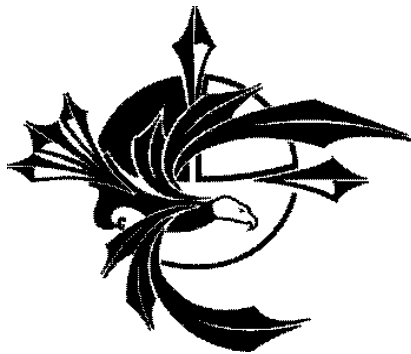


# CHILD ABUSE PROTOCOL DEVELOPMENT GUIDE



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The Tribal Law and Policy Institute (the Institute) is an Indian owned and operated non-profit corporation organized to design and deliver education, research, training, and technical assistance programs which promote the improvement of justice in Indian country and the health, well-being, and culture of Native peoples. The Tribal Law and Policy Institute publishes the Tribal Court Clearinghouse ([www.tribal-institute.org](http://www.tribal-institute.org)).

The Institute was created in 1996 through the combined efforts of those concerned with the improvement of tribal court systems and the fair administration of justice in Indian country. The Institute focuses upon collaborative programs that provide critical resources for tribal court systems, victims assistance programs, and others involved in promoting the improvement of justice in Indian country. The Institute seeks to facilitate the sharing of resources so that Indian Nations and tribal justice systems have access to low cost resources that they can adapt to meet the individual needs of their communities.

The Institute seeks to establish programs which link tribal justice systems with other academic, legal, and judicial resources such as law schools, Indian law clinics, tribal colleges, Native American Studies programs, Indian legal organizations and consultants, tribal legal departments, other tribal courts, and other judicial/legal institutions. The underlying philosophy is that tribal courts and Indian people are best served by shared access to existing information and resources - so that each tribe and tribal court does not have to "reinvent the wheel."

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# CHILD ABUSE PROTOCOL DEVELOPMENT GUIDE



## INTRODUCTION

*Native People have a highly developed social consciousness and sense of responsibility....cooperation is a core value.*  
-A. Oscar Kawagley, Yupit Nation, Alaska

The concept of protecting children and families from various dangers is not new to most Native communities. In fact there have been standards and mechanisms in place, both cultural and societal, for eons that have guided how Native Peoples addressed safety of children and instructions for adults as to how they behaved with children. These practices have had a significant impact on preventing abusive and neglectful behavior from occurring. Some tribal programs prefer to use traditional systems to protect children, and to address parental difficulties. Some Tribal communities have adopted a “Children’s Bill of Rights” to memorialize their values and beliefs about children and expectations of parents and the community.<sup>1</sup> With contemporary knowledge added to traditional networks and concepts of community responsibility for children, modern teams can develop policies and protocols that can serve the needs of traumatized Native children.

*Developing our child abuse protocol helped us build a highly functional, aggressive coalition of agencies committed to helping children. Multi-disciplinary teams, including federal, Tribal and state officials, are crucial when trying to protect victimized children. It is vital to coordinate resources and work together to address child as well as adult victimization.* – Lisa Thompson, Executive Director, Wiconi Wawokiya, Inc., Crow Creek Reservation, South Dakota

Child abuse is a problem faced by every community. Perhaps no crime impacts a community as much as child sexual and physical abuse. These crimes impact not only the young victims but their families and the entire tribe as well. It is important that those responsible for the investigations (whether criminal or civil), the prosecution, and the short and long term responses to the needs of child victims and their families are coordinating their efforts to minimize the trauma to the child. Developing interagency protocols, or step-by-step instructions for response to child abuse and child sexual abuse, is one way that these efforts can become better coordinated. Cross training between agencies is another way to improve the way children and their families are treated when a child is victimized. There are many Tribal and often non-Tribal programs that touch the case somewhere in the process. These people need to work together.

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<sup>1</sup> See sample in Appendix 9.

The development of protocols can be time consuming, but very educational to those involved. In the long term, protocols can serve as a road map that will help to orient new agencies and representatives, and to assure accountability to the victims and their families. The protocol can also reassure the community that responders and service providers are aware of, and will meet the needs of the children in a timely and respectful way. This guide is intended to help Tribes and collaborating non-Tribal agencies develop the type of protocol that will serve the needs of the community and the children. This guide and the workbook are specifically designed to provide direction and information to local Child Protection Teams (CPT) or Multi-disciplinary Teams (MDT)<sup>2</sup> toward development of protocols to address their system's response to child abuse and child sexual abuse. The goal of developing a protocol is to more effectively work together to reduce trauma to child victims.<sup>3</sup> While this guide is comprehensive and anticipates use in MDT settings primarily, it can be simplified for a less elaborate and complex protocol as well. A well-written protocol alone will not meet the needs of any team, however. Ultimately, this should be one of several "tools" that are used to improve your Tribal system's response to child abuse, and, most importantly, minimize trauma to Native children!

**"Let us put our minds together and see what a difference we can make for our children." Chief Sitting Bull, Oglala Lakota**

### **WHAT IS A PROTOCOL?**

- a set of policies, procedures and agreements to be followed when there is an allegation of child abuse; and
- a collaboration tool to assure agencies are working together without duplicating or overlapping tasks.

### **WHY HAVE A CHILD ABUSE PROTOCOL (and how a Protocol can be used)**

- To reduce trauma to children by improving interagency coordination to minimize # of times a child has to tell his/her story of abuse;
- To improve the opportunity for children to heal from trauma by encouraging the system to be responsive and accountable;
- To delineate professional roles and responsibilities;
- To establish standards for points of contact, methods of contact and purpose of contact between these agencies;
- To strengthen and clarify relationships between child abuse response agencies;
- To improve the credibility and accountability of the agencies involved;

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<sup>2</sup> CPT generally refers to civil case teams; MDT generally refers to teams involved with cases where criminal charges are possible. See detailed descriptions under the Glossary of Common Terms section of this document.

<sup>3</sup> The Indian Child Protection and Family Violence Prevention Act (25 U.S.C. § 3210(d)(3)) encourages the development and implementation of "a multidisciplinary child abuse investigation and prosecution program" to improve coordination in child abuse prevention, investigation, prosecution, treatment and counseling services, and to develop protocols among agencies to ensure that investigations of child abuse cases, to the extent practicable, minimize the trauma to the child victim, and provide for coordination and cooperation of law enforcement agencies, courts of competent jurisdiction, and other Tribal, Federal and State agencies through intergovernmental or interagency agreements that define and specify each party's responsibilities;.."

- To inform and educate the community about how reports of abuse are handled;
- To ensure that all cases are handled in the same way; and
- To provide information to assist community members in understanding what happens when alleged child abuse occurs.

#### **HOW WILL HAVING A PROTOCOL IMPROVE CHILD ABUSE RESPONSE?**

- By defining the purpose and scope of the interagency coordination and collaboration;
- By describing the roles and responsibilities of different professionals;
- By defining the steps that must be completed at each stage;
- By defining the time frames for completion of each step;
- By identifying who is responsible for completing each step;
- By having concrete and practical procedures for handling special issues that may arise;
- By providing for periodic (at least annual) reviews and renewal by all team-member agencies;
- By protecting team members from allegations of favoritism or politics in their handling of cases; and
- By informing the community of what they can expect to happen when alleged abuse is reported.

**I have seen that in any great undertaking it is not enough for a man to depend simply upon himself. Isna La-wica (Lone Man) Teton Sioux, late 19<sup>th</sup> century**

#### **WHAT ELEMENTS SHOULD A PROTOCOL INCLUDE?**

- Philosophy (Mission Statement)
- Definitions
- Reporting Procedures & Team Procedures
- Jurisdiction
- Time Frames
- Priorities for Investigation
- Team Composition
- Roles and Responsibilities of Team Members
- Adjudication
- Post-adjudication Services/Alternatives to Adjudication
- A Process for Review and Revisions to the Protocol

**A Protocol Should Help Guide The Interdisciplinary Response To Child Abuse And Standardize Practices ~ Building Community Trust**



## **DISCUSSION**

### **I. WHAT IS A PROTOCOL?**

A protocol is a set of policies, procedures and agreements. A protocol is a collaboration tool. The most successful protocols are those that are approved by the people in charge of each participating agency. An interagency protocol provides a step-by-step process for how cases will be handled when there is an allegation of child abuse in your community. A protocol is basically a written set of procedures to be followed by those responsible for reporting suspicions or incidents of child abuse, investigating, staffing and providing services for child victim and their families, and handling prosecution of child abuse. Protocols may involve only Tribal and Federal agencies where the Tribe has exclusive jurisdiction over children's cases; in other areas, the protocols may involve representatives of non-Tribal and/or non-profit organizations, and State or county agencies and services as well. Some protocols may be very detailed and might include what happens before, during, and after a criminal trial.

A protocol can be as simple or complex as you want to make it. Protocols can cover only basic information such as how referrals are made, who accepts referrals and how the investigation is handled. Or protocols can be very complex, outlining each step of the process beginning with the initial referral and proceeding through how the prosecution is handled including post-conviction services. Each community will decide how simple or how complex to make its protocol.

### **II. WHY HAVE A CHILD ABUSE PROTOCOL?**

a. **Minimal Interviews.** Without a coordinated effort, it is quite likely that a child abuse victim may be interviewed by several different agencies that need similar, yet different information. For example, the social worker will be seeking information about the *safety* of the child in their home environment and the ability of the caretaker to protect and support the child. On the other hand, the law enforcement officer will be asking questions geared to *collecting evidence and facts* necessary to file specific charges and/or to identify physical evidence in the case. *Multiple interviews of children conducted by professionals from different agencies can be associated with additional trauma to children.*<sup>4</sup>

b. **Promote Healing.** Children need an opportunity to heal from the trauma while the system is still doing its job. When the adults in the system are working well together, the child and family are able to feel safe and to trust that everything is being done to help them. Whether the action is civil child protection or if criminal charges relating to a child victim are being considered, successful protocols will assure that every aspect of the child's needs for safety, nurturing and healing are addressed by the agencies involved.

c. **Delineate Roles and Establish Standards.** There is often a great deal of confusion as to the role of each agency in the investigation and prosecution of child abuse and child sexual abuse cases. Similar cases may be handled in different ways within the same agency. Cases may "fall through the cracks" due to lack of effective

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<sup>4</sup> "Interviewing Native Children in Sexual Abuse Cases", Roe Bubar, Esq., March 2000. Available at [www.tribal-institute.org](http://www.tribal-institute.org).



communication between agencies. There may be frustration among workers in various agencies due to a lack of understanding of the roles and responsibilities in other agencies. Animosity can build up between people who need to work together for the sake of the child victim. Territory or turf issues may create situations where agencies act independently rather than coming together for the benefit of the child. The protocol will describe which agencies are involved investigating child abuse cases and what each agency does during the investigation. Protocols describe how each agency should respond when there is a case of suspected abuse. For example, a protocol will give time limits for child protective services to respond to a report of alleged abuse and when, if appropriate, law enforcement should become involved. This part of the protocol serves two purposes: explaining to community members why different agencies (like social services, laws enforcement, and medical facilities) are involved in a case and clarifying for various agencies their own role in child abuse cases.

d. **Strengthen and Clarify Relationships.** When collaborating agencies understand their respective roles and strengths of their discipline in addressing child abuse issues, greater teamwork results! Working together and sharing information can improve the information available to each team member involved with the family, prevent gaps in services and provide important insight into the victims needs. Each member of the team is valued, and no individual has the full responsibility for the case.



e. **Establish Credibility and Accountability.** It is important that every child is treated the same, so that they all are protected. No one wants a child to be harmed because a professional did not do his or her job well. The protocol will also assure that one agency has the lead role in case management and follow up, so that the child victim and family are supported and services are appropriately provided. When protocols are followed, similar cases will be handled in the same manner, and the community will be more likely to trust the response. When protocols are followed, it will not matter if the child is related to a Council member or to someone with less status in the community, they will both be treated the same. When each situation receives the same level of attention, parents and community members know what to expect because they can read the protocol and learn what each agency is supposed to do.

Protocols also protect agencies from criticism. Sometimes members of the public will criticize any agency for not acting quickly enough, giving special treatment to certain cases, or only investigating allegations of abuse against certain families. A protocol protects agencies from these types of criticisms by clearly stating how cases will be handled. As long as every suspected abuse case is handled according to the guidelines in the protocol, the agency can show it is following the rules for all cases. If an agency does not follow the policies written into the protocol, then community members have a good reason to complain.

f. **Inform and Educate the Community.** A protocol may also serve as an educational tool to provide information for the community about how reports of child abuse will be handled, and even what actions are considered harmful to children. It will be helpful to the community if the protocol explains which agencies are involved in investigations, services, support and follow-up, and define their specific roles and duties. It can explain the services that are available for different needs, as well as what individuals and agencies are responsible for receiving reports of suspected child abuse. The protocol can explain how community members can make reports to these

individuals or agencies, what the procedure is for making reports, and how the agencies will treat those reports.

### **III. HOW WILL HAVING A PROTOCOL IMPROVE CHILD ABUSE RESPONSE?**

A protocol can help to eliminate problems that result from having multiple agencies involved in child abuse cases; the disruption caused by job turnover, and assure that standards are set and followed in every case. A protocol will reduce the potential for child abuse reports to be handled differently based on the personalities of those involved – for example, the quality of the interview may depend on who is “on-call” and the assessment of the child’s needs may depend on the experience of the social worker. Some communities have a system in place for receiving and responding to reports of child abuse that works very well. Other communities see a need for improvement in how cases are handled. Some communities have excellent people to investigate child abuse cases. Often, a child protective services worker and law enforcement officer will form a good working relationship. They may work together very well when they investigate cases. However, when one of those people leaves their job, their replacement may handle cases differently. Sometimes when one worker leaves their job, the person who replaces them does the job differently or doesn’t get along with people from other agencies.

Each community has its own way of handling suspected child abuse cases. In some communities there are several different agencies that can be involved in a child abuse case: social services, child protective services, law enforcement (tribal, state, and/or federal), Indian Health Service, schools, mental health, etc. But what do these agencies actually do? Many community members have no idea what happens when someone suspects that child abuse has taken place. If you are concerned that a child in your family is being hurt, whom should you call? How do you report child abuse? What happens after you make a report? How come it takes so long for anything to be done? Why does it seem like some reports of abuse are investigated right away, while other reports are never investigated? Development of an interagency protocol will require all the agencies to talk with each other, to explain their role and discuss their experience, training and perspectives on these issues. Provided all key agencies are involved, the exercise of developing protocols will inevitably improve child abuse response for Native communities.

### **IV. WHO SHOULD BE INVOLVED WITH THE DEVELOPMENT OF THE PROTOCOL?**

The people involved in writing the protocol should be the people who are going to carry out the functions detailed in the document. In many communities this will mean that you will need representatives from the following agencies and professions: child protective services (or the agency responsible for investigating suspected child abuse cases and protecting children), law enforcement, victim advocates, medical staff, prosecutors, educators, and mental/behavioral health. Depending on whether the tribe, the state, or the federal government has responsibility for investigating and prosecuting cases of child abuse, you may have several representatives from one area. For example, tribes in PL-280 states may depend upon state or county child protective services workers to investigate suspected abuse cases. However, the tribe may have an Indian Child Welfare Act (ICW) worker who will act as a tribal liaison with the county

worker. In that case, both the county CPS and the tribal ICW workers should be involved in developing the protocol because both will be working under the guidelines set-up in the protocol.

Similarly, if you have tribal police, BIA Criminal Investigators, and FBI Agents who investigate serious crimes in your community, you will need representatives from all of these agencies to be involved in developing the protocol. In PL-280 states and areas with “checkerboard” areas, you will need representatives from all of the law enforcement agencies providing services to your community.

It may seem like developing a protocol will be impossible. How can you get tribal, state, and/or federal employees to agree on how cases will be handled? While it will be challenging and take time, many communities have successfully developed working agreements and protocols.

## V. STEPS TO DEVELOPING A PROTOCOL

**Getting Started.** First, identify all of the agencies that should participate. Next, invite representatives of all of these agencies to a meeting and to set-up a time-line for developing the protocol. It is important to spend some time sharing your internal agency protocols for child abuse response, as well as doing a joint inventory of the type and level of training that each agency has had in child abuse issues. If any agencies have written “internal” protocols, these should be shared with the group. This discussion will help you identify areas where you need to learn more about each agency’s responsibility, as well as what training opportunities need to be developed to assure your protocol will operate smoothly. It will also help you identify if additional capacity is needed to improve the investigation and prosecution of child abuse. For example, if a forensic interviewer is needed that has an understanding of the behavioral and developmental issues in interviewing victimized children, your protocol may include this step, yet not have a qualified person available. In this case, either someone should be trained to fill that role, or perhaps you will seek funding to secure an additional position in a member agency.



Some communities have set-up a small working group to work on protocol development. They may have several meetings and bring their ideas to the larger group of agencies for feedback. Other communities have hired a consultant to develop a draft protocol. The advantage of both of these approaches is that they can be done fairly quickly. The disadvantage is that the agencies not represented may veto the work already done by the consultant or working group.

The most time-consuming approach may actually end up being the best. That approach is to include representatives from all involved agencies in the development of the protocol. If the agencies are involved in the development of the protocol, you are less likely to have disagreements later in the process. Remember, you are working on a document that will describe how reports of child abuse are handled and the process for investigating these cases. It is important that all of these agencies agree to the rules set-up in the protocol. You don’t want to spend a lot of time and energy working on a protocol only to have one agency feel that they were not included in developing the document and refusing to sign the document.

The attached workbook will help your group develop each step of the process by answering questions or addressing whether you want to have each of the proposed sections in your protocol. Following is a discussion of the issues to be considered in each set of questions.

## **STEP 1. Developing a Purpose or Mission Statement**

The purpose statement is the basis for everything that is included in the protocol. It is the foundation for the entire document. The purpose statement makes clear what you value, what is important to your community. The first step to developing a Purpose or Mission Statement requires a group discussion and reaching consensus about two important questions. What is the goal of the Team - what do you hope to do together (that you do not do individually) for children? What commitment is to be made by participating agencies and individuals? Also consider these questions: Why does your community need a written set of guidelines about how to handle child abuse cases? How do you think that reports of child abuse should be handled?

It is also important to incorporate Tribal beliefs and values about children and how they should be treated.<sup>5</sup> Think about how your tribe values children, including traditional stories about how children are to be treated. What lessons were you taught about how to treat children? What happened in the past to families and caregivers who did not take care of their children? The answers to these questions form the basis for your purpose statement. In order to develop a meaningful purpose statement for the protocol, you must have input from all parts of the community: elders, tribal leaders, youth, professionals, religious and spiritual leaders, law enforcement, child protective services, mental health workers, medical personnel, victim advocates, educators, etc.

Usually a purpose statement is only one or two sentences or it can be as long as a few paragraphs. The process of trying to describe what you believe is most important about the protection of children can be helpful. Describing those beliefs in just a few sentences can be challenging. Trying to get a group of people to agree on what is the **most important** may take a good deal of time for a team to develop a purpose statement. People may argue over the specific wording and important ideas. It is worth taking enough time to develop a statement that everyone can agree on.

## **Step 2. Definitions**

Discuss and define the types of child abuse or victimization issues that will be addressed. Using your Tribal code, State and/or Federal definitions of abuse, list the types of abuse that your protocol will address. Will children who witness violence, such as in domestic violence, homicide, etc. be included in the protocol? Will child abuse and neglect civil cases be handled? Only those where criminal child abuse charges have been filed?

Define the agencies that will be involved either by agency name or by role. For example, roles may be defined: Child Protection, Law Enforcement, Medical, Emergency Services, Counseling, Victim Advocacy, Prosecution, Probation, etc. Specific Agencies may be listed by name as: U.S. Attorney's Office, FBI, BIA (social services and law enforcement), Indian Health Service (medical and mental health), State law enforcement, State child protection, State Prosecutor, VOCA, Women's Shelter, Tribal child protection, Tribal victim advocates, Tribal physicians and mental health providers, etc. Other roles you may choose to include by name could be traditional healers, clergy, elders, youth workers, substance abuse treatment providers and school counselors.

## **Step 3. Referrals and Response Procedures**

It is strongly recommended that your protocol include a clear description of how reports of abuse should be made. What agencies are responsible for receiving reports

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<sup>5</sup> If your Tribe does not have a Children's Bill of Rights, or a similar proclamation, consider discussing the sample Children's Bill of Rights found in Appendix 9 to help you develop the Mission Statement.

of abuse? Are different agencies responsible at different times (i.e. one agency receives reports during working hours and another receives reports after hours, on weekends and holidays)?<sup>6</sup> What procedure should be used to report abuse? If possible, develop a universal form that can be used by both mandatory reporters<sup>7</sup> and community members (providing a place to write all the information needed to investigate child abuse) such as the sample in Appendix 8. Can community members make reports anonymously? What is the controlling law – Tribal, Federal or state regarding mandated reporting of child abuse?

What will be the response in each type of case or scenario that your team will address? If your team is handling serious abuse case referrals such as child sexual abuse, what is the procedure for providing emergency response services and support? How will the efforts be coordinated – by case managers assigned on a case-by-case basis, by a staff person with time committed to this team, etc.

Also consider what schedule your team will have for regular meetings. Will the team be activated for urgent situations, and if so, who will contact everyone and under what circumstances will emergency meetings be called? What kind of records will be kept, and who will keep them? If records are kept, how will the group deal with legal requests to provide these records for use in court cases (discovery requests)? How will confidentiality be handled? One way confidentiality can be addressed is to have a form that all team members sign at every meeting to indicate that the sharing of information is based on a “need to know” standard, and that all discussions in the meeting are confidential.<sup>8</sup> How will the team assess their effectiveness in providing comprehensive support to victims?

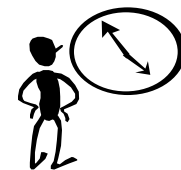
Will the team address other issues, such as community outreach, education, policy development, or new program development? Will the team have a designated coordinator or other support staff? If so, how will concerns, issues or specific cases be reported to the Team Coordinator and then shared with the Team?

#### **Step 4. Jurisdiction**

What jurisdictions have a role in child abuse response – both civil and criminal. Jurisdictional issues are often very confusing in Indian country. A Tribe may have shared (concurrent) jurisdiction over some child abuse matters with the county or state or have exclusive jurisdiction.<sup>9</sup> A clear jurisdictional statement in the protocol can be very useful. Keep in mind that the protocol may define a different response depending on what court jurisdiction is involved. Different people or agencies may take the lead in case management or case presentation depending on what court system, social services or treatment facility is involved.

#### **Step 5. Timeframes**

It is important to develop clear timeframes for each function of the team. This is most useful when there is a separate section of the document to discuss timeframes. Discuss both urgent response timeframes and long-range (resolution or closure) timeframes. Decide general timeframes for responding to case-specific as well as general issues brought to the team. These may actually be dependent on the time limits some agencies have within their internal policies as well as the needs of the victim and family, or the court



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<sup>6</sup> See sample protocols in Appendix 5.

<sup>7</sup> See Glossary of Common Terms.

<sup>8</sup> See sample confidentiality form in Appendix 10.

<sup>9</sup> See Glossary of Common Terms.

calendar. If the team will be providing referrals, will be staffing cases or making recommendations, what is the time frame for each of these functions?

One of the most frequent complaints about child protection and law enforcement is delayed investigation of reports of harm to children. These timeframes are linked to the next section, which identifies priorities. By specifying time frames for each type of report, everyone will know what is expected, and begin to understand how some issues receive more prompt attention than others.

#### **Step 6. Priorities for Investigation**

Each law enforcement and child protection agency already has some type of internal priority system for investigating reports of child abuse. These priorities may be confusing to those outside that agency, and may vary depending on whether the agency operates under Tribal, State or Federal law. Reaching consensus on priorities in the protocol on prioritizing investigations can help bring agreement about those issues that present the greatest risk to children as well as educate the team about how the investigative agencies work. In listing priorities, a discussion of the factors that contribute to or require immediate response versus those that allow for delayed response will assist other agencies as well as the community in understanding how the investigative process works, what type of information is necessary to the investigation, and how evidence is sometimes difficult to obtain. This section can also serve to educate the community about those factors that indicate serious harm to children and require immediate intervention.

#### **Step 7. Roles**

The roles of each agency participating in the protocol should be outlined as it pertains to child abuse response, support, case management or treatment. This can be a crucial portion of the protocol and may help clear up confusion about who does what, and when. Although the roles may be defined in a separate section describing each agency (see examples in Appendices), it is an important aspect of the protocol and should be developed within the protocol rather than using attachments. It may also be useful to specifically state what a particular agency should not do, such as a statement that “social services will not interview suspected perpetrators without prior approval of law enforcement”.

An important provision in this section is a discussion of the role of the CPT, MDT, or the Quick Response Team (or whatever name and purpose your team has) as well. If the team will be discussing individual cases, gathering information, drawing conclusions, making recommendations regarding services, court preparation, and other case management or case strategy issues, it is important to describe the “team role” in this section. If the team also reviews investigation reports, interviews and/or to provides feedback or consultation for the prosecutor, those steps for “team input” should be described in this section.

Key questions for consideration are outlined in the workbook. Basic to the discussion of roles is identifying the primary and secondary role of each agency involved. You may also want to include what training each participating agency agrees to obtain specific to addressing child abuse issues and needs, as well as cross training on each other’s roles. Finally, it is important to include how new agency representatives/team members receive orientation on the protocols and function of the team – will it be provided by certain members, or is that the responsibility of the out-going representative of the agency?



### **Step 8. Adjudication**

If your protocol will address how cases are handled from beginning to end, (either civil or criminal) a description of the adjudication process and procedures for each part of the system can be educational for team members as well as the community. It will inform victims as well as suspects about what they can expect. This section should provide for any accommodations made to assure children feel safe if they need to testify, or to allow children to have input if they wish to speak to the court. For example, this section may provide for a support person to accompany a child to the witness stand in a criminal proceeding, or to allow the child to give testimony in the judge's chambers. Knowledge of the applicable law in the jurisdictions covered earlier is important to the development of this section. A flow chart with timeframes can also be a helpful visual tool in this section.

Any role the member agencies may have in pre-sentence reports and recommendations for sentences, probation/parole for the offender as well as services and monitoring for the victim should be described here. If the team wishes to make recommendation to the court regarding victim safety, services or sentencing, how the team will reach its decision and whether consensus is required should be outlined.

### **Step 9. Post-Adjudication Services/Alternatives to Adjudication**

Discussion of the role of participating agencies in post-adjudication is covered in this section. If there is an ongoing role with the victim, such as monitoring services and notification of perpetrator status, how that will be handled and who will be responsible should be described. If offender treatment is an option for a deferred prosecution arrangement, how the team will monitor it and who will be responsible should be discussed as well. Are there special conditions that can be imposed – such as sex offender registry, or domestic violence offender registry? How will these conditions be monitored or reported to the team? Who will monitor restitution payments? This section will most likely address issues where criminal charges have been filed.

### **Step 10. Review and Revisions to the Protocol**

Every protocol document should provide some criteria and time frame for review and revisions by participating agencies. Turnover in positions, changes in programs and services, change in law and practice, and even personalities can necessitate changes in a protocol that has been working well. It is recommended that, whether there are obvious changes or not, that the protocol be dusted off and reviewed at least annually. This will allow everyone to review their roles and participation, as well as determine if definitions, procedures or other processes outlined in the protocol are actually taking place as planned. Some questions for consideration are in determining what should be covered in this portion are: What factors or circumstances will necessitate revisions in the interim? (Such as new agencies that join the team). Who must approve revisions – the entire team or a percentage of members? What portions of the protocol seem to be working well and which do not seem to be working? And finally, there should be some way for the team to measure its effectiveness. Will data be collected and reviewed at a certain point? Will a report be provided to the Tribal Council and member agencies?



The fundamental premise underlying this Child Abuse Protocol Development Guide is that a coordinated approach to sharing information and establishing

responsibilities is the most effective way to investigate and prosecute child abuse and child sexual abuse. It is also the most successful method for Tribes to initiate and appropriately manage a dialog that will promote community accountability, mutual respect and interagency cooperation between those agencies outside the Tribal community that are charged with some role in the system response to abuse of Native children.



For additional reference materials and resources to assist with the discussion topics outlined above, please review the “Child Abuse and Neglect” and “Tribal CJA Resources” pages on the Tribal Court Clearinghouse at [www.tribal-institute.org](http://www.tribal-institute.org).



## Glossary Of Common Terms

**NOTE:** *It is important to review local Tribal codes and policies to see how each of these terms is defined. Those definitions with a legal citation are based on federal laws. Other definitions are based on common understanding, but may vary from Tribe to Tribe, so it is important to use terminology in the protocols that is consistent with how those are terms are defined locally.*

**Child:** A person who is less than eighteen (18) years old and has not been emancipated by order of a court of competent jurisdiction.

**Child Abuse:** Physical, emotional or mental injury of a child, or child sexual abuse or sexual exploitation of a child. This may include failing to maintain reasonable care and treatment or exploiting or overworking a child to an extent that the child's physical or emotional well-being is endangered. In general, child abuse involves the non-accidental harm to a child and may include neglect and sexual abuse as well.

**Child Neglect:** Failure to provide for the physical, medical, emotional and developmentally appropriate supervision needs of a child.

**Child Protection Teams (CPT):** A specific type of multidisciplinary team. See Chart CPT on page 17. The scope of the CPT role may be limited to providing community education and outreach or expanded to include case staffing and providing support for child abuse victims through case management. Typical CPT member agencies or programs are child protective services, law enforcement, community school, substance abuse treatment providers or other family services programs, victim advocates, youth programs, and elders or culture-bearers. The CPT is generally involved only in civil child protection cases. A sample CPT protocol is provided in Appendix 4.

**Child Sexual Abuse:** In general, child sexual abuse involves sexual exploitation, child pornography, or sexual contact of any type (sexual contact, sexual assault, aggravated sexual assault, incest, sexual solicitation) with a minor. Sexual abuse is defined in at 18 U.S.C. § 3509 (a) as "the employment, use, persuasion, inducement, enticement, or coercion of a child to engage in, or assist another person to engage in, sexually explicit conduct or the rape, molestation, prostitution, or other form of sexual exploitation of children or incest with children". The age at which these acts are considered sexual abuse may vary under State and Tribal law. 25 U.S.C § 3202 defines a child as "is not married" and "has not reached the age of 18".

**Child Victim:** A child who has been harmed physically, emotionally or spiritually by actions of another person. This includes a child who has witnessed domestic violence, homicide or other traumatic events that were not natural disasters.

**Jurisdiction:** Concurrent: Together; having the same authority; at the same time. For example, courts have *concurrent jurisdiction* when each court has the power to deal with the same case. Exclusive: Shutting out all others; sole, one only. For example, if a court has *exclusive jurisdiction* over a subject, no other court in the same area can decide a lawsuit on that subject.

**Mandatory Reporter:** A person who is required by Tribal, Federal or State law to report suspicions or concerns that a child has been, or will be abused. Unless they are a law

enforcement officer or a child protection investigator, this person is not required to conduct the investigation to determine the facts of the possible abuse.

Under Federal law, 25 U.S.C., Chapter 34 and 18 U.S.C. §1169, mandatory reporters are individuals who have legal or other responsibility for an Indian child's welfare through an Indian Tribe or organization, tribal consortium, or on tribal lands, including village corporations, lands held by incorporated Native groups, or regional corporations, and reservations. Mandatory Reporters include people having the following roles or positions: *physician, surgeon, dentist, podiatrist, chiropractor, nurse, dental hygienist, optometrist, medical examiner, emergency medical technician, paramedic, or health care provider; teacher, school counselor, instructional aide, teacher's aide, teacher's assistant, or bus driver employed by any Tribal, Federal, public or private school; Administrative officer, supervisor of child welfare and attendance, or truancy officer of any Tribal, Federal, public or private school; child care worker, Head Start teacher, public assistance worker, worker in a group home or residential or day care facility, or social worker; psychiatrist, psychologist, or psychological assistant; licensed or unlicensed marriage, family or child counselor; person employed in the mental health profession; law enforcement officer, probation officer, worker in a juvenile rehabilitation or detention facility, or person employed in a public agency who is responsible for enforcing statutes and judicial orders.*

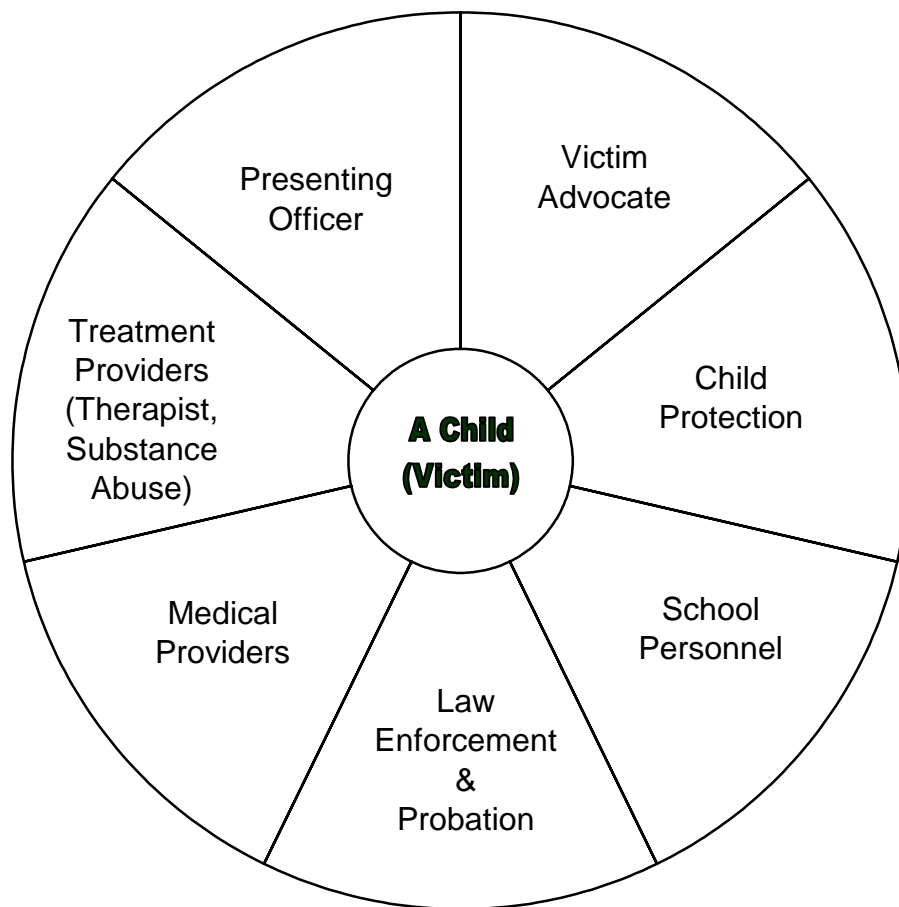
**Multidisciplinary Team (MDT):** A multidisciplinary team is generally only involved in cases where criminal charges are possible. See Chart MDT on page 18. The MDT is usually composed of representatives from social services, law enforcement, prosecution, medical, mental health, and victim advocates who are responsible for the investigation, prosecution and intervention in serious child abuse cases. The Victims of Child Abuse Act provides for an MDT to “coordinate the assistance needed to handle cases of child abuse”. 18 U.S.C. § 3509. Under this law, the MDT role and relationship with the court, services and the prosecutor is discussed. A sample MDT protocol is provided in Appendix 3.

**Presenting Officer:** The person who represents the Tribal or state government in seeking custody of an abused or neglected child is often called a “presenting officer” in Tribal Court, or an “assistant attorney general” or “assistant district attorney” in State courts. The Child Protective Services (CPS) worker acts on behalf of the Tribal or state government to remove the child and the Presenting Officer handles the legal issues before the court to support the actions of the CPS worker.

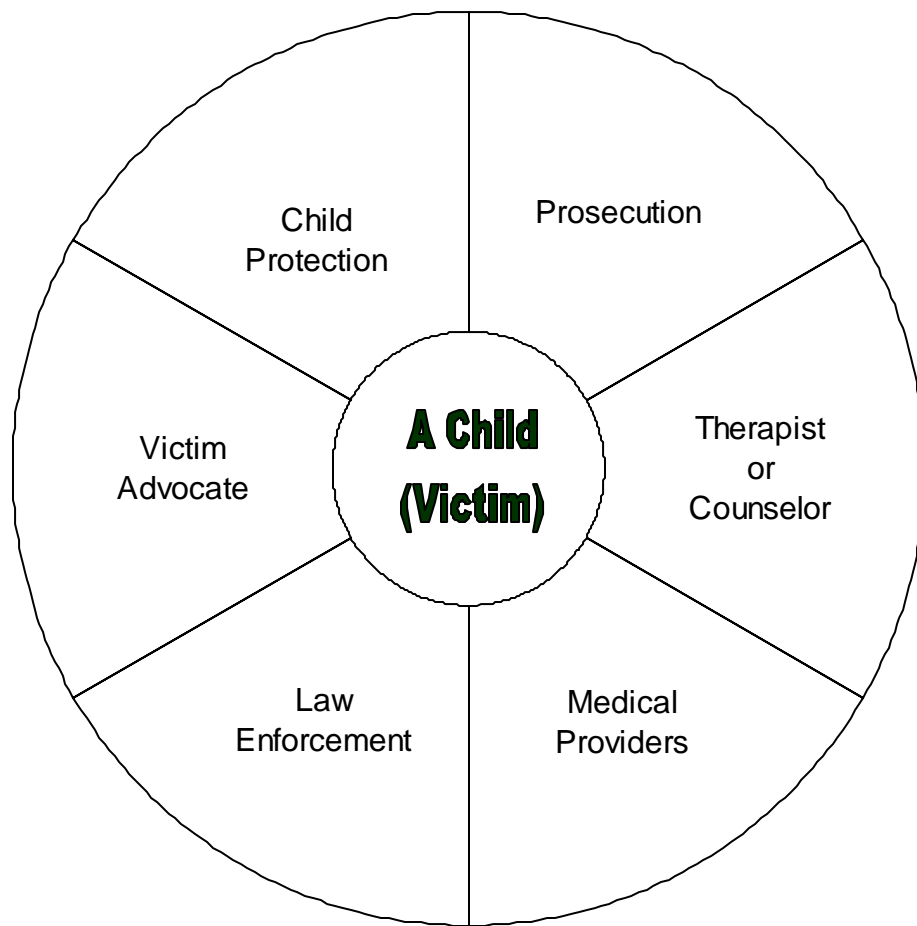
**Prosecutor:** The prosecutor represents the interest of the government (Tribal, federal or state) in criminal cases. In violating the law that resulted in criminal charges, the offender is considered to have committed a crime against the tribe, state, or federal government, not against a specific person.

**Victim Advocate:** The advocate is the person who provides information and emotional support to the child victim and non-offending family members. The advocate may provide case management, keep the victim informed about their case status, prepare the victim for court and accompany the victim to court proceedings, assist with victim compensation claims, and work to assure other parties are appropriately responding to the victims needs. Victim advocates can be based in Tribal programs, employed by county District Attorney's Office or the U.S. Attorney's Office or a Victim/Witness Coordinator that work with child victims when the FBI is involved in the case.

## A CPT Approach



## An MDT Approach





# APPENDIX 1

## Child Abuse Protocol Development Workbook





Step 3.

Referrals and Response Procedures

- Who receives reports?

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- Procedures for making reports (verbally, written, dual reporting, cross-reporting between LE & CPS, etc.)

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- Are procedures different at different times/days? If so, describe:

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Procedures for regular team meeting. How often will you meet? Will written recommendations be made? How will Confidentiality assurances be handled?

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Procedure & criteria for unscheduled team meetings. If emergency meetings can be called, by whom, and how much notice? Who will coordinate?

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Step 4.

Jurisdiction

What jurisdictions have a role in child abuse response – both civil and criminal.

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What geographical area will the team cover?

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*During this discussion it is important for team members to share their specific agency jurisdictions and geographical service areas. It may also be useful to develop a map showing shared and overlapping jurisdictions that can be attached to the protocol.*

Step 5.

Timeframes

What is the time frame for investigating child abuse after report is received?

Child sexual abuse?

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How long does it take to complete investigations?

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When will the case be brought to the team, and what is the timeframe for review of cases during the investigation (and, if applicable, the prosecution)? When will mandatory reporter be informed of status of investigation?

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*If the team will be providing referrals, will be staffing cases or making recommendations, what is the time frame for each of these functions?*

A flow chart of the standard timeframes and agencies involved is a useful tool to develop here. See samples in Appendices 6 & 7 and add your timeframes. See also, sample protocols in Appendices.

Step 6.

Priorities for Investigation

Define the criteria used for determining priority investigations (this should synchronize with timeframes section). *In listing priorities, a discussion of the factors that contribute to or require immediate response versus those that allow for delayed response will assist other agencies as well as the community in understanding how the investigative process works.*

First - Most urgent: \_\_\_\_\_

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Second Priority \_\_\_\_\_

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Third Priority \_\_\_\_\_

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Lower Priority \_\_\_\_\_

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Step 7.

Roles

List the function or role of each agency that is participating in the team. If there are agencies or individuals that will be asked to serve as consultants to the team in special situations, describe those functions and how those specialists will be “activated” into the team process:

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What functions will the CPT/MDT have? This may include in team discussion and recommendations in certain types of cases, policy development and recommendations for the Tribe, community education, providing cultural guidance to service providers, coordination with outside service providers, etc. Your team may do one or all of these functions; however it is important to discuss, decide and describe them. *This is an area that may need periodic revision.*

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*It may also be useful to specifically state what a particular agency should not do.*

Step 8.

Adjudication

A description of the adjudication process and procedures for each part of the system (separate descriptions for State, Tribal and Federal courts) will inform victims as well as suspects about what they can expect:

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What can the victim expect regarding inclusion in process (I.e. victim impact statement)? What can the suspect expect?

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What are courtroom procedures for child witnesses? This section should provide for any accommodations made to assure children feel safe if they need to testify, or to allow children to have input if they wish to speak to the court. For example, this section may provide for a support person to accompany a child to the witness stand in a criminal proceeding, or to allow the child to give testimony in the judge's chambers.

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*Any role the member agencies may have in pre-sentence reports and recommendations for sentences, probation/parole for the offender as well as services and monitoring for the victim should be described here. If the team wishes to make recommendation to the court regarding victim safety, services or sentencing, how the team will reach its decision and whether consensus is required should be outlined.*

Step 9.

Post-Adjudication Services/Alternatives to Adjudication

*If there is an ongoing role with the victim, such as monitoring services and notification of perpetrator status, how that will be handled and who will be responsible should be described.*

Team role with victim after adjudication:

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Team input/involvement with sentencing, probation & parole:

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Special conditions for deferred prosecution?

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Special considerations for monitoring sex offenders?

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# APPENDIX 2

## Internet

## Resource List



## INTERNET RESOURCE LIST

This is a list of some of the Internet websites that provide information on a wide variety of topics relating to child abuse and neglect, child sexual abuse and exploitation, and activities, programs, materials, and articles that may be useful to Tribal projects addressing child abuse issues. *Please keep in mind that the "mandatory reporting provisions you may find in the sites below might be specific to the State rather than applicable to Tribal jurisdictions.* This list also includes sites where research reports; data and historical documents relevant to child abuse programs in Tribal communities may be located. If you do not find the information you seek, please also consider posing a question on the "Message Forum" at [www.tribal-institute.org](http://www.tribal-institute.org), the Tribal Court Clearinghouse (the Tribal Law and Policy Institute web site) and/or messages to the Tribal CJA listserve. Development of this Internet Resource list was funded through a grant from the Office for Victims of Crime, U.S. Department of Justice.

**Office for Victims of Crime, U.S. Department of Justice, [www.ojp.usdoj.gov/ovc](http://www.ojp.usdoj.gov/ovc)**  
The Office for Victims of Crime home page. This site is focused on a broad range of crime victim programs and services and includes announcements for grants and funding, newly released information and publications, as well as event information.

**U.S. Department of Justice, Office of Justice Programs, [www.ojp.usdoj.gov](http://www.ojp.usdoj.gov)**  
This site has links to funding, training, programs, statistics and research. There are a vast number of reference materials available at no charge.

- Links to many national organizations
- Link to Office of Tribal Justice, [www.usdoj.gov/otj/index.html](http://www.usdoj.gov/otj/index.html) for specific tribal resources, research documents, and additional links

**National Criminal Justice Reference Service, <http://www.ncjrs.org/>**  
Search this site for free publications, including a number of Tribal specific reference materials as well as videos. There are general as well as Tribal materials on child abuse and neglect. (To access this information, enter page above, click on Victims of Crime link, and then the Child Abuse and Neglect link. This will bring up the page: <http://virlib.ncjrs.org/vict.asp?category=50&subcategory=100>)

**Tribal Court Clearinghouse [www.tribal-institute.org](http://www.tribal-institute.org)  
(Published as a public service by the Tribal Law & Policy Institute)**  
The first web site devoted to providing information to people working in Native American tribal courts. The Tribal Court Clearinghouse is designed as a resource for tribal justice systems and others involved in the enhancement of justice in Indian country.

- Child Abuse and Neglect Resources
- Tribal Children's Justice Act (CJA) Resources
- Tribal Court CASA (Court Appointed Special Advocates) Resources
- Indian Child Welfare Act (and other Federal Laws)
- Federal Agencies (descriptions and links)
- Tribal Codes and Constitutions
- Searchable Database of Tribal Court Decisions (more than 1400 over 800 listed)
- Federal Court Indian Law Decisions
- Law Review Articles and Essays
- Victims of Crime Resources
- Traditional Law Resources
- Tribal Court Funding Resources
- State Law/Court Decisions

**National Association for Prevention of Child Abuse & Neglect,**

<http://www.napcan.org.au> (Australia)

This site provides many child abuse and neglect resources generally as well as some colorful and well-designed Aboriginal books and story posters addressing various aspects of child abuse and support for child victims.

**National Indian Child Welfare Association, [www.nicwa.org](http://www.nicwa.org)**

NICWA believes that every Indian child must have access to community-base, culturally appropriate services that help them grow up safe, healthy, and spiritually strong - free from abuse, neglect, sexual exploitation, and the damaging effects of substance abuse. Their website provides a wealth of information and links to resources that are invaluable to Tribal child protection programs. In addition to resources, the training calendar for a variety of Tribal child protection program related events can be found on this site.

NICWA also has an online course for ICWA workers to receive certification.

<http://www.nicwa.org/policy/law/index.asp>

- Indian Child Welfare Act of 1978 (ICWA), [text](#)
- Adoption and Safe Families Act of 1997, [text](#)
- Indian Child Protection and Family Violence Prevention Act, [text](#)
- NICWA's Testimony Regarding the Mental Health Needs of Indian Children 2000
- And links to many other Native American websites, resources, organizations and Tribal initiatives.

**Child Welfare League of America, <http://www.cwla.org>**

This site provides up to date data and national policy information. The Child Welfare League of America has a Tribal liaison office as well as many resources on federal child welfare policy and practice.

- Adoption and Safe Families Act of 1997, [text](#)
- HHS Final Rule on ASFA and Title IV-E Foster Care Eligibility Review and Child and Family Services State Plan Reviews
- HHS Instruction on New Child Protection Law
- State Fact Sheets on Child Abuse and Neglect Statistics

**National Court Appointed Special Advocates for Children Association,**

<http://www.nationalcasa.org>

This site provides resources for both Tribal and state courts from the perspective of developing a "voice" for all abused and neglected children in a state or Tribal court proceeding. It includes:

- List of Tribal and State CASA programs and contact information
- Stories from CASA volunteers
- Information about CASA programs and volunteer roles

**National Council of Juvenile and Family Court Judges, [www.pppncjfcj.org](http://www.pppncjfcj.org)**

This site provides resource materials that are developed for, and provided to state court judges. Many of these resources have relevance for Tribal court development and children's issues. A sample of the publications available is:

- "Resource Guidelines: Improving Court Practice in Child Abuse Cases", document available for download in PDF format (170 pages)  
<http://www.ncjfcj.org/dept/ppcd/main.cfm?levNav1=96&levNav2=105&conNavID=105>

- “Effective Intervention in Woman Battering and Child Maltreatment Cases: Guidelines for Policy and Practice,” document available for download in PDF format (134 pages)  
<http://www.ncjfcj.org/publications/main.cfm?Action=PUBFILE&PFileID=3>

**American Bar Association, [www.abanet.org](http://www.abanet.org)**

NOTE: This website has a number of important Indian Child Welfare documents as well as resources for attorneys and judges. Many of the downloads require membership status, so you may need to form a partnership with the local Legal Aid office or an ABA member attorney to get the following documents.

- “The Indian Child Welfare Act: The Need for a Separate Law” ([www.abanet.org/genpractice/compleat/f95child.html](http://www.abanet.org/genpractice/compleat/f95child.html)) article by B.J. Jones, litigation director for Dakota Plains Legal Services and author of the ABA Family Law Section book The Indian Child Welfare Handbook.
- National Child Welfare Court Improvement Catalog, [www.abanet.org/child/ncw.html](http://www.abanet.org/child/ncw.html)
- “The New Adoption and Safe Families Act Federal Regulations” article by Debra Ratterman Baker, [www.abanet.org/child/tom.html](http://www.abanet.org/child/tom.html)

**National Center on Poverty Law, [www.povertylaw.org](http://www.povertylaw.org).**

This is also a membership website. We recommend you seek some partnerships with an agency that can assist you in obtaining information from this site.

- “The Indian Child Welfare Act: In the Best Interests of the Child and Tribe” article by Robert J. McCarthy, 1996 (link)
- “Building Strong, Stable Communities Through the Indian Child Welfare Act”, article by Patricia Kunesh, 1997 (link)
- “Prodigal Son: The ‘Existing Indian Family’ Exception to the Indian Child Welfare Act” article by C. Steven Hager regarding the U.S. Supreme Court decision in Mississippi Band of Choctaw Indians v. Holyfield.

**Center on Child Abuse and Neglect, University of Oklahoma, Health Sciences Center, <http://w3.uokhsc.edu/ccan/>**

This site provides information, research and publications developed at the university-based center. It includes Tribal specific resources such as Project Making Medicine, a program for mental health professionals working in Tribal communities. It also includes:

- Links to other sites with information on child maltreatment
- Book reviews
- Downloadable manuscripts
- Newsletters
- Conference announcement

**National Child Welfare Resource Center for Organizational Improvement Clearinghouse, <http://muskie.usm.maine.edu/helpkids/>**

- “PL 105-89 Adoption and Safe Families Act of 1997 – Issues for Tribes and States Serving Indian Children”, document in PDF format available for download.
- Other child abuse response and Indian Child Welfare documents developed in Minnesota also available.

**National Council on Child Abuse and Family Violence, <http://www.nccafv.org/>**

This site provides helpful information to help communities develop awareness campaigns, specifically the “Campaign for Prevention of Child Abuse and Family Violence”. It also has articles and booklets on child abuse and neglect.

**National Clearinghouse on Child Abuse and Neglect Information**

<http://nccanch.acf.hhs.gov/>

This site has a lot of national scope information, including quick reference materials for definitions of child abuse and statistics.

- Statutes at a Glance – A quick overview and comparison across the states.
- Ready Reference – Publications with excerpts of text with citations from specific sections of each State’s code that focus on a single child abuse and neglect issue.
- Issue Papers – Provide an overview of legislative activities including common statutory elements and variations.
- Links to the National Adoption Information Clearinghouse (<http://naic.acf.hhs.gov/>) and the National Center for Prosecution of Child Abuse ([http://www.ndaa-apri.org/apri/programs/ncpca/ncpca\\_home.html](http://www.ndaa-apri.org/apri/programs/ncpca/ncpca_home.html)).

**National Resource Center for Information Technology and Child Welfare**

<http://www.nrccwdt.org/>

This resource center will assist front line workers, supervisors and administrators in child welfare, as well as judges and court administrative personnel, in using technology and information to inform policy and practice in child welfare.

- Multiple Links to National Resources, Federal sites and organizations dedicated to helping children.

**The Children’s Bureau, <http://www.acf.hhs.gov/programs/cb/index.htm>**

US Department of Health & Human Services, Administration for Children, Youth & Families. This website provides information to assist States in the delivery of child welfare services - services designed to protect children and strengthen families. The agency also provides grants to States, Tribes and communities to operate a range of child welfare services including child protective services (child abuse and neglect) family preservation and support, foster care, adoption and independent living. In addition, the agency makes major investments in staff training, technology and innovative programs.

- Funding Announcements
- Data and Information Systems
- Child Welfare Reviews
- Fact Sheets and Publications
- Multiple links to other programs and organizations dedicated to helping children.

**Elsevier Science <http://www.elsevier.com/inca/publications/store/5/8/6/586.pub.htm>**

This is the website for an internationally recognized publisher of scientific, technical and health information, the *Child Abuse & Neglect, The International Journal*. The site provides an international, multidisciplinary forum on all aspects of child abuse and neglect including sexual abuse, with special emphasis on prevention and treatment.

**Child Abuse Prevention Network, <http://child-abuse.com>**

CHILD **MINUS** ABUSE. This site provides information from the World Wide Internet Nerve Center for professionals in the field of child abuse and neglect.

- Lists of newsletters available.
- Multiple publications and articles.
- Books available on Child Abuse and Prevention.
- Links other resources on Child Abuse and Neglect Prevention.

**National Data Archive on Child Abuse and Neglect <http://www.ndacan.cornell.edu>**

A resource since 1988, NDACAN promotes scholarly exchange among researchers in the child maltreatment field. NDACAN acquires micro-data from leading researchers and national data collection efforts and makes these datasets available to the research community for secondary analysis.

**The National Center for Victims of Crime, <http://www.ncvc.org>**

The mission of the National Center for Victims of Crime is to forge a national commitment to help victims of crime rebuild their lives.

- Information on crimes and victims.
- Statistics.
- Publications.
- Crime Clocks.
- Many links to related organizations and centers.

**Medline Plus, <http://www.nlm.nih.gov/medlineplus/childabuse.html>**

Includes articles and research on

- Recognizing signs of Child Abuse
- How to Start a Child Abuse Prevention Program in Your Community
- Sexual Abuse Prevention
- Interviewing Child Abuse Victims
- Understanding the Effects of Maltreatment on Early Brain Development
- Talking To Your Child About Sexual Abuse

**Child Trends, <http://www.childtrends.org>**

This site reports the organization efforts toward improving the lives of children by conducting research and providing science-based information to improve the decisions, programs, and policies that affect children.

**Prevent Child Abuse America,**

[http://www.preventchildabuse.org/learn\\_more/index.html](http://www.preventchildabuse.org/learn_more/index.html)

This site provides materials toward building awareness, providing education and inspiring hope to everyone involved in the effort to prevent the abuse and neglect of our nation's children.

**National Exchange Club Foundation <http://www.preventchildabuse.com/abuse.htm>**

The National Exchange Club Foundation is committed to making a difference in the lives of children, families and our communities through its national project, the prevention of child abuse.

- FAQ's about Child Abuse and Neglect
- Descriptions of different types of child abuse and neglect.

- Links to other agencies and organizations providing information about child abuse and neglect.

**Dave Thomas Foundation for Adoption**

<http://www.davethomasfoundationforadoption.org/index.asp>

- Eight videos on aspects of adoption are available free of charge, located under the Professional Resources tab.

**Ms. Magazine**, <http://www.ms.foundation.org/>,

This site has the article “Beyond Surviving: Toward a Movement To Prevent Child Sexual Abuse”, (<http://www.ms.foundation.org/user-assets/PDF/Program/safety.pdf>), Gillian Murphy, 2002 Ms. Foundation for Women.

Darkness To Light ([www.darkness2light.org](http://www.darkness2light.org)) is partnering with the National Children's Alliance to create behavioral change in adults by prompting them to take responsibility for protecting the children and preventing child sexual abuse. This site also offers the downloadable and printable brochure, “7 Steps to Preventing Child Sexual Abuse” <http://www.darkness2light.org/7Steps/7steps.asp>

The ChildTrauma Academy, [www.ChildTrauma.org](http://www.ChildTrauma.org)

The ChildTrauma Academy is a not-for-profit organization based in Houston, Texas. The mission of the Academy is to help improve the lives of traumatized and maltreated children and their families. This site also offers many products, including videos, training material, and educational courses online for credit or at no cost.

# APPENDIX 3

## **The Children's SAFE Place** Wiconi Wawokiya, Inc.

### **Policy and Procedure Manual** Revised: 5-2-02

**CJA Grant # 1999-VI-GX-0001**

## **Policy and Procedure Manual**

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## **Goals**

1. Develop a comprehensive, multidisciplinary response that will coordinate and track investigation, treatment, and prosecution of child abuse.
2. Reduce the trauma experienced by child victims and witnesses.
3. Through the multidisciplinary collaboration and the convenience of one location, children and their families will receive prompt, coordinated, and comprehensive intervention.
4. Through coordinated investigation, appropriate child interviewing techniques, improved evidence collection, and skilled clinical evaluation, prosecution of cases will be enhanced.
5. Children and families will be assisted and informed through the process and every effort will be made to inform families of their rights.
6. In collaboration, professionals will gain a better understanding of, and respect for each other's roles and expertise.
7. Professionals will be offered specialized, multidisciplinary training to better meet the needs of child victims and their families.
8. Community education will be offered to the community about the problem of child abuse, the needs of child victims, child witnesses, and their families.

## **Roles and Responsibilities of Multidisciplinary Team Members**

### **Includes:**

1. Wiconi Wawokiya, Inc., The Children's SAFE Place/Project SAFE
2. Department of Social Services:
  - A. South Dakota Child Protection Services
  - B. Tribal/BIA Tribal Social Services
3. Assistant U.S. Attorney
4. Tribal Prosecutor
5. Federal Bureau of Investigation (FBI) Special Agents
6. Tribal/BIA Criminal Investigators
7. BIA Chief of Police
8. Indian Health Service (I.H.S.) Mental Health
9. Medical Consultant
10. Victim Advocate

## **The Children's SAFE Place Program**

### **The following are the roles and responsibilities of each member of The Children's SAFE Place**

#### **The Children's SAFE Place:**

- The Children's SAFE Place staff receives child abuse information from referrals.
- Staff will make every effort to provide information to Parent/Guardian of victims of the interview process.
- Organize training for Team members.
- Facilitate multidisciplinary case conferencing and case tracking meeting.
- Accommodate investigative interviews and meeting office space.
- Provide counseling space for Mental Health Consultants or make a Mental Health referral.
- Provide administrative support to Team members while at the Child Advocacy Center.
- Provide child supervision when necessary during Team interview.
- Provide on-site medical exams by a medical provider.
- Organize and transport victims to and from the The Children's SAFE Place area and to necessary locations.
- Facilitate transportation for victim and their non-offending families for legal and medical appointments.

#### **The Department of Social Services - State/Tribal/BIA**

- Refer appropriate cases to the Child Advocacy Center for appropriate exam and interview in accordance with case criteria.
- Attend and participate in Multidisciplinary Team interview of the child.
- Collect collateral information prior to interview of the child.
- Discuss protective issues, recommendations, and service planning with Team members and consider Team input.
- Participate in case conferencing and case tracking meetings.

### **Assistant U.S. Attorney and/or Federal/Tribal Prosecutor**

- Assistant U.S. Attorney schedules and facilitates MDT meetings.
- Consults with law enforcement officers and the Multidisciplinary Team to determine and assist with any additional investigation that may be necessary.
- Consults with Law Enforcement and Multidisciplinary Team to determine and assist with any additional investigation that may be necessary.
- Assistant U.S. Attorney and Tribal Prosecutors will work together to make charging decisions on sexual and physical abuse cases based on the Multidisciplinary Team interview, the Multidisciplinary Team investigation, and the results of any medical examination in any criminal history of suspect.
- Participate in MDT meetings and case tracking meetings.

### **Federal Bureau of Investigation (FBI)**

- Observe Multidisciplinary Team interviews when scheduled.
- Consult with Asst. U.S. Attorney, Tribal Criminal Investigator, law enforcement officer, and the Multidisciplinary Team to determine and assist with any additional investigations that may be necessary.
- Conduct any additional investigations, including interviewing of other witnesses and alleged perpetrator/s.
- Participate in MDT meetings and case tracking meetings.
- Make charging recommendations to Tribal Prosecutor and/or Assistant U.S. Attorney.

### **Tribal/BIA Criminal Investigator**

- Observes and consults with MDT interviews when indicated.
- Consults with MDT Team to determine and assist with any additional investigations that may be necessary.
- Conduct any investigation, including interviewing of witnesses and **alleged** perpetrators when appropriate.
- Make recommendations to the MDT Team.
- Participate in MDT meetings and case tracking meetings.

### **Federal Victim Advocate**

- Participates in MDT meetings.
- Provides information to victims, families and Team members concerning the federal criminal justice system and victims' rights, including notification of case events and detention status of the defendant.
- Provides appropriate referrals for counseling and other needed services.
- Assists Assistant U.S. Attorney with court orientation and trial preparation.
- Assists victims and families with arrangements to attend court and provides assistance and support during the court process.
- Works with Team members to assist victims at all stages of the criminal justice process.

### **Mental Health Providers**

- Provide mental health consultation regarding cases being considered by the Multidisciplinary Team. If employed by IHS provide liaison between Indian Health Service and MDT Team.
- Participate in MDT meetings and case tracking meeting.

### **Medical Examiner/Interviewer**

- Questions the child and parents about his/her medical history.
- Conduct interview and physical medical exam on all children with allegations or suspicions on any type of penetration, or report any skin-to-skin contact and consult with appropriate medical professionals on medical findings for evaluation in order to facilitate diagnosis and treatment for the child victim.
- Interpret medical findings.
- Provide medical consultation and act as medical liaison to Multidisciplinary Team and case tracking meeting.
- An exam will be conducted on all children with allegations or suspicions of any type of penetration or report of any skin-to-skin contact.
- Provide written interview report to referring agencies, law enforcement, and appropriate prosecutor.
- Participate in MDT meeting and case tracking meetings.

## **Criteria For Referral**

### **Includes:**

1. Criteria for Referral
2. Case Flow Chart

### **Crow Creek and Lower Brule Criteria For Referral**

1. Cases involving allegations of sexual and/or physical abuse or neglect will be referred to the Child Advocacy Center.
2. Cases referred by the DSS/BIA/Tribal that have been assigned for investigations will be referred to the Child Advocacy Center and be handled in a timely manner within their investigation period.
3. DSS/State/Tribal/BIA Social Services will make referrals in a timely manner.
4. Referral to the Child Advocacy Center can include:
  - Cases in which a child has made an initial verbal statement about abuse.
  - Cases in which there is clear medical evidence that abuse has occurred.
  - Cases in which a child is exhibiting symptoms that are specific sexual and/or physical abuse.
  - Others that are evaluated on a case-by-case basis, including cases in which a child has witnessed violence.
5. Referral criteria shall be subject to on-going review and evaluation.

## **The Children's SAFE Place**

### Case Flow Chart

- Referral by agency - MDT
- Interview and medical exam.
- Consultation with appropriate medical professional.
- Discuss findings with MDT members.
- Develop intervention, plan for follow-up investigation, treatment, need for protection, and prosecution.

### **Multidisciplinary Interview**

#### **Includes:**

1. Multidisciplinary Team Structure
2. Team Intake Form
3. Parent Information Sheet

### **Multidisciplinary Interview Structure**

#### Referrals for Multidisciplinary Interview

Referrals will be made to The Children's SAFE Place by the S.D. Child Protection Services (CPS), BIA Social Services (Bureau of Indian Affairs), or Criminal Investigator (Tribal/BIA). These agencies will screen each case and make a decision about the need for an evaluation by The Children's SAFE Place. If deemed appropriate, an interview will be scheduled with the involved MDT members present. The referring agency will contact parents/guardians and notify them of the date and time for an evaluation and explain the process of evaluation before reaching TCSP.

Parents/guardians will sign the permission form giving The Children's SAFE Place consent to evaluate the child/ren. If the child/ren are in CPS or Tribal/BIA Social Services custody with no parent/guardian present, CPS or Tribal/BIA Social Services will sign the permission form and explain the process of evaluation to the child. If it is not a CPS/Tribal/BIA S.S. case and no parent/guardian is present, the Tribal/BIA Criminal Investigator will obtain the appropriate consent and explain the process of evaluation to the child/ren.

If The Children's SAFE Place receives a referral from a person or agency not involved in the Multidisciplinary Team; The Children's SAFE Place advocate will assist that person/agency in contacting the appropriate agency to receive information on the referral process.

**The Multidisciplinary Team Member Structure**  
**Crow Creek/Lower Brule Team Members Consists of:**

Mikal Hanson  
U.S. Attorney's Office  
337 Federal Building  
225 S. Pierre Street  
Pierre, SD 57501

Nancy Lampy  
U.S. Attorney's Office  
Pierre, SD 57501

Sally Steinfeld  
Child Protection Services of S.D.  
PO Box 430  
Chamberlain, SD 57325

Terry Roy  
Crow Creek Criminal Investigator  
PO Box 110  
Ft. Thompson, SD 57339

John Yellow Hawk  
Chief of Police BIA/Tribal  
PO Box 110  
Ft. Thompson, SD 57339

Special Agent  
Federal Bureau of Investigations  
PO Box 1233  
Pierre, SD 57501

Tribal Prosecutor  
Crow Creek Sioux Tribe  
PO Box 122  
Ft. Thompson, SD 57339

Mimi Olson  
SD Dept. of Social Services  
912 E. Sioux Ave.  
Pierre, SD 57501

Gayle Thom  
Victim Witness Specialist  
Federal Bureau of Investigation  
Pierre, SD 57501

Brian Hultman  
U.S. Probation Officer  
Pierre, SD 57501

Lisa Thompson  
Wiconi Wawokiya, Inc.  
The Children's SAFE Place  
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Interviewer/Medical Examiner  
The Children's Safe Place  
PO Box 49  
Ft. Thompson, SD 57339

John Vettleon  
Lower Brule Criminal Investigator  
PO Box 202  
Lower Brule, SD 57548

James Two Bulls  
Captain of Police BIA/Tribal  
PO Box 203  
Lower Brule, SD 57548

Nanette Waller  
IHS Mental Health  
PO Box 200  
Ft. Thompson, SD 57339

Tribal Prosecutor  
Lower Brule Sioux Tribe  
PO Box 187  
Lower Brule, SD 57548

Annette Big Eagle  
Lower Brule Tribe Human Services  
PO Box 110  
Lower Brule, SD 57548

Cleve Her Many Horses  
BIA Superintendent  
PO Box 203  
Lower Brule, SD 57548



## **Each Evaluation at The Children's SAFE Place requires a two-hour time period where the following occurs:**

**Pre-Interview Meeting** - It is at this time that the participating Team members come prepared to share information regarding the case. Each person who participates in the Team should come prepared to present information they have received regarding the child and the original allegations of abuse. Each participant of the Team will assist the interviewer in designing the most appropriate interview based upon the age and developmental level of the child as well as the concerns of each Team member. During the introductions, parents/guardians will be informed that no parent/guardian will be allowed in the interview room or observation room.

**The Multidisciplinary Interview** - The interview begins in the waiting area when the child meets the interviewer and child advocate and the child separates from his/her parent/s. Non-offending family members may also be interviewed when appropriate. In most cases of child sexual abuse the interviewer at The Children's SAFE Place in Ft. Thompson, SD will conduct the interview. In all cases, the interview will be audio/visual recorded. At the end of the interview, and if no medical exam has been deemed appropriate, the child is returned to the parent/guardian.

**Medical Exam** - A medical exam will be done at the discretion of the provider with input from MDT members. The extent of the exam will be individualized, taking into consideration the nature of the maltreatment, and the best interest of the child. The genital portion of the exam will be conducted with the use of a video colposcope for better visualization of structures and for documentation.

The purpose of the medical evaluation is for diagnosing and treating medical conditions related to the suspected abuse, including sexually transmitted diseases (STD's), identifying other medical conditions such as pregnancy, and reassuring the child and family of their well-being and normalcy. Specific goals are to:

1. Ensure the health and safety of the child.
2. Identify and document significant findings.
3. Reassure the child and parent/guardian.

**Post-Exam Meeting** - At the end of the medical exam the child will be returned to the parent/guardian. At this point the MDT Team discusses the interview and medical exam and makes decisions regarding the next step in the investigation process. The parent/guardian will then have the opportunity to meet with the MDT Team while the child is supervised by the Child Advocacy Center advocate. The MDT Team will explain, to the best of their ability, what will happen next and answer any questions the parent may have.

**The Children's SAFE Place  
P.O. Box 49  
Ft. Thompson, SD 57339  
Phone: 605-245-2471**

**I give permission to have \_\_\_\_\_**

---

**evaluated for concerns regarding serious physical, sexual abuse and neglect. I understand that photographs, videotaping, and medical exam may be part of the evaluation.**

**I authorize The Children's SAFE Place at Ft. Thompson, SD to release information to other clinics, physicians, mental health professionals, law enforcement, and/or Social Services who may provide my child's continuing care or consult on findings and treatment plan if needed.**

\_\_\_\_\_  
**Name of Medical Provider/Interviewer**

**P.O. Box 49, Ft. Thompson, SD 57339**  
**Address**

\_\_\_\_\_  
**Parent/Legal Guardian/Other**

\_\_\_\_\_  
**Relationship to Patient**

The Children's SAFE Place  
P.O. Box 49  
Ft. Thompson, SD 57339

AUTHORIZATION FOR RELEASE OF INFORMATION

◆ BOLDDED ITEMS ARE REQUIRED

**PATIENT**  
**NAME:** \_\_\_\_\_  
**PATIENT**  
**ADDRESS:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_

I hereby request and authorize:

**NAME OF**  
**FACILITY:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

to release information from my medical record to:

**NAME OF**  
**FACILITY/INDIVIDUAL:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**PLEASE RELEASE INFORMATION AS FOLLOWS:**

**DATE(S) OF SERVICE (Approx.)** \_\_\_\_\_

_____ HISTORY AND PHYSICAL	_____ DISCHARD SUMMARY	_____ ER REPORT
_____ CONSULTATION REPORTS	_____ OPERATIVE REPORTS	_____ CARDIOVASCULAR REPORTS
_____ LABORATORY REPORTS	_____ PATHOLOGY REPORT	_____ AUTOPSY
_____ X-RAY	_____ COMPLETE RECORD	_____ OTHER

I understand the information may include information regarding drug or alcohol abuse and release the above from all legal responsibility or liability that may arise from the act I have authorized.

This authorization shall be in effect for one year from this date, unless revoked in writing, by myself at a later date.

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RELATIONSHIP (if patient unable to sign)

\_\_\_\_\_  
WITNESS

INFORMATION REQUESTED: \_\_\_\_\_ BY \_\_\_\_\_  
DATE NAME DEPARTMENT

INFORMATION SENT: \_\_\_\_\_ BY \_\_\_\_\_  
DATE NAME DEPARTMENT



## MEDICAL WORKSHEET

DATE \_\_\_\_\_  
NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_  
CHIEF COMPLAINT \_\_\_\_\_  
DATE OF FIRST ABUSE \_\_\_\_\_ DATE OF LAST ABUSE \_\_\_\_\_  
LOCATION OF ABUSE \_\_\_\_\_  
PHYSICAL COMPLAINTS \_\_\_\_\_  
DESCRIPTION OF ALLEGED ABUSE \_\_\_\_\_

## PAST MEDICAL HISTORY

Immunizations:  
Surgeries:  
Hospitalizations:  
Accidental Traumas:  
Medications:  
Allergies:  
Menarche: Date \_\_\_\_\_ LMP \_\_\_\_\_ Problems \_\_\_\_\_  
Pregnancies \_\_\_\_\_  
Cigarette/Alcohol/Drug use:

## PHYSICAL EXAM

B/P \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ OFC \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_

General:

HEENT:

Neck:

Heart:

Lungs:

Skin:

Abdomen:

Back:

Extremities:

GU: Present in room with  
provider \_\_\_\_\_

Tanner Stage

Breast 1 2 3 4 5

Genitals 1 2 3 4 5

Inguinal lymphadenopathy

Medical Thighs

Perineum

Discharge

Condyloma Accuminata

Other

## FEMALE

Hymen: Shape \_\_\_\_\_

Findings \_\_\_\_\_

Labia majora

Labia minora

Clitoris



Periurithral tissue  
Urethral Meatus  
Posterior Fourchette  
Fossa navicularis  
Vagina  
Saline used:    yes( )    no( )  
Position for exam  
Done with colposcope    yes( )    no( )

**MALE**

Penis  
Urethral meatus  
Circumcised    yes( )    no( )  
Scrotum  
Testes            Descended            yes( )    no( )  
Exam done with colposcope            yes( )    no( )

**ANUS**

Buttocks  
Perianal Skin  
Anal verge/rugae/fissures  
Tone  
Presence of stool in rectal ampulla  
Exam position

**LAB** \_\_\_\_\_

**ASSESSMENT**

1. Age appropriate development and behavior?
2. Further risk for abuse/neglect ( )none ( )low ( )moderate ( )high ( )unknown  
    Explain \_\_\_\_\_
3. Impression

**PLAN**

Child released to:  
Referral arranged for:  
Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# The Children's SAFE Place

## Intake Form and Family Data

Child's Name: \_\_\_\_\_ Date \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female

Home address: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Person filling out this form (circle one): Mother Father Stepmother Stepfather

Other: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Education \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ (W) Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Education \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ (W) Phone: \_\_\_\_\_ (H) \_\_\_\_\_

Stepparent's name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Education \_\_\_\_\_

Or Legal Guardian

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ (W) Phone: \_\_\_\_\_ (H) \_\_\_\_\_

Marital status of parents: \_\_\_\_\_

List all people living in household:

<u>Name</u>	<u>Relationship to Child</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary language/s spoken in the home:

---

- |  |  |
|--|--|
| <input type="checkbox"/> Prefers to be alone                 | <input type="checkbox"/> Holds breath  |
| <input type="checkbox"/> Does not get along well with others | <input type="checkbox"/> Eats poorly   |
| <input type="checkbox"/> Is aggressive (forceful, hostile)   | <input type="checkbox"/> Is stubborn   |
| <input type="checkbox"/> Is shy or timid                     | <input type="checkbox"/> Is too active   |
| <input type="checkbox"/> Engages in dangerous behavior       | <input type="checkbox"/> Is impulsive (sudden actions w/o thought of consequences) |
| <input type="checkbox"/> Has special fears or habits         | <input type="checkbox"/> Is a slow learner   |
| <input type="checkbox"/> Wets or soils bed                   | <input type="checkbox"/> Gives up easily   |
| <input type="checkbox"/> Bites nails                         | <input type="checkbox"/> Constipation problems                                     |
| <input type="checkbox"/> Sucks thumb                         | <input type="checkbox"/> Other (describe) _____                                    |

### Education

Place a check next to any educational problem that your child currently exhibits.

- |  |  |
|--|--|
| <input type="checkbox"/> Has difficulty with reading.  | <input type="checkbox"/> Has difficulty with other subjects. |
| <input type="checkbox"/> Has difficulty with math.     | Please list _____  |
| <input type="checkbox"/> Has difficulty with spelling. | _____  |
| <input type="checkbox"/> Has difficulty with writing.  | <input type="checkbox"/> Does not like school.               |

Is your child in special education class? Yes No

If yes, what type of class? \_\_\_\_\_

Has your child ever repeated a grade? Yes No

If yes, what grade and why? \_\_\_\_\_

Has your child ever received special tutoring or therapy in school? Yes No

If yes, please describe: \_\_\_\_\_

### Developmental History

During pregnancy, was mother on medication? Yes No

If yes, what kind? \_\_\_\_\_

During pregnancy, did mother smoke or use alcohol? Yes No

If yes, how many cigarettes/alcohol each day? \_\_\_\_\_

Anything else you think we should be aware of? \_\_\_\_\_



## Family Medical History

Place a check next to any illness or condition that any member of the immediate family has had. When you check an item, please write the member's relationship to the child.

- |  |   |
|--|---|
| <input type="checkbox"/> Alcoholism    | <input type="checkbox"/> Nervous or psychological problem |
| <input type="checkbox"/> Cancer        | <input type="checkbox"/> Depression                       |
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Suicide attempt                  |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Other                            |

## Other Information

1. What are your child's favorite activities?

---

---

2. What are your child's least favorite activities?

---

---

3. Has your child ever been in trouble with the law? Yes No

If yes, please describe briefly:

---

4. Exposure to drugs? Yes No 5. to Violence? Yes No 6. to Pornography? Yes No

What disciplinary techniques do you usually use when your child behaves inappropriately?

Place a check next to each technique that you usually use. There also is space for writing in any other disciplinary techniques that you use.

- |  |  |
|--|--|
| <input type="checkbox"/> Ignore problem behavior   | <input type="checkbox"/> Tell child to sit on chair      |
| <input type="checkbox"/> Scold child               | <input type="checkbox"/> Send child to their room        |
| <input type="checkbox"/> Spank child               | <input type="checkbox"/> Take away some activity or food |
| <input type="checkbox"/> Reason with child         | <input type="checkbox"/> Other techniques (describe):    |
| <input type="checkbox"/> Redirect child's interest | _____  |
| <input type="checkbox"/> Don't use any technique   | _____  |

Which disciplinary techniques are usually effective? \_\_\_\_\_





The Children's SAFE Place

APPOINTMENT INTAKE FORM

Date of Call: \_\_\_\_\_ Person Who Received Call: \_\_\_\_\_

Caller: \_\_\_\_\_

Agency: \_\_\_\_\_

Relationship to patient if any: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Patient(s): \_\_\_\_\_ DOB: \_\_\_\_\_ Sex M F

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Who will accompany child to evaluation: \_\_\_\_\_

Officials planning to attend: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

Name of Alleged Perpetrator: \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Alleged Abuse Occurred: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Insurance or Payment Source: Yes No \_\_\_\_\_

Title 19 and/or Medicaid # (s) \_\_\_\_\_

CPS/DSS or LE contacted: Yes No If yes, who? \_\_\_\_\_

(Child Prot. Ser./Dept. Soc. Serv. Law Enforcement)

- Appointment/s Date & Time Scheduled:

Interview: \_\_\_\_\_  
Date Time

Medical Exam: \_\_\_\_\_  
Date Time

- Please bring the following information to the appointment: Medicaid Card/s, insurance card, Social Security number/s, birth date, and any other relevant medical history.
- Describe Allegation or Other Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continue on back...

## The Children's SAFE Place

### Interagency Procedures and Protocol Agreement

The Children's SAFE Place has developed a cooperative team approach to effectively prevent, investigate, and prosecute child abuse while reducing the trauma experienced by children and their non-offending family members. The Children's SAFE Place Child Advocacy Center will enhance the cooperation and coordination among those involved in the protection of children. This child-oriented center will centralize the interviewing, assessment, and referral system for children who have experienced violence.

#### **This understanding mutually agrees to the following:**

1. To abide by the objective, mission, roles and Responsibilities, and process as outlined in the policy and procedures manual;
2. In all cases, the best interest and welfare of the child are of primary importance, and all decisions should reflect this principle;
3. Evaluate and modify the program and protocol on a regular basis.

**Signatures below:**

**Date:** \_\_\_\_\_

## Crow Creek/Lower Brule Multidisciplinary Team

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Mikal Hanson  
U.S. Attorney's Office  
337 Federal Building  
225 S. Pierre Street  
Pierre, SD 57501

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U.S. Attorney's Office  
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Chief of Police BIA/Tribal  
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Ft. Thompson, SD 57339

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Special Agent  
Federal Bureau of Investigations  
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Pierre, SD 57501

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Tribal Prosecutor  
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SD Dept. of Social Services  
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Victim Witness Specialist  
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Brian Hultman  
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PO Box 202  
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James Two Bulls  
Captain of Police BIA/Tribal  
PO Box 203  
Lower Brule, SD 57548

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Nanette Waller  
IHS Mental Health  
PO Box 200  
Ft. Thompson, SD 57339

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Tribal Prosecutor  
Lower Brule Sioux Tribe  
PO Box 187  
Lower Brule, SD 57548

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Annette Big Eagle  
Lower Brule Tribe Human Services  
PO Box 110  
Lower Brule, SD 57548

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Cleve Her Many Horses  
BIA Superintendent  
PO Box 203  
Lower Brule, SD 57548

# APPENDIX 4

## Lummi Child Protection Project

## Child Abuse Investigation Protocols

CJA Grant # 2001-VI-GX-0003

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**LUMMI CHILD PROTECTION PROJECT**  
**CHILD ABUSE INVESTIGATION PROTOCOLS**

The following protocols are designed to assist the various agencies in the child protection field with simple but effective procedures to deal with the criminal prosecution of child abuse and neglect of Lummi children. A protocol cannot be, nor should it be, a long

intricate document. It need not give elaborate explanation. A protocol should lay out in clear language precisely what is expected for each agency, including coordinated responses and joint efforts with other agencies. Effective protocols prevent duplication, confusion, and inefficiency and will reduce interview trauma to the victims.

Tribal sovereignty commands considerable efforts to coordinate responses via the protocols. Issues of tribal, federal and state jurisdiction supply a dimension not found in protocols designed for only state or county child protective service agencies. A basic assumption underlying the protocols is that agencies involved will be either tribal or federal. Whenever a state agency is pertinent to the process, it is identified. Finally, each agency's personnel must be familiar with the protocols governing the other agencies. Coordination and joint efforts demand that each person understands every agency's role in protecting child abuse victims.

*NOTE: The following are only a portion of the Lummi Nation Tribal protocols. For a complete copy contact Bob Lipke at 360-647-1121.*

I. INITIAL REPORT

A. Report Received

1. Reporting party promptly relays report to Lummi Child Protection Project Monday through Friday, 8:00 – 4:00, and to Lummi Law and



Order all other times and when Lummi Child Protection Project cannot be reached.

- a) The agency receiving the initial referral will immediately send a copy of the referral to the other agency as appropriate (e.g. when law enforcement received initial referral. Lummi Law and Order will inform LCPP of the referral if appropriate and LCPP will refer appropriate cases to Lummi Law and Order.
- b) Initial determination of jurisdiction is made by responding Lummi Law and Order officer.
- c) Conflicts regarding appropriate police jurisdiction should be referred to the supervisor Chief of Lummi Law and Order if the responding Law and Order officer is unable to determine that jurisdiction.
- d) When cross-jurisdictional allegations occur, Lummi Law and Order will notify the local jurisdiction within 72 hours of the incident by phone and follow-up with a copy of the incident report within 96 hours.

## II. INVESTIGATION

### A. Action Priority Determination

1. Staff availability
  - a) Lummi Law and Order shall respond 24 hours/day as appropriate and shall refer cases to assigned child abuse investigator (s) whenever possible.
  - b) LCPP shall be available for investigations 8:00-4:00 PM Monday through Friday, except holidays. Lummi Law and Order shall be available 24 hours/day for referral to emergency placements or for consultation regarding child abuse/neglect.
2. Investigators shall be those persons designated by LCPP and Lummi Law, Order and any agency having appropriate jurisdiction.
3. The determination of priority for action shall be a joint decision of the responsible agencies/investigators and or CPT team using their professional judgment.
4. Response priority is determined by the apparent potential risk of harm to the child (ren). LCPP shall use a risk assessment check sheet. Priority assessments are determined on a case-by-case basis.
5. Examples of criteria to be used for determination of risk and prioritizing response time, assuming staff availability are (these are not all inclusive):

#### a) **FIRST PRIORITY**

This category includes serious, live-threatening situations

**Response will occur within three (3) hours of report.**

Either LCPP or Lummi Law and Order or both may respond to:

Reports of alleged serious physical injury; serious physical or medical neglect; and sexual abuse where suspect has immediate direct or indirect access to child; serious physical or medical neglect. If abuse occurs in Lummi Children Services or DCFS licensed foster care, daycare, or residential care facility, both LCPP and Law and Order will respond.

Law and Order responds alone and may contact LCPP later as appropriate to:

Young child alone, violence, suicide threats, continued family disturbance.

b) **SECOND PRIORITY**

This category includes serious, non-life-threatening situations.

**In cases where Law and Order responds, Law and Order response will take place within eight (8) hours.**

**In cases where LCPP responds, LCPP response will take place within two (2) working days.**

Either LCPP or Law and Order or both may respond to:

Reports of abuse by "family member" or other persons but where there is a need to choose appropriate time/place of investigators contact with child (in order to protect the child's well-being); sexual or physical abuse by non-relative and where LCPP is already involved with family (on-going caseworker may assist as is appropriate); physical abuse where child has greater ability to protect self. LCPP often responds alone if injuries do not appear to rise to the level of criminal involvement, or in cases of neglect and other maltreatment, but may request LCPP assistance if necessary.

Law and Order responds alone (may refer to voluntary LCPP services later):

Sexual abuse or other assaults where suspect does not have immediate access to child.

c) **THIRD PRIORITY**

This category includes moderate, non-life-threatening situations.

**In cases where Law and Order responds, Law and Order response will take place within eight (8) hours.**

**In cases where LCPP responds, LCPP response will take place within three (3) working days.**

LCPP responds alone to (may request Law and Order assist as appropriate and as availability allows):

Reports of moderate physical abuse (one-time occurrence, non-injury); moderate physical or medical neglect, and inadequate supervision for children under age 12.

d. **FOURTH PRIORITY**

This category includes situations in which the child (ren) are in no immediate danger.

**LCPP response will take place within ten (10) working days.**

LCPP responds alone (may request Law and Order assist as appropriate and as availability allows):

To cases where child safety assured, stale reports.

B. Initial Assessment of the Situation

It is the philosophy of all agencies working in the Lummi Community that in cases of alleged child abuse or neglect, the first priority is to insure the safety of the child (ren), including the provision of needed medical care, and the verification that an incident has occurred.

1. Apprise all victims of the availability of victim assistance services. All investigation shall be approached as though they will ultimately result in criminal prosecution, bearing in mind the best interest and needs of the child.
2. Law and Order shall inform LCPP of on-going investigations involving incidents of alleged criminal child abuse and neglect.
3. Law and Order Investigators shall contact LCPP regarding removal of a child or how to proceed in an investigation involving children where there are placement questions.
4. Law and Order Investigation strategy shall be determined by the investigator(s) with consideration of the following priorities:
  - a) Need to intervene for child's immediate protection.
  - b) Need to preserve physical evidence.
  - c) Logistics of victim, witness (es), and suspect interviews e.g. time, place, order.
  - d) Need to re-contact and interview complainant.
5. Interviews
  - a) Victim Interview
    1. Interviews shall occur in a neutral, non-threatening environment.
      - a.) The Interview Room at Lummi Law and Order office will be utilized for all interviewing, unless extenuating circumstances prevent use of the Interview Room.
      - b.) If the school is used as the site of interviews,

Investigators shall make prior arrangements with school administration.

- c.) Person(s) present during the interview shall be determined by the investigators.
2. In order to avoid duplication of interviews, LCPP and Law and Order will conduct joint interviews whenever possible.
3. As a matter of policy, use of video records of victim interviews is optional. Audiotapes may and should be used as allowed by each Law and Order policy, unless child is threatened by their use. Video taped interviews will be utilized in accordance with Tribal and Federal Court Guidelines.
4. Age-appropriate interview techniques and tools shall be used by investigators to facilitate communication with the child, consistent with legally accepted standards.
5. For children with special needs, children (physically, developmentally challenged, disabled, mentally ill, or children with language barriers) investigators may utilize appropriate, taking care to ensure confidentiality.
6. Interviewers should seek to gain the following:
  - a) Name, age, date of birth, residence, phone number, parent or guardian, school and grade;
  - b) Date(s), location(s), and nature of abuse in detail;
  - c) Name of the alleged abuser(s);
  - d) Description of the alleged abuser;
  - e) An initial assessment of the child's ability to testify;
  - f) Time(s), date(s), of disclosure and to whom made;
  - g) Assess child's present need for protection;
  - h) Assess child's present need for medical services;
  - i) Ascertain existence of physical or corroborative evidence, e.g., cream, condom, vibrator, pornographic materials, clothing, diaries, photographs, possible witness, etc.
7. Victim Interview closure should include:
  - a) Positive reassurance;
  - b) Plan for follow-up
  - c) Permission to re-establish contact with interviewers;
  - d) Future court system involvement, if indicated;
  - e) Discussion of protective procedures;
  - f) Dealing with the child's concerns regarding alleged offender, family unit.
8. Referral for medical examination will be made by the investigators for all cases. If the victim is in need of medical attention or examination, the investigator must take the victim to the nearest Hospital as a first choice.

b. Offender Interview (Law and Order)

1. All alleged offenders will be interviewed, as soon as possible after the initial report.
  2. It is preferred that interviews be conducted by the police investigator at a location decided on at the discretion of the investigating officer.
  3. The objective of the Law and Order interview will be to further investigate the allegation. If the alleged offender admits any of the allegations, the investigator must make sure that the statement by the offender will be admissible in court, including Miranda warning.
    - a) All Law and Order reports will be referred to the Tribal Prosecutor and U.S. Attorney's office.
    - b) The investigator will not place the suspect under arrest unless circumstances exist that make an arrest necessary.
  4. Law and Order Interviews should seek to gain the following:
    - a) Name, age, DOB, residence, phone number, place of employment, Tribal enrollment;
    - b) Relationship to victim (i.e. immediate or extended family, other);
    - c) Description of all episodes of abuse;
    - d) Times, dates, and locations of abuse;
    - e) Ascertain if there are other victims and/or offenders.
    - f) Ascertain validity of the allegation.
  5. Alleged offender shall be apprised of:
    - a) Possible charges that might be filed.
    - b) Law and Order will notify suspect of the victim witness protection act.
- c. Witness Interviews Law and Order and/or LCPP (to be determined by the investigators)
1. Obtain name, age, DOB, residence, place of employment, and tribal affiliation for purposes of later contacts.
  2. Determine relationship of offender or victim.
  3. Obtain corroborative information. Establish specific details where possible: Dates, times, place, etc.

*(To be continued)*

### **CHILD PROTECTION TEAM PROTOCOL**

This child protection team protocol is intended as a guideline for members of the Lummi C.P.T. team if the Lummi C.P.T. has not already adopted a protocol of addressing child abuse. All C.P.T. members should be appropriately trained.

A child protection team was formed in the Lummi Nation under the auspices of this project and called the model Lummi child protection team. It will be referred to in this protocol as the Lummi C.P.T.

1. Procedure

a. Initial Receipt of Referral

Whenever the C.P.T. receives a referral from any agency, the team shall review the case to:

- I. Assess child safety needs
- II. Evaluate existing evidence
- III. Determine legal options including prosecution
- IV. Inventory community resources
- V. Specify goals regarding:
  - Follow-up
  - Immediate treatment
- VI. Assign a case manager

After this review, recommendations on prosecution and treatment shall be made to the appropriate agencies.

b. Follow-up

- I. The C.P.T shall review the case on a monthly basis.
- II. Social services shall provide information on monthly basis about investigation and treatment results.
- III. Law and Order shall provide information on a monthly basis about investigation results.
- IV. Reports from other agencies including Lummi Health Clinic shall be reviewed on a monthly basis.
- V. The C.P.T. shall modify its recommendations whenever such is necessary.

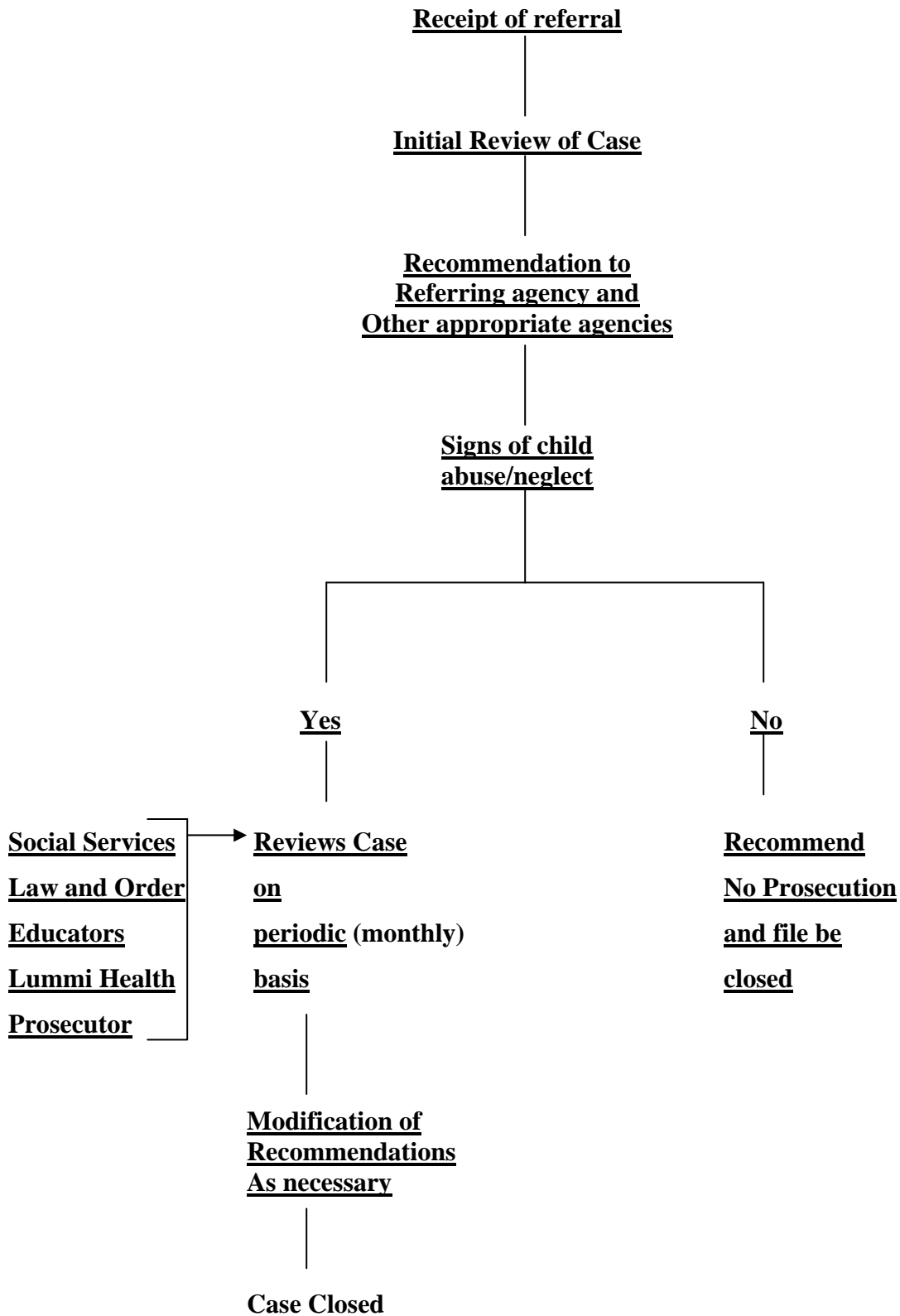
2. Membership

- a. The Lummi C.P.T. shall include representatives from Lummi Law and Order, Lummi Mental Health, Lummi children Services, Lummi Child Protection Services, VOCA, Lummi tribal Court, Lummi Tribal School, Lummi Youth Outreach, CARE, and any other Lummi Tribal Program that has involvement with Lummi Youth.
- b. Lummi C.P.T. shall include Representatives as required by the Council.

3. Confidentiality

C.P.T. members are bound by federal and Lummi law and regulation regarding issues of confidentiality

# C.P.T. Protocol flow chart





# **APPENDIX 5**

## **Nez Perce Tribe Tribal – State Protocol**

**CJA Grant # 1996-VI-GX-0008**

NEZ PERCE COUNTY PROTOCOL AGREEMENT: BETWEEN NEZ PERCE  
TRIBE AND NON-TRIBAL HUMAN SERVICE AGENCIES  
*(excerpted provision)*

(e) Health And Welfare Or Law Enforcement Intake Reporting Procedures  
Involving Indian Child (ren)

(1) If the reported abuse had occurred within the city limits of Lewiston, the initial report shall be made to the LEWISTON POLICE DEPARTMENT at 746-0171 or the REGION II DEPARTMENT OF HEALTH AND WELFARE at 799-4360. If the report of abuse has occurred outside of the City limits of Lewiston but within the boundaries of Nez Perce County, the report of abuse shall be reported to either the NEZ PERCE COUNTY SHERIFF'S OFFICE at 799-3131 or the REGION II DEPARTMENT OF HEALTH AND WELFARE at 799-4360 or if it is within the reservation boundaries NEZ PERCE TRIBAL POLICE DEPARTMENT will be notified at 843-7141.

(2) The appropriate law enforcement agency to investigate the report will normally be determined by the location where the child abuse or neglect occurred. Questions of jurisdiction may arise involving reports of abuse occurring within the boundaries of the Nez Perce Tribal Reservation. If the Department of Health and Welfare receives a report of a Native American Child living on the reservation in Nez Perce County, the Department of Health and Welfare shall immediately notify Nez Perce Tribal Social Services and a collaborative effort will be made to determine whether Nez Perce Tribal Social Services, Nez Perce Tribal Police Department and/or the Department of Health and Welfare will investigate the complaint. Once the Nez Perce County Sheriff's has received or has been notified of a report of child abuse or neglect, it shall immediately notify the Nez Perce Tribal Police Department at Lapwai, Idaho. (If the Native American Child lives off the reservation the law enforcement agency to be notified is the Nez Perce County Sheriff's Office.) If the initial report of child abuse or neglect is made to the Nez Perce Tribal Law Enforcement, it shall immediately notify the Nez Perce County Sheriff's Office. This procedure is to provide the opportunity for joint investigation until the issue of jurisdiction is resolved at a later time.

## **SCREENING**

Each report of suspected child abuse will be screened by (1) Tribal Law Enforcement Services/Criminal Investigator and (2) Social Services Child Protection Worker for validity and seriousness and shall respond accordingly. If the social worker and investigator or police officer does not agree on how to proceed, supervisors at both agencies will review the report and decide on a proper response.

The following priority system will be utilized by Law Enforcement/Criminal Investigator and Social Services to assess risk to a child and determine a time frame for response. This priority system shall be used as a guide and can be deviated from if the risk to the child elevates to a higher life-threatening status.

Priority One – An immediate response is required and the responding agency should be prepared to offer emergency services due to threat of immediate danger of physical harm to the child.

- Death
- Brain damage, skull fracture
- Subdural hematoma
- Internal injuries
- Torture
- Any sexual abuse
- Life threatening neglect (e.g. malnutrition, failure to thrive)
- Any injury or lack of supervision of a child who is under five (5) years of age
- Neglect or abandonment of a child under nine (9) years old or of a child unable to care for self
- Child suicidal
- Wounds

Priority Two – If an immediate response is not possible a response shall be initiated within 2-4 hours. The risk to the child is dangerous but appears to be less life threatening. Further investigation may warrant emergency services.

- Burns, scalding
- Poisoning/noxious substances
- Bone fractures
- Excessive corporal punishment
- Cute/bruises/welts
- Human bites
- Sprains/dislocations
- Tying/close confinement
- Drug/alcohol abuse
- Mental injury
- Lack of supervision
- Abandonment
- Medical neglect
- Locking out
- Substantial risk of physical injury

Priority Three – These will be responded to within 24 hours, as they appear to involve less risk to a child. The initial response can be limited to contact and risk assessment and obtaining the information needed to comply with Section E. Written Report of Child Abuse and P.L. 101-630. Further response shall be determined by the initial findings but shall be no later than 5 working days from the initial contact.

- Educational neglect (e.g., chronic truancy)
- Other neglect
- No injury reported

#### Case Assignments:

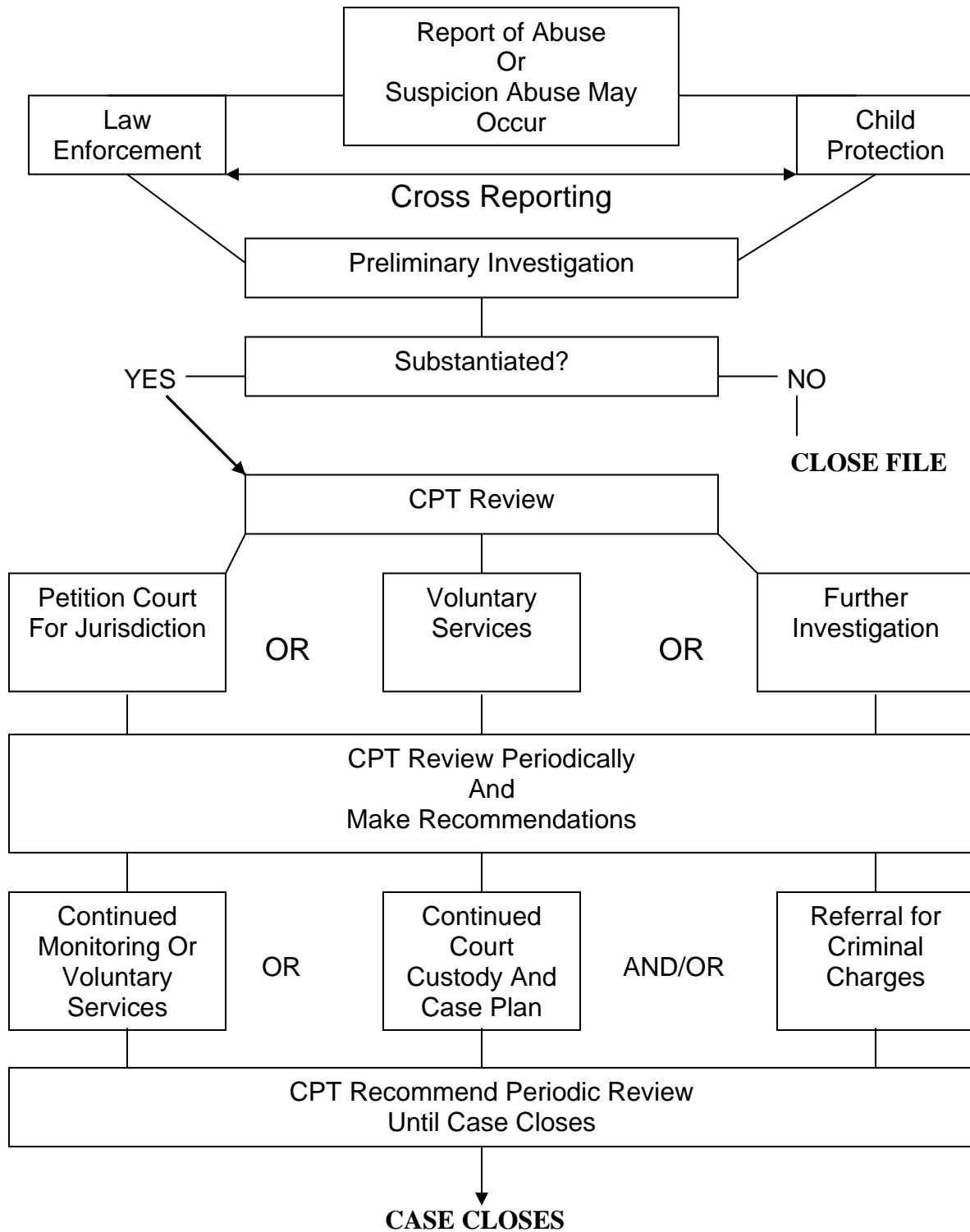
Once a suspected child abuse report is determined to be valid, it will be assigned to a social services worker by the responsible Tribal Child Protection Services for investigation based on priority. The police will also be involved and if the report meets the criteria described in Section D, Nez Perce Tribal Criminal Investigation shall be immediately notified and shall assume responsibility for the investigation.

Reports of suspected child abuse will be given priority attention by the respective investigative agencies. As prescribed by P.L. 101-630, Section 404, the responding agency shall immediately initiate an investigation of such allegation and shall take immediate, appropriate steps to secure the safety and well being of the child or children involved. At all times, Law Enforcement Services shall attempt to involve Social Services in the decision-making process when a child is being considered for removal from a custodian. In a case where an offense against a child may be considered for Federal prosecution, the Victims/Witness Coordinator in the United State Attorney's Office shall be notified by the Criminal Investigator as soon as the details of the case make the decision possible. This can be done telephonically and shall be followed by submitting a Preliminary Child Abuse/Neglect Report.

***(Excerpted provision)***

# **APPENDIX 6**

## **Sample CPT Flow Chart**

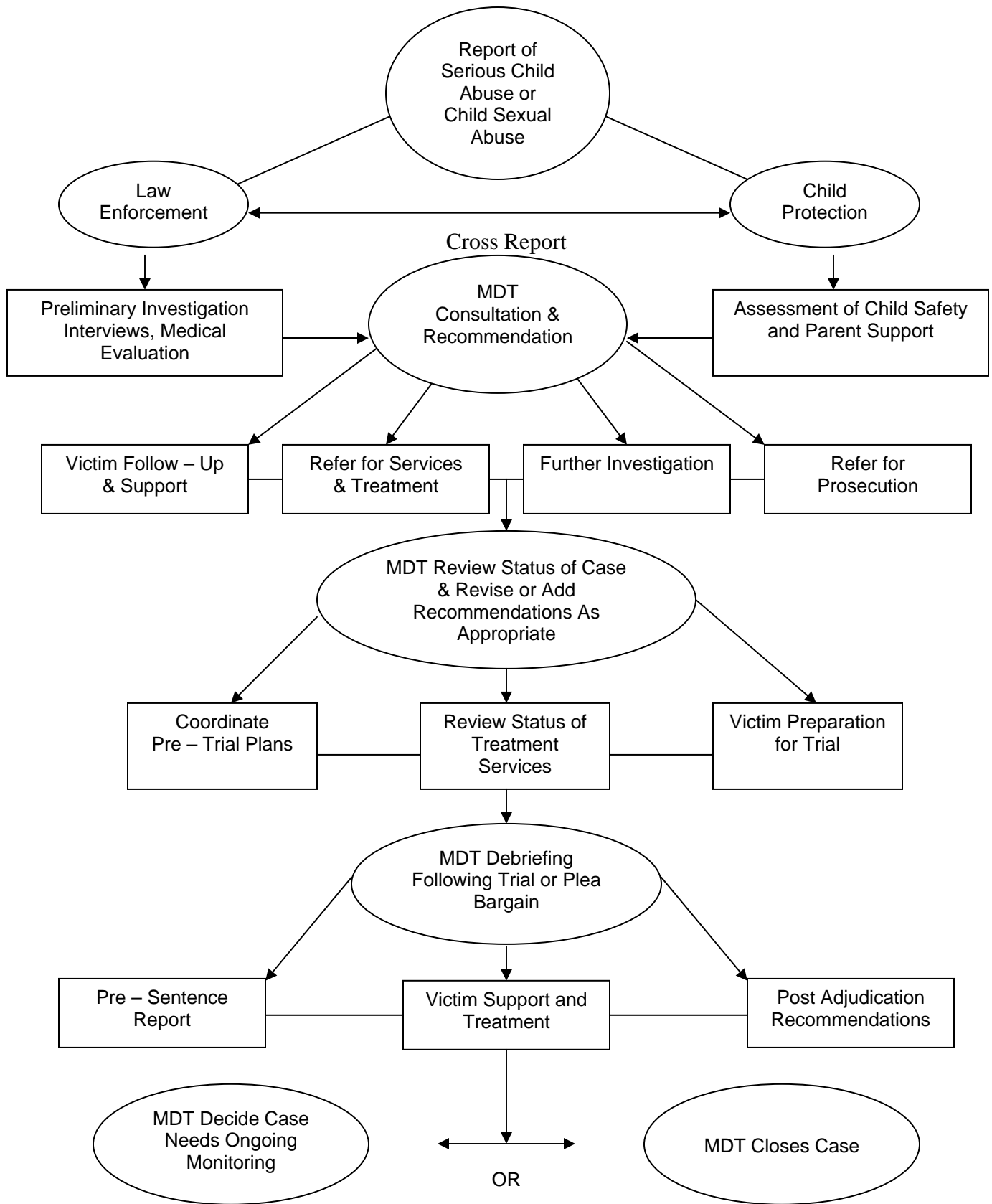


**Sample Flow Chart for Mandatory Reporting, Investigation and CPT**

# APPENDIX 7

## SAMPLE

### MDT Flow Chart



**Sample Flow Chart For MDT**





# APPENDIX 8

## *Sample* Mandatory Reporting Form

SAMPLE  
 >>>>> **CHILD ABUSE/NEGLECT REFERRAL** <<<<<<  
**MANDATED REPORT TO LOCAL Child Protection & also LAW ENFORCEMENT**

Give as much information as is known at the time of filing this report and put?? where you are unsure. Be sure to give names and phone numbers of others who may have more details than you have at the time of doing this report.

➡ **I. KNOWN OR SUSPECTED CHILD ABUSE/NEGLECT**  
 (circle all applicable regarding a child age 18 or younger)

physical                      sexual contact                      sexual exploitation                      neglect                      runaway

**VICTIM'S name** \_\_\_\_\_ **Age** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **Male/Female**

Address/residence \_\_\_\_\_ Community/Village \_\_\_\_\_

Child's school \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Victim is \_\_\_\_\_ a Native child; \_\_\_\_\_ a non-Native child; \_\_\_\_\_ I don't know;  
 \_\_\_\_\_ From another community (name of community \_\_\_\_\_)

Child's physician/medical provider \_\_\_\_\_ phone \_\_\_\_\_

Last known medical appointment was on \_\_\_\_\_ for \_\_\_\_\_

**Parent/Caretaker Name** \_\_\_\_\_ relationship \_\_\_\_\_

Address/residence location \_\_\_\_\_

Phone: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Message \_\_\_\_\_

➡ **II. ALLEGED OFFENDER/SUSPECT INFORMATION**

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **Male/Female**

**Relationship to child** \_\_\_\_\_

(Indicate if alleged offender has relationship with any of child's relatives, i.e. aunt's signif.other, etc.)

Address/last known residence (give directions if address is unknown): \_\_\_\_\_

The alleged offender/suspect may be contacted through (name of contact, phone number, address, etc.) \_\_\_\_\_

Check  all of the following that apply to the alleged offender/suspect:

\_\_\_\_\_ Lives or works in the community full-time: \_\_\_\_\_ lives in the community part of the year:

\_\_\_\_\_ Lives elsewhere but comes to the community to visit: \_\_\_\_\_ come to the community a lot:

\_\_\_\_\_ Rarely comes to the community: \_\_\_\_\_ has never been in the community before.

**Alleged offender is:** \_\_\_\_\_ a Native adult (over 18); \_\_\_\_\_ a Native child (under 18); \_\_\_\_\_ a non-Native

➡ **III. INFORMATION & LOCATION OF INCIDENT/S OF CHILD ABUSE/NEGLECT:**

**WHEN** incident occurred or is suspected to have occurred: Date/s \_\_\_\_\_ ;

\_\_\_\_\_ After 6 p.m.: \_\_\_\_\_ after midnight: \_\_\_\_\_ after 6 a.m.: \_\_\_\_\_ between 6 a.m. and noon:

between

Noon and 6 p.m.: specifically \_\_\_\_\_

**WHERE** (check all that may apply) \_\_\_\_\_ at victims' home: \_\_\_\_\_ at relative home: \_\_\_\_\_ at neighbor home:

\_\_\_\_\_ In a vehicle: \_\_\_\_\_ outside the community at \_\_\_\_\_ : \_\_\_\_\_ in the community: \_\_\_\_\_ at school:

Other \_\_\_\_\_

**WITNESSES:** Incident was not witnessed: \_\_\_\_\_ was witnessed by (name/age) \_\_\_\_\_

\_\_\_\_\_ Witness can be contacted at: \_\_\_\_\_

★★ If contacted by someone else, Mandatory Reporters should obtain the following information from referent:

Describe what you know OR suspect to have taken place. If it is first-hand knowledge, state what you actually saw or heard. If you are reporting a suspicion of abuse, state what factors led you to have the suspicion, including factors related to your specialized training or experience. Use additional paper if necessary to provide a full description.

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CHILD HAS RECEIVED MEDICAL ATTENTION: LOCATION \_\_\_\_\_  
 CHILD HAS BEEN REFERRED FOR MEDICAL ATTENTION TO \_\_\_\_\_

➡ IV. NAMES OF OTHER INDIVIDUALS WHO ARE AWARE OF/HAVE INFORMATION RELATING TO THE INCIDENT:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

➡ V. FAMILY INFORMATION

- A. This family has a previous history of child abuse/neglect: \_\_\_Yes \_\_\_No \_\_\_Don't know  
B. The alleged offender/suspect has a previous history of physical or sexual abuse to a child: \_\_\_Yes \_\_\_No \_\_\_Don't know.  
C. If yes to either, state location of past abuse, if known \_\_\_\_\_

➡ THIS REPORT COMPLETED BY: \_\_\_\_\_ DATE \_\_\_\_\_ TITLE \_\_\_\_\_  
RELATIONSHIP TO CHILD: \_\_\_\_\_

REPORT REFERRED TO: \_\_\_\_\_ AT TRIBE: DATE \_\_\_\_\_  
\_\_\_\_\_ AT BIA/Tribal POLICE: DATE \_\_\_\_\_  
\_\_\_\_\_ AT CPS: DATE \_\_\_\_\_  
\_\_\_\_\_ AT FBI/State/County Police: DATE \_\_\_\_\_

➡➡ CONFIDENTIALITY: ALL MANDATORY REPORTERS MUST GIVE THEIR NAME

If referent is other than a mandatory reporter, the referent must be advised that the law allows for their identity to be kept confidential (unless they consent to disclosure) except that the court, child protection (CPS), local, state or federal law enforcement officers, or any other federal, state or tribal employee who needs to know their identity in order to carry out their duties are entitled to know with or without the consent of the referent. 25 U.S.C. 3203(d)

Sample PL 101-630 form



# APPENDIX 9

## *SAMPLE*

### Native Children's Bill Of Rights

**NATIVE CHILDREN’S BILL OF RIGHTS**  
**A PROCLAMATION**

Approved by the \_\_\_\_\_ COUNCIL

Date: \_\_\_\_\_

WHEREAS, we the members of the \_\_\_\_\_ Council recognize our moral, social, spiritual and financial responsibility to protect and provide for the needs of the children of our nation; and

WHEREAS, we believe that all children are created with the inherent right to be safe, to be loved and nurtured, and to have adequate health care, nutrition and shelter; and

WHEREAS, we believe that each child has the right to be free of physical or emotional abuse, to be protected from sexual abuse and exploitation, and to be free from neglect, discrimination and the demeaning or destructive acts of others; and

WHEREAS, all our children have the right to a name and tribal identity, and the right not to be separated from his/her birth parents and to know their extended family and community, which are an important part of the child’s tribal identity as well as essential to assure our survival as a people; and

WHEREAS, all our children have the right to learn about and benefit from our tribal history, culture, language, spiritual traditions and philosophy; and

WHEREAS, we believe that parents have primary responsibility for providing their children with proper prenatal care, ongoing age-appropriate physical and emotional care, including emotional nurturing, adequate food, shelter, education, health care; and

WHEREAS, we believe that parents have an absolute responsibility to provide their children with a safe and healthy home and child care environments, to teach their children safety skills, and to provide appropriate supervision; and

WHEREAS, we believe that we too have a responsibility to assure that the children of our tribe have a standard of health, safety, education, and nurturing necessary to assist them in gaining healthy values and behaviors which will help them mature into healthy and productive members of our tribal community; and

WHEREAS, we believe that the treatment of children, and therefore the welfare of our tribal children is the responsibility of the entire community, and that this responsibility extends to all the Native children who reside in our community, irregardless of their tribal origins or their length of residence; and

WHEREAS, we recognize that domestic violence, substance abuse, lack of supervision, inadequate medical care and physical or emotional neglect may result in far-reaching and traumatizing effects on a child’s physical and emotional growth and development; and

WHEREAS, maltreated, neglected, parentless and traumatized children often need special care, treatment and support in a way that promotes their healing and safety, as well as their sense of dignity, value and future well-being.

The \_\_\_\_\_ Council issues and proclaims this Children's Bill of Rights in order to assure that all of the children of our community who are under the age of eighteen years are provided with adequate food, clothing, shelter and health care; that they are protected and supervised to assure their safety and health; that they receive nurturing, appropriate cultural teachings and adequate education/schooling - all of which are their inherent and basic rights as Native children.

The \_\_\_\_\_ Council shall advocate for and promote the safety, dignity and well-being of the community's children throughout all governmental, business, social services and educational agencies and all other institutions involved in the community for any length of time.

The \_\_\_\_\_ Council shall undertake such other efforts as may be deemed necessary to assure the long-term safety and protection of our children, including, but not limited to monitoring the well-being of the children, requiring parents to participate in services to remedy behaviors that place children at risk, and placement of children with relatives or other community members when such is necessary for the health and welfare of the child/ren.

This proclamation is undertaken on behalf of our children with the goal of preparing them to assume a creative, productive and honorable role in our society, and to assure that the ultimate future of our people is considered in each action considered from this day forward by the \_\_\_\_\_ Council.

APPROVED AND ADOPTED BY a vote of \_\_\_\_\_ in favor, \_\_\_\_\_ opposed and \_\_\_\_\_ abstaining of the \_\_\_\_\_ Council ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Chief \_\_\_\_\_ Council

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary, \_\_\_\_\_ Council

\_\_\_\_\_  
Date



APPENDIX 10

*SAMPLE*

Confidentiality

Statement

For CPT/MDT

*Sample CPT/MDT*  
**CONFIDENTIALITY STATEMENT**

Confidentiality is the preservation of privileged information concerning a family or family member, which is disclosed in a professional working relationship. Part of what you learn is necessary to provide services to the client, while other information is shared within the development of a helping and trusting relationship. Therefore, most information gained about an individual or family is confidential in terms of the law.

All records dealing with specific clients must be treated as confidential. General information, policy statements or statistical material, which is not identified with any individual or family, is not classified as confidential.

Giving information to an unauthorized person could be interpreted as not acting within the scope of duty and your agency could refuse to support you in event of legal action. Violation of the Oregon revised statutes regarding confidentiality of records is punishable upon conviction by a fine of not more than \$1000, or by imprisonment in the county jail for not more than 60 days, or both.

My signature below certifies that I have read the above statements and understand my duty to abide by the law regarding the preservation of confidential information.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE NOTE: Any confidentiality statement used by your team should be based on applicable local (including Tribal) law and consequences for breach of confidentiality.**





We are guilty of many errors and many faults, but the worst crime is abandoning our children – neglecting the foundation of life. Many of the things we need can wait. But the children cannot. Right now is the time his bones are being formed, his blood is being made, and his senses are being developed. To him we cannot answer tomorrow". His name is "TODAY."

- Gabriela Mistral, Chilean Poet