



ARLINGTON
VIRGINIA

MEMORANDUM OF UNDERSTANDING

ARLINGTON COUNTY CHILD ADVOCACY CENTER

**The Investigation and Treatment of Child Victims of
Sexual Abuse and Physical Abuse and Neglect**

May 2023

Arlington County, Virginia



Memorandum of Understanding: The Investigation and Treatment of Child Victims of Sexual Abuse and Physical Abuse and Neglect

Statement of Purpose

We the undersigned clearly commit to the Child Advocacy Center (CAC) model. We represent the Arlington County Police Department Special Victims Unit (SVU), the Office of the Commonwealth's Attorney, the Arlington County Attorney's office, Inova Ewing Forensic Assessment and Consultation Team (FACT), and the Arlington County Department of Human Services, which includes Behavioral Health and Child Protective Services (CPS).

The Arlington County CAC recognizes that child abuse is a community problem that requires a coordinated community response. No one entity or organization can possibly anticipate or meet the needs of victims. A strong, collaborative, non-duplicative, compassionate community response is one of the best ways to assure that victims of child abuse are not further traumatized by the very system designed to protect them.

As part of this agreement we are committed to the following:

- The continued development, implementation and maintenance of a child-focused approach which reflects a cooperative effort among the undersigned agencies
- Coordinating inter-agency and inter-professional cooperation in the investigation, assessment, medical and therapeutic interventions for child victims of sexual abuse, severe physical abuse or neglect
- A multidisciplinary team (MDT) approach to child abuse intervention which is focused on the child victims and their family's needs, as well as the law enforcement, prosecution, and civil proceedings involved
- Supporting and using the CAC, a child-focused setting that is comfortable, private and safe for children and their non-offending family members
- Conducting forensic interviews in a manner that is legally sound, of a neutral, fact-finding nature, and coordinated to avoid duplicative interviewing
- Participating in regular MDT case review meetings and sharing pertinent information;
- Providing training and education in the community
- Ensuring that all CAC policies, practices, and procedures adhere to standards of anti-racism and maximize cultural competency to keep racial injustices, discrimination and inequities from regenerating.

This memorandum of understanding (MOU) defines the roles and responsibilities of all team members to ensure better outcomes for victims and their families with regards to mental health, protection, and prosecution. Each agency will work within its policies and procedures. Nothing contained herein supersedes the statutes, rules and regulations governing each agency. Current regulations will prevail to the extent that any provision of this agreement is inconsistent with such statute, rule or regulation.

Staff participating in the CAC during investigations, forensic interviews and/or case reviews maintain confidentiality of all information shared and records regarding cases as required by

state and federal law. Each MDT representative will maintain all confidentiality requirements for their respective agencies. Confidential information includes but is not limited to:

- Medical and other personal information about the children the CAC serves.
- Client records and team decisions made relative to specific cases.

Each signatory to this MOU acknowledges that it remains solely liable for the actions of its employees, respectively. Each party further acknowledges that liability does not attach to the signatories of the MOU by virtue of agreeing to coordinate services.

Definitions

The Code of Virginia §63.2-100 and Title 22 of the Virginia Administrative Code provide statutory definitions.

Sexual abuse:

(22 VAC 40-705-30 D) Sexual abuse occurs when the child's parent, caretaker, or intimate partner commits or allows to be committed any act of sexual exploitation, including sex trafficking as defined in 22 VAC 40-705-10, or any sexual act upon a child in violation of the law.

Physical abuse:

(22 VAC 40-705-30 A) Physical abuse occurs when a caretaker creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon a child a physical injury by other than accidental means or creates a substantial risk of death, disfigurement, or impairment of bodily functions, including, but not limited to, a child who is with his parent or other person responsible for his care either (i) during the manufacture or attempted manufacture of a Schedule I or II controlled substance or (ii) during the unlawful sale of such substance by that child's parents or other person responsible for his care, where such manufacture, or attempted manufacture or unlawful sale would constitute a felony violation of §18.2-248 of the Code of Virginia.

Physical neglect:

(22 VAC 40-705-30 B) Physical neglect occurs when there is the failure to provide food, clothing, shelter, necessary medical treatment, or supervision for a child to the extent that the child's health or safety is endangered. This also includes abandonment and situations where the parent's or caretaker's own incapacitating behavior or absence prevents or severely limits the performing of child caring tasks pursuant to § 63.2-100 of the Code of Virginia. This also includes a child under the age of 18 years whose parent or other person responsible for his care knowingly leaves the child alone in the same dwelling as a person, not related by blood or marriage, who has been convicted of an offense against a minor for which registration is required as a violent sexual offender pursuant to §9.1-902 of the Code of Virginia. In situations where the neglect is the result of family poverty and there are no outside resources available to the family, the parent or caretaker shall not be determined to have neglected the child; however, the local department may provide appropriate services to the family.

Caretaker role:

(22 VAC 40-705-10) “Caretaker” means any individual having the responsibility of providing care and supervision of a child and includes the following: (i) a parent or other person legally responsible for the child’s care; (ii) an individual who by law, social custom, expressed or implied acquiescence, collective consensus, agreement, or any other legally recognizable basis has an obligation to look after a child left in his care; and (iii) persons responsible by virtue of their positions of conferred authority;

Inherent within the definition of a caretaker is that the individual was responsible for providing care and supervision for the child or assumed responsibility for providing care and supervision for the child.

CAC services

The CAC and MDT will serve children with SVU assigned reports and/or CPS validated reports alleging sexual abuse, physical abuse and/or physical neglect, validated by CPS as an investigation although not always. The CAC may also serve children and family members who may have witnessed a crime and/or been affected by child fatalities. Cases referred to the CAC may have criminal and/or civil charging implications and additional allegations pending.

The CAC staff coordinate services per protocols, provide support services to victims and families, including mental health assessments and therapy services, maintain a child-friendly, safe place for forensic interviewing, provide legally sound forensic interviews and audio and video recordings of interviews, maintain case records and track data. All support and coordination services are available to all cases referred to the CAC, whether or not a forensic interview is provided.

Investigative Process

- The CPS hotline will notify the CAC MDT, which includes CAC staff, CPS, SVU, the Office of the Commonwealth’s Attorney, and the County Attorney’s Office, via e-mail within one hour of all validated CPS investigations and referrals that may be referred to the CAC for forensic interview and/or MDT review.
- The CPS hotline will notify the CAC staff via e-mail of any referrals sent to the SVU that do not meet CPS validation criteria, and that may be referred to the CAC.
- The CPS hotline is responsible for determining whether a referral meets CPS validation standards by obtaining the appropriate information necessary to meet validation.
- In accordance with Virginia Code 63.2-1509, if a report is made directly to the police, it shall be the responsibility of the reporting officer, or assigned SVU investigator, to contact CPS, via the local or Virginia CPS hotline and forward a copy of the police report, as soon as possible (preferably within 24 hours), via fax or e-mail.
- The SVU investigator and CPS worker communicate, prior to the beginning of the investigation, with each other to discuss case background, relevant history, known facts of the disclosure, medical exams and notification of the non-offending caretaker, as needed.
- The SVU investigator and CPS worker communicate prior to scheduling, or conducting, any interviews either in the field or at the CAC.

- The CAC staff will provide e-mail notification to the MDT when a forensic interview has been scheduled at the CAC.
- The Arlington Police Department and Child Protective Services joint investigation protocol (July 2022) outlines the details of the investigative process between CPS and SVU.

A functioning and effective MDT is the foundation of our CAC. The Arlington County CAC MDT includes representation from the following:

- Child Protective Services
- Law Enforcement
- Commonwealth's Attorney
- Victim Witness Advocates
- County Attorney
- Behavioral Healthcare
- Inova Forensic Assessment and Consultation Team (FACT)
- CAC Family Advocates/Mental Health Therapists

Child Protective Services (CPS)

The CPS worker

- Investigates all reports of alleged child abuse as mandated by Virginia law
- Participates in the pre-forensic interview conference
- Observes the forensic interview
- Add relevant case specific updates to monthly case review agendas
- Participates in the post-forensic interview conference
- Conducts a safety and/or risk assessment of the child and non-offending family members
- Participates in case reviews as requested by his/her supervisor
- Refers the information to the CPS hotline within 24 hours if at any point the CPS social worker receives a new complaint of child abuse, regardless of caretaker status

The CPS supervisor

- Observes the interview as needed
- Add relevant case specific updates to monthly case review agendas
- Participates in case reviews
- Participates in scheduled business meetings

Law enforcement/ Special Victim's Unit (SVU) including Internet Crimes Against Children (ICAC)

The SVU detective:

- Investigates all cases of alleged child abuse as mandated by Virginia law
- Initiates referrals to the CPS hotline if law enforcement initially receives a complaint of child abuse, regardless of caretaker status
- Participates in the pre-forensic interview conference
- Observes the forensic interview provided the possibility exists of criminal charges
- Participates in the post-forensic interview conference

- Add relevant case specific updates to monthly case review agendas
- Participates in case reviews as requested by his/her supervisor

The SVU lieutenant supervisor:

- Observes the interview as needed
- **Add relevant case specific updates to monthly case review agendas**
- Participates in case reviews
- Participates in scheduled business meetings

Commonwealth's Attorney

- Determines appropriate criminal charges
- Consults during pre-interview conference as needed
- Consults during post-interview conference as needed
- Add relevant case specific updates to monthly case review agendas
- Participates in case reviews
- Participates in scheduled business meetings
- Advises the CAC regarding legal issues related to criminal prosecution
- Is responsible for the prosecution of the criminal case

Victim Witness Advocates

- Add relevant case specific updates to monthly case review agendas
- Participates in case reviews, reports on case status and disseminates information and/or recommendations to their staff
- Provides support and assistance to victims of crime
- Provides education about legal procedures
- Informs victims and non-offending caretakers about their rights
- Assists with crimes victims' compensation
- Provides court accompaniment for children and caregivers
- Coordinates with CAC Family Advocate/Mental Health Therapist and CPS investigators.

County Attorney's Office

- Provides consultation to CPS regarding referrals
- Advises and represents the Department of Human Services in all court hearings in civil matters, including abuse and neglect trials and requests for protective orders, emergency removal orders, and foster care hearings if the victim child is placed in foster care
- Add relevant case specific updates to monthly case review agendas
- Participates in case reviews
- Participates in scheduled business meetings

Behavioral Healthcare Representative

- Observes the interview as needed (or designated mental health therapist)
- **Add relevant case specific updates to monthly case review agendas**
- Participates in case reviews

- Participates in scheduled business meetings

INOVA FACT Department (Inova Ewing FACT Department)

- Conducts forensic exams upon request of law enforcement/child protective services
- Collects medical history to obtain background health information
- Refers child/family to community resources
- Testifies as a fact or expert witness upon subpoena in any court proceedings
- Creates a medical legal report that is provided to investigators
- Interprets medical terminology and findings used in medical reports and provides consultation to the MDT
- Add relevant case specific updates to monthly case review agendas
- Participates in case reviews
- Participates in scheduled business meetings
- Provides consultation as needed

CAC Family Advocates/Mental Health Therapists

- Participates in the pre-interview conference
- Observes forensic interview as needed
- Provides support and information for child and non-offending caretakers before, during and after the forensic interview
- Participates in post-interview conference
- Add relevant case specific updates to monthly case review agendas
Participates in case reviews
- Provides trauma-informed assessments and treatment or facilitates linkage to mental health services as needed for CAC clients
- Coordinates and co-facilitates the non-offending caretaker (NOC) groups

Hours of operation

The Arlington County Child Advocacy Center will operate during normal business hours for Department of Human Services Child and Family Service Division (M-Th: 8:00 a.m. to 7:00 p.m.; Fri: 8:00 a.m. to 5:00 p.m.). After-hours referrals will be responded to by the on-call CPS worker and the police. The CAC is available after hours as needed. The CPS hotline will notify the CAC MDT via e-mail of all validated CPS investigations and referrals sent to the SVU that may be referred to the CAC for forensic interview and/or MDT review.

Transportation of child victims to 2100 Washington Blvd.

- Children are brought to the CAC by a non-offending legal guardian or other designated caretaker upon approval by SVU and CPS.
- In those instances when there does not appear to be a protective adult who can accompany the child to the CAC, or the alleged offender has immediate access to the alleged victim, SVU will coordinate transportation to the CAC.
- The alleged perpetrator should not accompany children to the CAC.

Forensic interviews

The Arlington County CAC acceptance criteria for a forensic interview are children who are between the ages of two and 18 with adequate communication skills who have been referred to the CAC and both the child and non-offending caretaker consent to the interview. Interviews are indicated for both the alleged victim(s) noted in the CPS or police report as well as siblings in contact with the offender or potential child victims or witnesses. The purpose of the forensic interview is to create a comfortable space for a trained interviewer to address abuse allegations in a legally defensible, child-friendly and developmentally appropriate manner. The goals of the forensic interview are to minimize a child victim's trauma and stress, maximize his/her recall and maintain the integrity of the investigation.

Upon agreement of the MDT and availability, a forensic interview may be conducted for a young adult, particularly one with developmental disabilities, for whom a CAC forensic interview may be developmentally appropriate.

The interviewer conducts each interview of a child using nationally recognized protocols. Team members will observe in person. Team members sign in on a sheet that notes the date, time in, time out, agency, and telephone number. Team members are aware that by virtue of observing an interview they could potentially be subpoenaed as a witness for civil and/or criminal court. If an interpreter is necessary, the CPS social worker or detective will notify the forensic interviewer in advance of the interview and the interviewer will arrange for an in-person interpreter. The interviewer will prepare the interpreter for the interview.

The decision of whether a child requires a forensic interview with MDT observation and coordination will be a joint decision made by the assigned CPS worker and assigned SVU detective. All efforts will be made to avoid multiple interviews of a child regarding the same reported allegation(s). The forensic interview should be conducted in the CAC unless circumstances such as the following exist. The child's current placement, such as a juvenile detention facility, psychiatric hospital or residential treatment facility and/or disability precludes safe transportation. An interviewer can be available to interview a youth in one of these settings per team decision and with the youth's stability and best interest in mind.

First responder (minimal facts) interview

If a validated complaint requires clarification (jurisdiction, alleged perpetrator access to victim(s), and safety) prior to scheduling forensic interviews, the assigned detective and/or CPS investigator should first contact the reporting person, the non-offending legal guardian and/or caretaker, and any other witnesses or collateral contacts. If further clarification is still required, a brief preliminary first responder (minimal facts) interview with the child may be necessary (see Attachment 1). The CAC forensic interviewers are available to consult about whether or not a minimal facts interview is appropriate.

In conducting a first responder (minimal facts) interview with a child victim of sexual abuse and related witnesses, the detective and/or CPS investigator should always keep in mind the following principles:

- The goal of the MDT is to reduce the number of interviews.

- The purpose of the brief interview is to evaluate the immediate safety needs of the child.

A first responder (minimal facts) interview should be followed up with FACT medical exam, as appropriate, and/or forensic interview at the CAC in accordance with all other protocols.

Police-only referrals

The CAC and MDT will serve children for whom an investigation is assigned to SVU and not validated by CPS. SVU referrals may include, but are not limited to sexual assault, physical assault, neglect/abandonment, child pornography, kidnapping, child exploitation, and witness to crimes, including domestic violence and homicide.

The CAC is available for forensic interviews and case coordination services via the case review process. The assigned investigator is encouraged to schedule a forensic interview directly with the CAC MDT coordinator. The assigned SVU investigator observes the forensic interview, or another SVU investigator in their place. The forensic interviewer will report to the CPS hotline any information that may meet CPS validation criteria within 24 hours of the interview.

CPS-only referrals

If a CPS social worker is assigned a case that is not assigned to SVU and determines that a child would benefit from a forensic interview, they can schedule a forensic interview to be conducted at the CAC. The request should be made directly to the CAC MDT coordinator and the requesting CPS social worker or a designated substitute observes the forensic interview.

Courtesy interviews and use of the CAC facilities

The Arlington County CAC may offer forensic interviewing and/or use of the interview rooms and equipment to neighboring jurisdictions and/or government agencies for investigation of cases of child abuse as requested.

Pre-interview conference

The purpose of the pre-interview staffing is for all team members to share relevant information regarding the abuse allegations, agree who will conduct the interview, consider possible hypotheses related to the abuse allegations, and discuss any potential barriers to the interview process.

Post-interview conference

Following the forensic interview of the child at the CAC, the team shall immediately meet and share information necessary for each team member to act in accordance with its agency's mandates. The team may also discuss additional steps that may be required including safety planning.

Forensic interview recordings

The forensic interviewer is responsible for making a recording of the interview. CPS receives an audio recording; law enforcement and the County Attorney receive an audio/video recording. Each interview will be recorded with the iRecord system. CPS and law enforcement are given their recordings after each interview and sign a "chain of custody" form acknowledging receipt.

Any materials produced during the interview, such as notes and drawings, are given to CPS or law enforcement; they are not kept at the CAC. Any materials produced by the child or interviewer during the interview do not remain at the CAC. These items are given to either the detective or social worker at their discretion. The Arlington County CAC will not retain copies of the interview recordings, drawings, or notes.

Medical Considerations

If a child requires urgent medical care, this takes precedence over further investigation. The assigned police investigator and/or CPS worker will support transportation to the necessary medical facility. Inova Health System is not responsible for coordinating or providing transportation to or from medical facilities.

The medical evaluation addresses the physical well-being of the child, identifies abnormalities, and may yield legal evidence. It is an important part of the investigation/evaluation of the child abuse victim.

Indications for Forensic Medical Examinations

The assigned police investigator and/or CPS worker will consult with the Inova Ewing FACT Department to assess and prioritize medical needs.

- Children and adolescents who are alleged sexual abuse victims within the previous five days need a forensic medical exam as soon as possible to collect evidence and identify, document, and treat injuries. The victim should be advised not to bathe, change clothing, or discard garments prior to the exam. These children will receive a SANE evaluation at Inova Fairfax Hospital or one of their satellite clinics.
- Immediate medical concerns may be directed to the Emergency Room prior to FACT.
- All children who report a history of sexual abuse occurring any time in the past should be considered for a forensic medical exam.
- Legal guardian must be available to consent for non-acute cases. For acute cases if legal guardian is unavailable or refuses examination, FACT will follow Emergency Consent for Acute Sexual or Physical Assault Protocol.

Case reviews

Case review is an essential component of the CAC that allows for the sharing of information, dispositions, and recommendations in an efficient, coordinated manner. While team members are guided by different mandates, it is understood that the children and family's safety and best interest are the first priority for all agencies.

- Case review is conducted the first Thursday of every month at 1:00 p.m.
- All CAC referrals received within the last 30 days and cases that remain open to the CAC pending dispositions are reviewed. The CAC MDT coordinator is the designated facilitator of each case review. The facilitator prepares and sends the CAC case review agenda to the MDT one week prior. All recipients are expected to add relevant case specific updates to monthly case review agendas prior to the meeting. It is important that

the supervisors and direct staff review the case review agenda not only to add their updates but also to review updates from other team members.

Case tracking

Arlington's commitment to coordination and information sharing extends to the manner in which information is collected and tracked. Data is tracked for purposes of grant reporting, program evaluation, and MDT and community education. While the CAC forensic interviewer and CAC director are responsible for recording all of the information, the multidisciplinary team (MDT) shares access to these records and databases.

Case folders

- CAC case folders are maintained and stored in fireproof, locked file cabinets.
- These folders are separate from CAC services, behavioral health services and child protective services (CPS) records.
- CAC folders consist of referral reports, an intake sheet, case coordination notes, the written summary of the interview, and case review tracking forms.
- Police and CPS reports are not maintained in CAC case folders after closure.

Racial Justice Statement

The Arlington County CAC MDT commits to critically identifying bias and intentionally acting to advocate for equity, civil rights and racial justice for Black, Indigenous People of Color (BIPOC). This commitment is in recognition of the negative impact associated with a longstanding history of systemic racism, segregation and disproportionality in Arlington County.

The CAC will not discriminate against any victim and their family on the basis of race, religion, sex, veteran's status, marital status, age, national origin, culture, or sexual orientation.

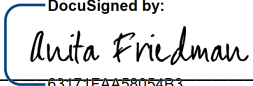
Patterns of reports, referrals and scheduling of interviews based on race and ethnicity will be reviewed annually to identify any patterns suggestive of bias. It is known that referrals to both CPS and LE are disproportionately higher for our BIPOC communities. Outcomes, including mental health services follow-up assessment data, and CPS/SVU dispositions will be tracked and disaggregated to monitor patterns that include race and ethnicity.

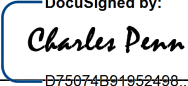
During case review, cultural factors are identified and their relevance to the investigation is discussed. Any cross-cultural and diversity issues will be discussed and resolved by the MDT during the bi-monthly policy/business meetings. As decision makers, a culture that supports curiosity, questioning, education and speaking up against racism is expected and encouraged. Instances of both individual racism and institutional racism will be addressed directly and consistently when making decisions and developing or reviewing protocols. The MDT will cultivate a capacity to understand the negative impacts of racism and willingness to critically review what we say and do by ongoing participation in trainings that focus on building a skill set rooted in principles of race, justice and equity. Collaboratively we will implement and advocate

for a just and equitable process that strengthens, protects, and empowers children and families to ensure race and ethnicity no longer determine outcomes.

We the undersigned, as parties to this MOU, adopt the preceding operational investigative procedures. We will continue to work together to develop the best intake, investigation and treatment practices. We recognize the need for flexibility and innovation as our respective agencies unite to develop a model service delivery to address the tasks of investigating and treating child abuse and neglect. We will jointly meet this challenge by sharing resources and focusing on our shared mission of justice, protection and healing. We understand that through this proposal, we clearly commit to the Arlington County Child Advocacy Center.

Signatories of this Agreement:

DocuSigned by:

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Anita Friedman
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Department of Human Services

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Ariel Ward
Community Health Director (Inova FACT)

Attachment 1

First Responder (Minimal Facts) Interview

1. What type of abusive activity happened?
2. Where did it happen? Multiple jurisdictions?
3. When did it happen?
4. Who is/are the alleged perpetrator(s) and their relationship to child? Is s/he in the home? Access to child?
5. Are there witnesses and/or other children? Who did the child tell?
6. Is the child victim physically and emotionally safe?
7. Explain the CAC interview and what happens next, as appropriate

The goals:

- Establish contact with the child
- Collect preliminary case information
- Assess safety
- Assess risk of imminent danger
- Assess need for immediate medical care/exam
- Provide information about MDT investigation/CAC as appropriate

Attachment 2

Forensic Medical Evaluation and Treatment

Forensic examinations can be recommended and initiated by any member of the MDT.

Indications for a sexual assault examination:

All children who report a history of sexual abuse occurring any time in the past

Acute examination: Children and adolescents, who report sexual abuse within the previous five days, need a forensic medical evaluation immediately to collect evidence and identify, document and treat injuries and/or potential sexually transmitted infections (STI's). The patient should be advised, when possible, not to bathe, wash, wipe, change clothing, discard garments, urinate, brush teeth, eat, drink or smoke.

Non-acute examinations: Children and adolescents, who have disclosed sexual abuse taking place more than five days before, need a forensic medical examination as soon as possible to document healing or healed injuries and assess and treat for potential STI's.

Children experiencing genital/rectal pain or bleeding need to be seen immediately.

Indications for physical abuse examinations:

Children suspected by CPS and/or law enforcement and/or medical personnel of having been physically abused or neglected should be medically examined.

Children and adolescents, who report severe physical abuse within the previous five days, need a forensic medical examination as soon as possible to differentiate accidental from non-accidental injuries.

The FACT department can be consulted in child physical abuse cases that have occurred over five days to review medical records, photographs or radiological imaging. Children with fairly minor visible injuries may have serious internal injuries.

In addition:

- CPS and SVU will ensure that when necessary all recommended follow-up procedures related to forensic medical examinations are completed.
- CPS and SVU will discourage caretakers from taking children to a private provider when a forensic medical examination is recommended.
- Chain of evidence procedures are the responsibility of the SVU investigator.
- MDT members may recommend a physical exam when a forensic medical examination is not indicated.