police Department

03/20/19
Dustin Sutton Date
Chief, Peoria Heights Police Department

2/20/19
Scott Mettille Date
Chief, Chillicothe Police Department

2-20-19
Jonna Tyler, LCPC Date
Director, The Antioch Group, Inc Child Clinic

2/26/19
Megan Sturtevant, designee for Date
Shea Kamp, Area Administrator
Illinois Department of Children & Family Services

2/2019
Stephanie Johnson Date
Executive Director
The Pediatric Resource Center

2-19-19
Aurthur Mae Perkins Date
Retired District 150 Principal

2019
Pastor Joseph Johnson Date
Star of Hope Full Gospel Baptist Church

2-27-19
Teresa Riech, M.D. Date
Medical Director, Pediatric Emergency
Department at Children's Hospital of Illinois