KENOSHA COUNTY

SEXUAL ASSAULT RESPONSE TEAM

PROTOCOL

FOR

ADULTS, ADOLESCENTS & CHILDREN

SEPTEMBER 1, 2016

Sexual Assault Response Team

SART

Kenosha County

Transforming victims into survivors.

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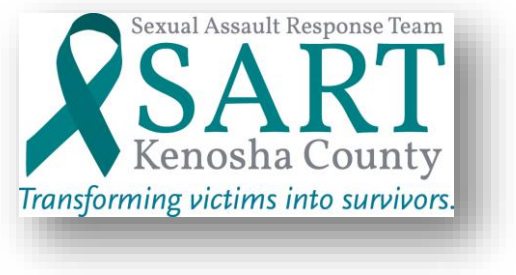
MISSION STATEMENT

Mission Statement

The Kenosha County Sexual Assault Response Team (SART) is a community-based initiative seeking to build communication and collaboration between agencies to improve the services to victims of sexual assault. The mission of the SART project is to provide sensitive, efficient, consistent, comprehensive and multidisciplinary response to sexual assault and to ensure accurate evidence collection that will promote the apprehension and prosecution of perpetrators. Our mission is to ensure a transition from victim to survivor for every individual whose life is impacted by sexual violence.



What is SART?

A Sexual Assault Response Team (SART) is comprised of professionals who work to coordinate a best practice, multidisciplinary, victim-centered response to sexual assaults in a community. This response prioritizes the needs of sexual assault victims and holds offenders accountable. A SART works to minimize the trauma for sexual assault victims when they seek medical, legal and advocacy assistance. Through coordination during the investigation process, a SART seeks to reduce repeated questioning of the victim and increase effective collection and preservation of evidence. A team approach helps meet the victim's short-term and long-term needs and can increase the likelihood that a victim will seek follow-up services, thereby promoting healing.

The Kenosha County SART Protocol was shaped and influenced by the Wisconsin SART Protocol. We recognize this as a fluid document which will be reviewed annually and as needed to augment and improve this protocol always striving for best practice in addressing sexual assault in Kenosha County.

Guiding Principles for SART Protocol

The Kenosha County SART Protocol was created to guide our response to sexual assault using best practices for:

- Individuals and agencies in the criminal justice system that investigate and prosecute sexual assault
- Individuals and community agencies that provide services to victims and their families

Through a multidisciplinary and collaborative approach, we are striving to obtain a goal of being victim-centered, trauma-informed, and offender-focused in all aspects of our response and services to sexual assault victims. This Kenosha County SART Protocol strengthens our relationships with each other and our resolve to ensure a coordinated and collaborative response.

History of Kenosha County SART Protocol

In May 2006, the local sexual assault nurse examiner (SANE) coordinator invited community agencies to a meeting to discuss the concept of a Sexual Assault Response Team (SART) team in Kenosha County. Representatives from the SANE program, six law enforcement agencies, the District Attorney's Office, Women and Children's Horizons, Department of Children and Family Services and Children's Hospital of Wisconsin Child Advocacy Center attended the first meeting. Over the next year, agency representatives collaborated to write a community protocol that promoted a victim-centered response to sexual assault/abuse of both adults and children.

A Kenosha County SART Formal Agreement of Membership was signed in August of 2007. The committee met regularly and developed training opportunities for multidisciplinary professionals and participated in case review. University of Wisconsin-Parkside was an active SART member prior to 2014 and Carthage College joined in 2014 and Gateway Technical College in 2015. The evolution of our community's knowledge and response to sexual assault in conjunction with the development of a statewide SART team led us to review and revise our Kenosha County SART Protocol which was completed in 2016.

Human Trafficking

The Kenosha County SART recognizes the intersection between sexual assault and human trafficking and the work that is being done in these areas in Kenosha County. Therefore, the Human Trafficking Guidelines for Suspected Child Victims and the Human Trafficking Guidelines for Suspected Adult Victims* are attached.

**See Addendum I – Kenosha County Guideline for Suspected Child Human Trafficking Victims*

Acknowledgements

The Kenosha County SART Protocol Committee recognized its responsibility to establish a SART Protocol that would affect change in the community response to sexual assault that would reduce further trauma to sexual assault victims when they access the criminal justice system. The multi-disciplinary members of the Kenosha County SART team have worked tirelessly to create a best practice protocol that will become standard practice for all its member agencies through continued training, dialogue, education, and participation at the SART table. We are grateful for the shared expertise and desire to improve our protocol which we hope will facilitate a transition from victim to survivor for every individual whose life is impacted by sexual violence.

Special acknowledgments go to the Wisconsin Coalition Against Sexual Assault and their leadership in the development of the Wisconsin SART Protocol. We would like to thank the Wisconsin Department of Justice for their grant opportunity which allowed us to work with a consultant, Jeanie Kurka Reimer, who helped to shape our protocol by sharing her ideas, experience, and guidance. The Kenosha County SART Protocol Committee recognized its responsibility to establish a SART Protocol that would affect change in the community response to sexual assault that would reduce further trauma to sexual assault victims when they access the criminal justice system. The multidisciplinary members of the Kenosha County SART have worked tirelessly to create a best practice protocol that will become standard practice for all its member agencies through continued training, dialogue, education, and participation at the SART table. We are grateful for the shared expertise and desire to improve our protocol which we hope will facilitate a transition from victim to survivor for every individual whose life is impacted by sexual violence.

Members of the Kenosha County SART

Listed below are members of the Kenosha County SART team who were instrumental in the development and implementation of this revised Kenosha County SART Protocol. We are grateful for their diligence and collaborative spirit along with many hours of hard work.

SART LEADERSHIP TEAM:

Rhonda Bohr
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Victim/Witness Specialist
Kenosha County
District Attorney's Office

Rebecca Rodriguez
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SANE Program Coordinator
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Counselor/Coordinator of
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Carthage College

Lydia Thompson
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Sexual Assault Coordinator
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Women and Children's Horizons

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Community Impact Programs, Inc.

Ashlee Zubek
LGBTQ Advocate
Sexual Assault Advocate
Women and Children's Horizons

Community-Based Advocacy

ROLE OF COMMUNITY-BASED ADVOCATE

Women and Children's Horizons Advocate

The role of the community-based advocate is to provide trauma-informed services to victims/survivors of sexual assault, and to advocate for the interests and wishes of the victim/survivor. Community-based advocates provide confidential crisis intervention services, emotional support, information about sexual assault, referrals to other agencies and services, and a variety of ancillary services, such as help with transportation, etc. Under Wisconsin Statute 905.045* (see Addendum II), community-based advocates have advocate-victim/survivor privilege, and their communications with victims/survivors are confidential. This is one important difference between community-based advocates and other system-based advocates.

Women and Children's Horizons advocates provide the following services:

- Offer support and provide information about services and resources
  - Empower the victim/survivor and believe them
  - Honor the victim's/survivor's choices and assist them in accessing other services
  - Safety plan with the victim/survivor
- Accompany victim/survivor to all appointments/meetings/interviews/court hearings
  - In interviews and at court, the advocate is solely there for support and cannot insert any opinions or information
- Provide services to:
  - Any person who is a victim/survivor of sexual assault, regardless of gender identity, sexual orientation, ethnicity, race, religion, age, socioeconomic status, or disability
  - Secondary victims such as the partner, family, or friends of a victim
- Women and Children's Horizons advocates are bound by advocate-victim privilege and confidentiality, per state and federal laws
  - Privilege does not apply in cases involving imminent self-harm, harm to others, or child abuse

BEST PRACTICE GUIDELINES FOR COMMUNITY-BASED ADVOCATE

24-Hour Advocate Response. An advocate will be available 24 hours a day/365 days per year, both on a crisis line, and in-person. A 24-hour hotline will be answered by a person who will offer referrals, information, support, and access to 24-hour in-person advocacy, with multilingual and accessible services. The advocate will meet with the victim/survivor at the hospital, law enforcement agency, or courthouse, as determined by community protocol. Community-based advocates will be accessible to victims/survivors, and if the victim/survivor wishes, the advocate will accompany them in SANE exam rooms, child advocacy centers, law enforcement interviews, follow-up medical appointments, prosecution meetings, or anywhere the victim/survivor interacts with the system.

COMMUNITY-BASED ADVOCACY

Team-Based Response. Best practices recommend that community-based and system-based advocates are each available to ensure appropriate support will be available for victims/survivors and their allies. One advocate should be a "community-based" advocate such as an advocate from Women and Children's Horizons, with privileged communication, as defined in the Wisconsin State Statute 905.045 (see Addendum II). The other advocate may be a "system-based" advocate, such as an employee of a prosecution office, a police department, campus, or a health care provider. Availability of both types of advocates ensures a collaborative and integrated system response.

Role of Community-Based Advocates. Best practice calls for professionally trained, community-based advocates to accompany sexual assault victims/survivors through the healthcare and criminal justice system. Women and Children's Horizons is committed to participating as a core member of the Kenosha County SART. Advocates from Women and Children's Horizons are called by members of the SART team. Community-based advocates' help victims/survivors navigate the criminal justice system, provide education about the dynamics of sexual assault, and assist the victims/survivors in accessing other services within the community. Community-based advocates listen to the victim/survivor, believe the victim/survivor, work to empower them and honor the choices the victim/survivor makes. Community-based advocates work with victims/survivors during the criminal justice system process. Community-based advocates work with victims/survivors during the disciplinary process within a college or university environment.

Use of Empowerment Philosophy. An advocate assists victims/survivors in making informed choices that are in the victims'/survivors' personal best interests. Advocates do not encourage nor discourage victims/survivors from reporting or participating in the criminal justice system. The victim's/survivor's choices and needs determine how the advocate will proceed.

Case Management. With permission from the victim/survivor, it is important for law enforcement, SANE, child advocacy centers, colleges and universities, and district attorneys to keep advocates informed about the progress of a sexual assault investigation. Advocates can be strong allies to other SART members by providing the needed case management services to victims/survivors. Advocates can support victims/survivors who decide to report a sexual assault by removing barriers inhibiting a victim/survivor from being involved in the criminal justice process, and link victims/survivors to available community services that support healing. All of these case management activities are part of a victim-centered response, and support a good outcome for the victim/survivor and the system.

Cultural Competency/Diversity. It is best practice for community-based advocacy agencies to have advocates that represent the population they are serving. It is also best practice for agencies to have thoughtful, intentional, and continuous training and discussion on cultural diversity, and how oppression, racism, ageism, sexism, audism, and other forms of discrimination impact the lives of victims/survivors, and create unique barriers to reporting and prosecuting sexual assault crimes.

Victims/Survivors with Special Needs. It is best practice for community-based advocacy agencies to have advocates who have experience working with sexual assault victims/survivors with special needs, such as people with a developmental disability or people who are on the autism spectrum.

COMMUNITY-BASED ADVOCACY

PROCEDURES FOR COMMUNITY-BASED ADVOCATES

Women and Children's Horizons

Helpline Advocate

- **Receive calls coming in on 24-hour helpline**
  - **262-652-9900**
  - **800-853-3503**
- Determines if caller is safe
- Determines if there is an immediate need for law enforcement or medical care, determines jurisdiction, and explains options available to the caller
  - Refers to Aurora Medical Center for SANE exam
  - Refers to law enforcement if caller is interested in making a report

Responding Advocate

- Arrives to place of call within 60 minutes
  - If unable to arrive within 60 minutes, contacts hospital or law enforcement center and informs them of ETA
- Meets with victim/survivor to provide emotional support and to explain advocacy services
- Following examination and/or interview, determines if victim/survivor feels safe to go back to his/her residence
  - If no, explores alternatives (friends, relatives, shelter)
- Determines if victim/survivor has transportation to his/her residence or safe place to stay
  - If no, assists victim/survivor in making arrangements for transportation provided by friends, relatives, or law enforcement
- Provides follow up services to victim/survivor for as long as needed
- Ensures victim/survivor has information about agency services and knows how to contact the respective agency for support

Law Enforcement

ROLE OF LAW ENFORCEMENT

The role of law enforcement is to protect and serve the public, which includes the obligation to investigate alleged crimes. In cases of sexual assault this means protecting the safety of the victim and the community while collecting evidence in a fair and lawful manner. Law enforcement agencies are often the point of first contact for the victim. They initiate the multidisciplinary team by calling the community-based advocate. The primary responsibility of law enforcement in relation to sexual assault is to determine if there has been a sexual assault that meets the criteria for a crime as defined by Wisconsin statutes that include 940.225 (See Addendum II).

BEST PRACTICES FOR LAW ENFORCEMENT

- Protecting the safety and well-being of the victims and ensuring they receive proper medical attention
- Identifying whether a crime has occurred
- Initiating a collaborative response
    - Activating the SART team
    - Community-based advocate called as soon as possible by law enforcement
    - Non-SART trained responding law enforcement member should limit the scope of their investigation to: critical needs, safety, and scene preservation
    - Give victim choice of exam or interview and in what order
    - If victim requests, facilitate having a community-based advocate present during all phases as appropriate
- Collecting and preserving evidence
- Conducting an investigation
- Collaborate with the Kenosha County District Attorney's Office

PROCEDURES FOR LAW ENFORCEMENT

As we encounter victims of sexual assault, we agree to collaborate, without compromising the independence of each agency, so that the safety of the victim and the community can be maximized.

- Law enforcement agencies are responsible for investigating allegations of sexual assault and abuse that violate the criminal laws of the State of Wisconsin
- Law enforcement agencies are responsible for intervening when such action may be necessary to protect the victim from further harm, to apprehend or control a person alleged to have caused harm, or to ensure the safety of persons acting to protect the victim
- Law enforcement agencies are primarily responsible for the collection and preservation of physical evidence and testimonial evidence which may be used in the prosecution of child and adult sexual assaults.

Prosecution

ROLE OF PROSECUTION

To prosecute sexual assault cases using a victim-centered, offender-focused approach. These guidelines should ensure that all victims are treated with compassion, dignity and respect throughout the prosecution process, reducing or eliminating chances of re-victimization.

The primary role of prosecution is to see that justice is accomplished. To accomplish this goal, prosecutors must work in a coordinated and collaborative fashion with the victim, law enforcement, advocates, medical professionals and crime labs. Prosecutors are responsible for assessing reports of sexual assault to determine if enough evidence exists or could be obtained to file criminal charges. Prosecutors must also consider the ethical issues of whether or not to file criminal charges.

The goal of victim-centered, offender-focused approach is to decrease re-victimization by ensuring the survivor is treated with compassion and respect. The myths and misinformation surrounding the crime of sexual assault along with the tendency of the defense and jurors to focus on the victims' actions present unique challenges in the successful prosecution of the crime of sexual assault. Prosecutors are uniquely positioned to educate the community, jury by jury, about sexual assault dynamics and the tactics offenders use.

The importance of the prosecution team in supporting victim's rights cannot be overstated. The District Attorney's Office and Victim/Witness Specialists are the primary resource available to educate victims about their rights as crime victims. This responsibility is a priority and should not be overshadowed by competing obligations.

BEST PRACTICES FOR PROSECUTION

- The prosecutor should uphold the letter and spirit of Wisconsin Statute Section 950 (Rights of Victims and Witnesses of Crime) (See Addendum II) and reinforce that victims of sexual assault are treated with courtesy, dignity, sensitivity, and most of all, respect throughout criminal proceedings
- When possible, the same prosecutor should be assigned from the beginning of the case to the end (vertical prosecution). The same victim/witness specialist should also provide services to the victim from the case's beginning to end. Maintaining the same prosecution team provides stability and diminishes confusion for victims throughout the pendency of a case
- The prosecutor will strive to meet with victims and their advocate/family/support system throughout the court process. When prosecutors and victim/witness specialists familiarize themselves with victims, victims can feel more comfortable knowing who they are speaking to if concerns develop or if support is needed. Victims can also immediately sense that their cases are important to the District Attorney's Office.

PROSECUTION

PROCEDURES FOR PROSECUTION

When the District Attorney's Office Receives a Referral from Law Enforcement

- The police reports, statements, and evidence will be reviewed by a prosecutor in a timely fashion
- Any additional information needed from law enforcement will be requested
- Once all necessary information is received, the prosecutor will contact the victim and extend an offer to meet to discuss the case
- A charging decision will be made in a timely fashion. The decision will be made in compliance with a prosecutor's ethical standards and based on the merits of each case

If Charges Will Not be Filed

- The victim will be contacted in order to inform him/her of the decision to not charge the case. An offer to meet in person will be extended in order to answer any question the victim has and to explain the decision not to prosecute
- A referral to Women and Children's Horizons will be made
- The victim will also receive written notification of the decision not to prosecute

If Charges Will be Filed

- A prosecutor will draft the criminal complaint and file all necessary documents with the court
- The prosecutor will notify victims that the court process is beginning

After Charging

- A victim/witness specialist will provide victims with information of a defendant's custody status and how to stay updated by using Victim Information Notification Everyday (VINE) notifications
- The prosecutor will request any applicable conditions of bail, including no contact orders
- The District Attorney's Office will notify victims of upcoming court hearings, if requested
- The prosecution team will keep victims informed of plea offers and the status of negotiations
- The prosecutor will be sensitive to fact that lengthy pretrial delay is often stressful for victims

In Preparation for Trial and at Trial

- The prosecutor will prepare the victim for testifying
- The prosecutor and/or victim/witness specialist will familiarize victims with the courtroom and the people who will be in the courtroom
- The District Attorney's Office will provide a victim/witness specialist for victim support in court and/or law enforcement presence during court proceedings as necessary
- The District Attorney's office will provide a secure area for the victim to wait during trial
- After verdict, the prosecutor will meet with the victim and answer any questions

At Sentencing

- A victim/witness specialist will inform victims of their options for sentencing, including addressing the court directly or by a Victim Impact Statement
- The prosecutor will inform the court of any restitution request
- A victim/witness specialist will continue to provide the victim with VINE information
- A victim/witness specialist will continue to keep the victim apprised of any post-conviction hearings or sentencing after revocation, as requested

Sexual Assault Nurse Examiner (SANE)

ROLE OF SEXUAL ASSAULT NURSE EXAMINER

The role of SANE in the response to sexual assault is to provide for the immediate medical care of the patients, to collect and document forensic evidence, facilitate any follow up care needed, and to provide expert testimony in the cases that go to trial. The goal in the response to sexual assault is to ensure that trauma-informed, victim-centered, compassionate, and sensitive services and care are provided in a non-judgmental manner.

BEST PRACTICES FOR SEXUAL ASSAULT NURSE EXAMINER

Prioritizing Victim Well-Being. The physical and psychological well-being of the sexual assault patient should always be given precedence over forensic needs. The SANE examination of the victim of sexual assault may assist with the investigation and prosecution of the case but is foremost intended to assist the survivor of sexual assault in his/her recovery. The victim should always be referred to SANE for assessment and care.

Ensuring Competency in Forensic Evaluation. Assessment, examination and evidence collection should only be done by those healthcare providers trained as SANE.

Patient Consent. Patient must consent to a SANE exam and evidence collection. Consent can be given or withdrawn for any portion of the exam at any time. Minors age 12-17 may assent to an exam without parent/guardian.

Victim Reporting of Sexual Assault. An adult victim of sexual assault should be offered the following reporting options:

- Report the assault to law enforcement and have evidence collected.
- Choose NOT to report and NOT have evidence collected.
- Choose to have evidence collected even though the victim is undecided with reporting or choose to remain anonymous about reporting. Determine process with law enforcement how evidence will be handled.

Community-Based Advocacy. Advocacy is included in the healthcare response. An advocate from Women and Children's horizons will be called in for every sexual assault exam when applicable (advocate will not be called for suspect exams).

Timeliness of Evidence Collection. Evidence will be collected within the 120 hour collection window, and if longer than 120 hours with recommendation from SANE.

Release of Medical Information. Medical information, including evidence collected during a medical forensic examination, is protected under the HIPPA. It can only be released to law enforcement or accessed for legal proceedings with the adult victim's written consent or when ordered by a court with jurisdiction in

the matter. At the time of the adult victim examination, discussion of the need for the completion of a release of medical records form to facilitate the legal investigation and subsequent action should be done.

Prophylaxis Treatment. Prophylaxis for the prevention of sexually transmitted infection and emergency contraception should be offered and provided to all patients following current standards. Wisconsin Statute 50.375 mandates that a hospital that provides emergency services must provide emergency contraception to victims of sexual assault.

Mandatory Reporting. Wis. Stat. Ann. § 48.981 states there is mandatory reporting for suspected child victims of physical abuse, sexual abuse, and neglect. All exams of children 17 and under will be faxed to the CAC for medical follow up. There is no mandatory reporting for adult victims (18 years and older) unless the adult victim cannot make their own healthcare decisions. The other exception to this law is in the case of injuries caused by a weapon or incidents involving life-threatening assault. These incidents must be reported to law endorsement agencies regardless of reporting the sexual assault.

Financial Responsibility. Ability to pay for a SANE exam should never be an obstacle to obtaining a medical forensic examination. It is the responsibility of SANE to provide the victim with accurate information about Crime Victim's Compensation (CVC) and Sexual Assault Forensic Exam (SAFE) funds including how and where to apply for these funds.

Examination of Suspect of Sexual Assault. The SANE may be asked to conduct a suspect exam as part of the criminal investigation. Examination and evidence collection from the suspect is as important as the examination and evidence collection from the victim. Neutrality, objectivity, and patient confidentiality, are critical for both the victim and suspect exams. It is prudent to meticulously document the measures taken to prevent any cross contamination such as the changing of gloves and clothes, the washing of hands, and/or the cleaning of the room between the exams.

PROCEDURES FOR SEXUAL ASSAULT NURSE EXAMINER

- The on-call SANE will contact a community-based advocate to come to the hospital for every SANE exam. For cases involving minors, Child Protective Services and/or juvenile crisis will be notified by SANE or law enforcement. Adult crisis will be notified as needed.
- The SANE will first assess the patient for acute medical needs and provide stabilization, treatment for acute injuries, and/or consultation. Treatment of minor injuries may be delayed to ensure that evidence is preserved.
- The SANE will conduct a physical medical and forensic examination in a supportive and objective manner in order to treat the patient and collect evidence according to the International Association of Forensic Nurses (IAFN) practice recommendations.
- The SANE, in coordination with the community-based advocate, will provide supportive, unbiased information concerning available options about medical care, emergency contraception, follow-up counseling, and reporting methods.
- In the event that the patient chooses the anonymous reporting method, the SANE in coordination with the community-based advocate will provide information on the evidence holding period and

timeline, method for future contact if and when the patient chooses to convert to the standard reporting method, and how anonymous reporting may affect any possible future prosecution.

- The SANE will conduct a medical history of the patient. The medial interview provides information necessary to complete the subsequent physical examination. The SANE will allow the community-based advocate to be present, if the patient consents.
- The SANE will also conduct an assault history with the adolescent and adult on a case-by-case basis to guide the forensic examination, focusing on information about the assault, day and time of the assault, and characteristics of the assault such as penetration of any orifice, weapons, forms of violence, and resulting injuries, the patient's level of consciousness during the assault, and whether the patient has bathed, showered, douched, urinated, etc. since the assault. The SANE will allow the law enforcement officer and/or community-based advocate to be present, if the patient consents. The SANE will conduct a minimal fact interview with pediatric patients if able.
- The SANE will conduct the forensic examination and properly collect and document any evidence. The SANE will allow the community-based advocate to be present, and/or any family member or friend.
- If the patient or guardian consents, the SANE will photograph the patient's injuries.
- The SANE coordinates with the community-based advocate to determine whether or not the patient is safe both physically and emotionally and will assist as needed in determining the need for safety planning.
- Upon completion of a standard medical forensic examination, the SANE will transfer the completed kit to the responding law enforcement officer or Aurora Loss Prevention Department. The responding law enforcement agency will be responsible for picking up the evidence that is logged into the Aurora Loss Prevention Department.
- In the event of an anonymous report and upon completion of the medical forensic examination and after the patient has left the hospital, the attending SANE will send the kit via mail per Wisconsin Department of Justice recommendations. Clothing, blood/urine specimens will not be collected with anonymous kits.
- If and when a patient chooses to convert to a standard method of reporting, the victim may contact the SANE program, law enforcement, or some other agency.
- Release of evidence to law enforcement and loss prevention will be logged. All items will be clearly marked with the victim's name, medical record number, date of birth, SANE's initials, and date/time of collection.
- SANE nurse will follow up with patient or patient's guardian within 2-5 days following the initial exam to assess for any further medical needs. SANE will assist in any follow up needs that may arise.
- SANE will be available for any testimony required with proper subpoena notification.
- In regards to pediatric/adolescent cases. The SANE nurse will fax the chart to the Child Advocacy Center upon completion of the exam. If injuries or an acute need present the SANE will contact the Child Advocacy Center to arrange visit for medical follow-up exam. Any photo documentation that is available will be given to the Child Advocacy Center as requested.

Colleges & Universities

ROLE OF COLLEGES & UNIVERSITIES

The campuses of Carthage College, Gateway Technical College, and University of Wisconsin - Parkside in collaboration with Kenosha County SART and community partners, provide campus services, support, and connect victim/survivors with local resources. This collaboration is designed to develop and provide a cohesive approach to sexual misconduct (**see glossary of terms*) awareness and victim/survivor services for campus-based communities. The campuses and Women and Children's Horizons (WCH) have a Memorandum of Understanding (MOU) which formalizes the respective campuses' commitment to providing sexual misconduct response and prevention services. In addition to the MOU, the campuses and WCH are grant partners of the Better Together Campus Sexual Violence Prevention Project sponsored by Aurora Health Care.

BEST PRACTICES FOR COLLEGES & UNIVERSITIES

The campuses draw from best practices for both the response and prevention of campus sexual misconduct. The campuses are informed by guidance and/or mandates by federal government, state government, and respective campus policies and procedures to respond to and prevent sexual misconduct (see Policies & Procedures for Colleges/Universities).

Response: Sexual misconduct cases that occur on campus are critical incidents and the campuses will utilize a victim/survivor-centered, trauma-informed, offender (accused) focused response. In sexual misconduct cases where the misconduct did not occur on campus, the campuses will offer support services to the victim/survivor, including a community-based advocate, as well as applicable academic and housing remedies on a case-by-case basis. Absence of an official police report does not negate the responsibility of campus officials to respond to sexual misconduct incidents or the ability for Victims/survivors to pursue remedies related to academics and housing through various campus support services.

Prevention: The campuses collect annual sexual misconduct statistics and use this data to better understand sexual misconduct dynamics, improve response services, and inform campus-wide policy and comprehensive prevention programs. Prevention programs are based on best practices, evaluations of these programs, and lessons learned.

Campus Best Practices:

- **Confidentiality:** Provide victims/survivors a confidential space for disclosure, either in the form of a help center on campus whose staff members are protected by privilege statutes, or a representative from a community-based center such as a WCH advocate. Accused are also provided with campus supports including confidential counseling and as needed referrals to off-campus providers.
- **Professional staff:** Staff trained to appropriately respond to sexual misconduct concerns.

- **Access to Campus Help Center Services:** (See Policies & Procedures for Colleges/University web links provide the campuses' respective help center services).
- **Prompt Coordinated Campus and/or Off-Campus Response:** When a college/university knows or reasonably should know of possible sexual misconduct, it must take immediate and confidential provisions (discussed above). If an investigation reveals that sexual misconduct created a hostile environment*, the college/university must then take prompt and effective steps reasonably calculated to end the sexual misconduct, eliminate the hostile environment, prevent its recurrence, and, as appropriate, remedy.
- **Rights of the victim/survivor and accused will both be respected:** The respective campuses follow provisions for adequate, reliable, and impartial address of complaints.
- **Publishing of Annual Security Report** (campus crime statistics)

POLICIES & PROCEDURES FOR COLLEGES & UNIVERSITIES

Reports of sexual misconduct may be reported in a variety of ways on the college or university campus, for example, to faculty or staff, to security or police. Campuses have an obligation to provide training to all within the campus community who are considered Responsible Employees* or Campus Security Authorities* (CSA). Responsible Employees and CSAs are persons whom a student or community member could reasonably believe have a duty to act when misconduct is reported.

When misconduct is reported, the Responsible Employee or CSA is required to report the incident to the appropriate campus office or person such as the Dean of Students Office, Title IX Coordinator, or Student Support Counseling. That office/person will then initiate a coordinated response to provide the victim/survivor or accused with support and resources, review allegations, and determine an appropriate response. The office/person will also record and track cases for purposes of annual security reporting and campus safety.

While the Responsible Employee or CSA is required to report, the victim/survivor is empowered to determine how and to what extent they wish to be involved. A victim/survivor may opt not to be involved any further than the initial report, to participate in legal intervention, and/or to pursue student disciplinary/conduct action. If the victim/survivor wishes not to be involved in the response, at a minimum, they will be provided with supportive resource options. If they wish to take legal action, they will be referred to the appropriate law enforcement body. If they wish to request student disciplinary/conduct action, further investigations will commence pursuant to each campus' procedures. Information regarding each Kenosha County campus may be obtained using the following links:

Carthage College
Policy & Procedure
https://www.carthage.edu/communitycode/sexualviolencepolicy

Support & Resources
https://www.carthage.edu/campus-life/health-counseling/sexual-violence-support/

COLLEGES & UNIVERSITIES

Gateway Technical College
Policy & Procedure
https://www.gtc.edu/safety-security/title-ix

Support & Resources
https://www.gtc.edu/safety-security/care-team

University of Wisconsin - Parkside
Policy & Procedure
https://www.uwp.edu/live/offices/studentaffairs/sexual-misconduct/

- Policy #1-Access to Student Information Policy
  https://www.uwp.edu/explore/offices/governance/policy01.cfm
- Policy # 86- Mandatory Report of Suspected Child Abuse and Neglect
  https://www.uwp.edu/explore/offices/governance/policy86.cfm
- Policy # 28- Misconduct-UW Statutes CH. 14, 17, and 18
  https://www.uwp.edu/explore/offices/governance/policy28.cfm
- Policy # 33- Public Information and Open Records Requests
  https://www.uwp.edu/explore/offices/governance/policy33.cfm
- Policy # 51- Student Complaint Procedures
  https://www.uwp.edu/explore/offices/governance/policy51.cfm

Support & Resources
https://www.uwp.edu/live/offices/studentaffairs/conduct.cfm

Child Advocacy Center (CAC)

ROLE OF THE CHILD ADVOCACY CENTER

The role of the Kenosha County Child Advocacy Center (KCCAC) is to provide a child friendly, trauma-informed setting to serve child victims of sexual abuse. Examination will be in accordance with research based practice. The KCCAC will provide legally sound forensic interviews of child victims and special needs adults in accordance with research based practice. The purpose of the KCCAC is to provide a setting to promote a multidisciplinary approach to investigations of child sexual abuse that minimizes trauma for child abuse survivors and enhances collaboration with SART and other collaborative partners including: law enforcement, Child Protective Services, the District Attorney's Office, medical providers, community-based advocates and mental health providers.

Following the provision of services the KCCAC will provide recommendations, referrals, resources and support for children and non-offending caregivers impacted by the reality of sexual assault. The KCCAC also provides expert testimony related to forensic interviews and medical examinations involving child abuse victims. Training for SART members and members of the community related to the complexities of sexual abuse cases regarding child victims will also be provided by KCCAC Staff.

BEST PRACTICES FOR THE CHILD ADVOCACY CENTER

- A child appropriate, child-friendly and culturally responsive facility that prioritizes physical and psychological well-being of the child over forensic needs.
- Ensure competency in evaluation: assessment, examination, and evidence collection should be completed by a qualified physician or advanced practice nurse. Information provided by investigators and other medical providers (e.g. hospital/SANE reports) should be utilized to obtain a full history of the incident whenever possible.
- A forensic interview protocol is utilized that establishes best practice through minimizing trauma to children and maximizing the information elicited for the investigative process.
- A multidisciplinary investigative team that promotes coordinated forensic interviews and comprehensive medical examinations.
- Community-based advocacy services and referrals for therapeutic interventions (when appropriate) are promoted and provided consistently.
- Case review participation is promoted and valued for purposes of improving collaboration and supporting a trauma-informed, survivor-centered response.

PROCEDURES FOR THE CHILD ADVOCACY CENTER

*See Addendum IV - Kenosha County Child Advocacy Center Joint Protocol on a Collaborative Response to Child Maltreatment

Community Impact Program

ROLE OF COORDINATED RESPONSE TO CHILD ABUSE AND NEGLECT PROGRAM (CORE) MULTIDISCIPLINARY TEAM (MDT) COORDINATOR

The CoRe program functions to coordinate a community multidisciplinary response to the needs of the child survivors of sexual abuse. CoRe works to ensure child sex abuse cases are investigated in a coordinated effort and that professionals work through a trauma-informed lens so as to not re-victimize survivors through the process.

BEST PRACTICES FOR CORE MDT COORDINATORS

- Facilitate communication and collaboration both through the Organizational Review Committee (ORC) team meeting and one on one with team members.
- Assist in resolving disagreement among agencies regarding child sexual assault by providing mediation and facilitating healthy communication.
- Serve as a liaison between SART and CoRe/ORC to ensure good communication and coordination among teams

PROCEDURES FOR CORE MDT COORDINATOR

- Receive information from team members on issues to be improved.
- Bring items to ORC for discussion and resolution. Follow up to ensure resolution.
- Assist and encourage communication and collaboration between team members.
- Have consistent and congruent protocols by working closely with SART team leaders to coordinate efforts on issues that relate to child sexual abuse so as to not duplicate efforts.

Wisconsin Department of Corrections

ROLE OF DEPARTMENT OF CORRECTIONS

The Department of Corrections (DOC) is charged with supervising over 1,800 offenders placed by the courts on probation, parole or extended supervision in the Kenosha County community and 120 inmates at the Kenosha Correctional Center (KCC) minimum custody facility. DOC's mission is to protect the public, our staff, and those in our charge; to provide opportunities for positive change in success; to promote, inform, and educate others about our programs and successes; and to partner and collaborate with community service providers and other criminal justice entities. The DOC's vision is to achieve excellence in correctional practices while fostering safety for victims and communities.

The DOC core values include accountability to each other and the citizens of Wisconsin; doing the right thing, legally and morally, as demonstrated by our actions; recognizing employees as the department's most important resource; and valuing safety, for our employees, the people in our charge, and the citizens we serve.

BEST PRACTICES FOR DEPARTMENT OF CORRECTIONS

- Safe custody and supervision of inmates and offenders on supervision using the most effective correctional policies so that citizens are protected, inmates and offenders succeed in the community, and new crime and cost of corrections to the taxpayers is reduced.
- Protect the safety and well-being of victims while ensuring they receive proper medical attention and supportive services.
- Initiate a collaborative response, which includes coordinated support from first responders, investigators, victim services coordinators, facility leadership, law enforcement, sexual assault service providers, and SANE.
- Preserve evidence.
- Conduct a prompt, thorough, and objective administrative investigation.
- Offer a victim-centered, trauma-informed, and inmate/offender-focused response. Treat all people with dignity and respect.
- Expect competence and professionalism in our communications, demeanor, and appearance.
- Demonstrate knowledge and skills within our areas of responsibility.
- Respond effectively and appropriately in our interactions and communications.
- Recognize that we have one opportunity to make a positive first impression.
- Ensure that apart from reporting to designated supervisors, sexual abuse response team members shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in DOC policy, to make treatment, investigation, and other security and management decisions.
- Dedicate DOC leadership in Kenosha County to regularly collaborate with other disciplines of the SART to ensure the core of the protocol is met.

PROCEDURES FOR DEPARTMENT OF CORRECTIONS

Following a Suspected or Alleged Facility-Based Incident of Sexual Abuse

First Responder

- Take immediate action to protect the victim from imminent harm, if necessary. Notify a supervisor immediately.
- If the abuse occurred within a time period [typically within 120 hours as directed in DAI Policy 500.30.19 *Sexual Abuse-Health Services Unit Procedure in the Event of Sexual Abuse*] that still allows for the collection of physical evidence, request that the victim not take any actions that may destroy physical evidence. Security staff shall ensure that the alleged perpetrator not take any actions that may destroy physical evidence.
- Separate the victim and alleged perpetrator(s). Escort or request escort of the alleged perpetrator(s) to an isolated area (preferably in a dry cell with restricted access to a toilet or water) until law enforcement or DOC investigators arrive.
- Notify Health Services staff if on site.
- Security staff shall ensure safety and as much privacy for the victim during the examination as possible.
- All staff on duty to complete an incident report prior to end of their shift.

KCC or DCC Supervisor

- Ensure preservation of any potential evidence.
- Notify the investigating law enforcement agency and proceed accordingly. Cooperate with the investigating law enforcement agency.
- Ensure that the victim is seen by a medical provider immediately; either at an outside medical facility for a forensic medical examination upon SANE advice; by a facility-based medical provider (if available and a SANE examination is not indicated) or by local EMS.
- Notify the agency Victim Services Coordinator (VSC) of the incident. Inform victim that the VSC will connect with the victim to describe supportive services.
- Make arrangements for a community-based advocate to accompany the victim, if requested, during the SANE examination and/or investigatory interviews.
- Coordinate mental health services through a local vendor or partner institution.
- In collaboration with Office of Special Operations, assign investigators. At minimum, the lead investigator must have participated in specialized training for sexual abuse investigations.
- Arrange for law enforcement investigators to meet privately with the victim and alleged perpetrator(s), if necessary.
- Review and compile all relevant documentation. Complete the Prison Rape Elimination Act (PREA) investigation tracking form.

Medical Staff (if on site) see below: Medical staff (not on site) see above:

- Collect basic information from the victim and conduct a cursory exam to assess for injuries and suicide risk. If victim is being transported for a SANE examination (see below), provide basic medical care for acute injuries. If the victim is not being transported for a SANE examination, provide further care and treatment without financial cost, which includes timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. Document examination.
- Examine and treat the alleged perpetrator(s), if indicated. Document examination.
- Preserve forensic evidence, to the extent possible. Ensure Evidence Chain of Custody form accompanies any evidence.
- Advise the victim of their right to a SANE examination at no cost. While a victim may not decline the transport to the medical facility, they may decline the examination (in part or full) upon arrival.
- Confer with the SANE to determine whether a SANE examination is medically/forensically necessary.
- Inform a supervisor if a SANE examination is necessary so that arrangements to transport the victim may be made.
- Regarding release/exchange of information:
    - Complete a Request for Protected Health Information (PHI) for Ongoing Treatment form to request the PHI. In the "description of the PHI requested" section, state that information being requested relates to the date of the emergency visit.
    - If, by policy, the medical facility requires a written authorization from the inmate victim/patient, complete an Authorization for Use and Disclosure of Protected Health Information (PHI) form being sure to indicate the authorization is a two-way release.
    - If applicable, coordinate with the SANE regarding follow-up instructions and care for the victim. Provide follow-up medical care consistent with the community level of care and without financial cost, as needed, which may include treatment and care for any injuries; testing for STDs, other communicable diseases and pregnancy; and follow-up testing, prophylactic treatment and follow-up care for STDs and other communicable diseases.

Mental Health Staff (coordinate local services or partner institution)

- Conduct a diagnostic evaluation or crisis assessment to determine the victim's mental health needs and any risk of suicide. Provide immediate crisis intervention and any needed emergency mental health care without financial cost, as appropriate.
- Provide ongoing care to victims consistent with the community level of care and without financial cost, which may include, as appropriate, follow-up services; treatment plans; and, when necessary, referrals for continued care following the victim's transfer to, or placement in, other facilities or their release from custody.
- Conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history. Offer treatment when appropriate.

Victim Services Coordinator

- Accompany the victim during the SANE examination if a community-based advocate is unavailable and the victim requests such support. Document efforts to secure services.
- Meet with victim as soon as possible. Discuss DOC internal service options such as: KCC Health Services Unit (HSU), KCC Social Worker, Racine Correctional Institution (RCI) Psychological Services Unit (PSU), and/or RCI Chaplin. Explain external service options such as the community-based advocate. Differentiate role of VSC and community-based advocate. Describe the investigative process. Discuss retaliation and monitoring. Review limits of confidentiality.
- If the victim requests support from a community-based advocate, coordinate meetings. Discuss the method (i.e. in-person, telephone) and frequency of contact with the community-based advocate. Maintain ongoing communication with community-based advocate during the course of services to monitor for safety, appropriateness of services and length of care.
- Document all external supportive services the victim receives, in addition to any attempts made to connect the victim with supportive services and/or the reason(s) the victim declined such services.
- Accompany the victim during investigatory interviews if a community-based advocate is unavailable and the victim requests such support. Document efforts to secure services.
- In the event of in-person contact between the victim and advocate, ensure advocate is cleared to enter the facility.
- Provide emotional support, crisis intervention, information, and referrals in the absence of a community-based advocate.
- Monitor (i.e. periodic status checks) victim and inmate third-party reporters for retaliation for at least 90 days following the initial allegation of sexual abuse. Monitor beyond 90 days if there is a continuing need. Document efforts to monitor retaliation including actions taken to remedy such retaliation. Efforts to monitor retaliation may be discontinued if the allegation is determined unfounded.
- Follow-up on victim wellness. External support may be discontinued if the allegation is determined unfounded.
- Notify the victim whenever the inmate perpetrator(s) is indicted and/or convicted on a charge related to sexual abuse within the facility.
- If the victim transfers to another DOC- area/facility, connect with the receiving victim services coordinator to ensure continuity of care.

Investigator

- Upon being assigned the case, in a timely manner, gather and preserve any direct and circumstantial evidence; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Coordinate all actions with the Appointing Authority/Designee.
- Work in collaboration with local Law Enforcement, if necessary and as appropriate.
- Submit completed investigation to Appointing Authority/Designee for disposition.

- Upon receiving a disposition from Appointing Authority/Designee, notify the victim of the investigation outcome. If the perpetrator is a staff person, notify the victim if the staff person is no longer posted within the victim's unit; is no longer employed at the facility; and/or has been indicted/convicted on a charge related to sexual abuse within the facility.

Compliance Manager-as determined by the appointing authority

- Coordinate and oversee the coordinated response process.
- Convene Sexual Abuse Incident Review Team within 30 days of the conclusion of a sexual abuse investigation; all substantiated and unsubstantiated allegations shall be reviewed. The team shall include upper-level leadership, with input from supervisors, investigators and medical or mental health practitioners.
- Review the Sexual Abuse Incident Response Team's report of its findings.

Appointing Authority/Designee

- Review investigation, determine disposition and complete DOC-2666A PREA Investigation Disposition form.
- Review recommendations of the Sexual Abuse Incident Response Team and implement recommendations for improvement, as appropriate. Document reasons for not implementing any recommendations.

Sexual Abuse Incident Review Team

- Within 30 days of the conclusion of the investigation and at the direction of the compliance manager, review substantiated and unsubstantiated allegations of sexual abuse.
- The team shall:
    - Consider whether staff neglect or violation of responsibilities contributed to the incident;
    - Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
    - Consider whether the allegation was motivated by race; ethnicity; gender identity; LGBTI identification, status or perceived status; gang affiliation; or another underlying group dynamic; and
    - Examine any unsuitable or inadequate physical barriers, monitoring technology, or staffing levels that may have enabled the abuse; and
    - Prepare a report of its findings, including recommendations for improvement. Submit report to the appointing authority and PREA Compliance Manager.
    - Following a Report of Sexual Abuse in Another confinement facility

Staff First Responder

- Notify a supervisor immediately.
- Complete an incident report form.

- If information gleaned during risk screening indicates the offender has experienced prior sexual victimization while confined, offer a follow-up meeting with medical or mental health staff within 14 days of the risk screening.
- If information gleaned during risk screening indicates the offender has previously perpetrated sexual abuse while confined, offer a follow-up meeting with mental health staff within 14 days of the risk screening.

Supervisor

- Notify Appointing Authority/Designee.

Appointing Authority/Designee

- Notify the head of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation.
- Document that notification was provided.

Following a Report of Sexual Abuse in the Community

Staff First Responder

- If information gleaned during risk screening indicates the offender has experienced prior sexual victimization in the community, offer a follow-up meeting with medical or mental health staff within 14 days of the risk screening.
- If information gleaned during risk screening indicates the offender has previously perpetrated sexual abuse in the community, offer a follow-up meeting with mental health staff within 14 days of the risk screening.

Medical and Mental Health Staff

- Following a Suspected or Alleged Facility-Based Incident of Sexual Abuse. Proceed as necessary.

Kenosha County Resources

SEXUAL ASSAULT & DOMESTIC VIOLENCE CRISIS LINE

- Women and Children's Horizons (Available 24 hours/day)
  - 262-652-9900
  - 800-853-3503

SEXUAL ASSAULT NURSE EXAMINER (SANE)

- Aurora Medical Center of Kenosha Emergency room
  - 262-948-5640

LAW ENFORCEMENT AGENCIES

- Kenosha Sheriff's Department
  - 262-653-6600
- Pleasant Prairie Police Department
  - 262-694-7353
- Twin Lakes Police Department
  - 262-877-9056
- University of Wisconsin-Parkside Police Department
  - 262-595-2455
- Kenosha Police Department
  - 262-656-1234

RESTRAINING ORDER ASSISTANCE

- Women and Children's Horizons
  - 262-653-2767

SHELTERS

- First Step (Day Shelter)
  - 262-605-8859
- Kenosha Housing Authority (Section 8)
  - 262-653-4120
- Kenosha Human Development Services
  - 262-657-7188
- ResCare (Emergency Housing Assistance)
  - 262-697-4634

- Shalom Center/INNS Program
  - 262-658-1713
- Women and Children's Horizons
  - 262-652-9900
  - 800-853-3503

HOTLINES

- Alcoholics Anonymous
  - 262-554-7788
- Kenosha Human Development Services
  - 262-657-7188
  - 800-236-7188
- National Runaway Switchboard
  - 800-786-2929
- National Suicide Prevention Lifeline
  - 800-273-8255
- TTY-Hearing/
  Speech Impaired Hotline
  - 800-799-4889
- Postpartum Depression Hotline
  - 800-773-6667
- Veterans Crisis Line
  - 800-273-8255

SUPPORTIVE SERVICES

- AIDS Resource Center of WI (medical, dental, and mental help)
  - 262-657-6644
  - 800-924-6601

- Birds of a Feather (substance abuse and parenting programs)
  - 262-605-8442
- First Step (homeless day shelter)
  - 262-60-8859
- LGBT Center
  - 262-672-3680
- NAMI
  - 866-455-4673

KENOSHA COUNTY RESOURCES

EMERGENCY MENTAL HEALTH

- Kenosha Human Development Services (KHDS)
  - 262-657-7188
  - 800-236-7188

IN PATIENT MENTAL HEALTH

- Roger's Memorial Hospital
  - 800-767-4411
- St. Luke's Hospital (Racine)
  - 262-687-2321

RESOURCE & INFORMATION CENTERS

- Aging and Disability Resource Center
  - 262-605-6646
- ELCA Outreach Center
  - 262-652-5545
- Prevention Services Network Family Resource Center
  - 262-697-4651
- Sharing Center
  - 262-298-5535

MENTAL HEALTH & AODA SERVICES

- Aalto Enhancement Center
  - 262-654-9370
- Aurora Behavioral Health Services
  - 262-948-4870
- Catholic Charities
  - 262-658-2088
- Children's Behavioral Health Services
  - 262-657-5026
- Children's Hospital of WI Community Services
  - 262-652-5522
- Dr. Shalini Varma
  - 262-612-2348
- Horizon Behavioral Health Solutions
  - 262-948-1000
- Interconnections SC
  - 262-654-5333

- Innovative Recovery
  - 262-314-0061
- Johansen and Fleming
  - 262-654-8366
- Kenosha Community Heather Center
  - 262-656-0044
- Kenosha Psychiatric Associates
  - 262-652-7813
- Love , Inc. (Burlington, WI)
  - 262-767-1289
- Oakwood Clinical Associates
  - 262-652-9830
- Pathways Consulting
  - 262-652-7222
- Personal Insight Counseling Services
  - 262-857-8707
- Poe and Poe (Burlington, WI)
  - 262-637-8488
- Professional Services Group
  - 262-652-2406
- Psychiatric and Psychotherapy Clinic
  - 262-654-0487
- Red Shield Mental Health Clinic
  - 262-564-0286
- Rogers Memorial Hospital, Adult AODA Day Treatment
  - 262-948-0431
- Rogers Memorial Hospital, Child and Adolescent Day Treatment
  - 262-942-4000
- Sue Panger & Associates
  - 262-652-9599
- Wheaton Franciscan Counseling Center
  - 262-697-8268
- (Burlington, WI) Center
  - 262-763-8183

HOSPITALS

- Aurora Medical Center
  - 262-948-5600

- Memorial Hospital of Burlington
  - 262-767-6000

- United Hospital System - St. Catherine's Campus
  - 262-577-8000
- Kenosha Campus
  - 262-656-2011

HEALTH CENTERS

- Kenosha Community Health Center
  - 262-656-0044
- Kenosha County Public Health Department
  - 262-605-6700

PREGNANCY & STD'S

- CareNet
  - 262-658-2222
- Genesis House of S.E. Wisconsin
  - 262-697-1510
- Health Department
  - 262-605-6700
- Planned Parenthood
  - 262-654-0491
- Safe Place for Newborns
  - 877-440-2229
- Women, Infants, & Children (WIC)
  - 262-657-0840

Glossary of Terms

CAMPUS SECURITY AUTHORITY (CSA)

Any individual or organization specified in an institution's statement of campus security policy as an individual or organization to which students and employees should report criminal offenses. The function of a campus security authority is to report to the official or office designated by the institution to collect crime report information, such as the campus police or security department, those allegations of Clery Act crimes that he or she concludes were made in good faith.

https://www2.ed.gov/admins/lead/safety/handbook.pdf

COMMUNITY-BASED ADVOCATE

Community-based advocates are employees of local non-profit organizations whose primary purpose is to provide services to victims of sexual assault regardless of whether or not the victim is involved with the criminal justice process. For the community-based advocate it is the victim – not the needs of the system– that identifies the outcome.

COMPREHENSIVE VICTIM INTERVIEW

Conducted by officers who have specific training in sexual assault interview and investigations; obtaining a comprehensive narrative regarding the assault history.

CONFIDENTIALITY

Laws governing protection of the confidentiality of information shared between a professional and a victim.

COORDINATED COMMUNITY RESPONSE TEAMS (CCRS)

A community-based multidisciplinary approach and response to issues around sexual assault that provides an opportunity for members of the community, offender treatment providers, schools, and clergy members to join with system/service providers to discuss sexual assault and its effect on the community.

CRIME VICTIM COMPENSATION (CVC) FUNDS

A funding source victims may apply for that can be used to pay for the medical costs of sexual assault exams (if the patient does not have insurance or medical assistance), clothing taken for evidence, etc.

CRITICAL INCIDENT

Any event that has a stressful impact sufficient enough to overwhelm the usually effective coping skills of an individual.

GLOSSARY OF TERMS

INITIAL COURT APPEARANCE

First appearance of defendant in the court system, not a mandatory appearance for the victim.

HOSTILE ENVIRONMENT

An environment whereby sexually harassing conduct by an employee, another student, or a third party is sufficiently serious that it denies or limits a student's ability to participate in or benefit from the school's program based on sex. Harassment on the basis of sex occurs when unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature occurs.

MOU (MEMORANDUMS OF UNDERSTANDING)

A signed agreement that includes team members' contact information and names of alternate members from their agency assigned to the team, agreement to attend team meetings, resources an individual will bring to the team, and agreement to support the SART process.

OFFENDER-FOCUSED

An offender-focused response acknowledges that offenders purposefully, knowingly and intentionally target victims whom they believe they can successfully assault.

PRELIMINARY COURT APPEARANCE

The preliminary hearing is where the judge must be informed about the facts of the case and prepare for the preliminary hearing. The victim is often needed to testify during this hearing to substantiate probable cause to bind the case over for trial.

PROPHYLAXIS

Prophylaxis for the prevention of sexually transmitted infection and emergency contraception should be offered and provided to all patients.

RESPONSIBLE EMPLOYEE

A responsible employee includes any employee: who has the authority to take action to redress sexual violence; who has been given the duty of reporting incidents of sexual violence or any other misconduct by students to the Title IX coordinator or other appropriate school designee; or whom a student could reasonably believe has this authority or duty.

http://www2.ed.gov/about/offices/list/ocr/docs/qa-201404-title-ix.pdf

GLOSSARY OF TERMS

SANE EXAM

Sexual assault nurse examiner that responds to a sexual assault victim to provide for the immediate medical care of patients/victims, to collect and document forensic evidence, and to provide expert testimony in the cases that go to trial.

SART TRAINED

SART Trained personnel are key personnel who are responding to a sexual assault investigation which have obtained training regarding SART protocols, enhanced interview skills, victim advocacy, and evidence collection.

SEXUAL ASSAULT RESPONSE TEAM

SART is defined as a multidisciplinary response team that provides direct intervention to sexual assault victims as they interact with the criminal justice system and coordinate effective investigative and prosecutorial efforts in connection with a report of sexual assault.

SYSTEM-BASED ADVOCATE

System-based advocates can be employed through agencies in the county such as police departments, prosecutors' offices, and the Department of Corrections. Typically, system-based advocacy is specific toward moving a victim through the system such as the legal system.

SEXUAL MISCONDUCT

A non-legal term encompassing a variety of different behaviors ranging from the most severe sexual assaults to sexual harassment, and including but not limited to sexual exploitation, dating violence, domestic violence and stalking. Using this term serves to differentiate campus processes, which are administrative and educational, from the criminal justice system, in which people are charged with crimes that carry criminal penalties.

TRAUMA

Trauma is often the result of an overwhelming amount of stress that exceeds one's ability to cope or integrate the emotions involved with that experience.

TRAUMA-INFORMED CARE

An organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma-informed Care also emphasizes physical, psychological, and emotional safety for both victims and providers, and helps survivors rebuild a sense of control and empowerment.

GLOSSARY OF TERMS

VERTICAL ADVOCACY

The best practice for the victim to have the same advocate throughout the reporting process.

VICTIM-CENTERED RESPONSE

SART must above all else be victim-centered in its response. This means that each member of the SART recognizes that they are accountable to the victim.

VICTIM RECANTATION

Victim recantation is a retraction or withdrawal of a reported sexual assault.

WISCONSIN COALITION AGAINST SEXUAL ASSAULT (WCASA)

WCASA is a membership agency comprised of organizations and individuals working to end sexual violence in Wisconsin. Among these are the 43 agencies throughout the state that offer support, advocacy and information to victims of sexual assault and their family.

Addendum I: Human Trafficking Guidelines

KENOSHA COUNTY GUIDELINES FOR SUSPECTED CHILD & ADULT HUMAN TRAFFICKING VICTIMS

Kenosha County Guideline for Suspected Child Human Trafficking Victims

Procedures for cases reported by the public/other agencies

Human trafficking cases discovered by sting operations will follow Human Trafficking Task Force operating procedures.

All agencies are mandated by law to report suspicion of human trafficking of a minor or of a child whose safety may be at risk due to a parent who is involved in trafficking to DCFS, Juvenile Crisis, or appropriate Law Enforcement agency

1. Seek any immediate medical attention if necessary.
2. Contact DCFS or Juvenile Crisis, appropriate Law Enforcement agency, and human trafficking Advocate at WCH._Agency contacted first will ensure all other above listed agencies are contacted. Responding staff will be specially trained in human trafficking.
3. DCFS and LE will jointly investigate and assess situation. LE will take the lead. Case will be investigated using trauma-informed best practices. Placement decision will be carefully determined based on unique issues human trafficking victims present. Victims feeling of safety will need to be strongly considered throughout the process.
4. Victim interview-Law Enforcement will determine, on a cases by case basis, which format and which specially trained interviewer will conduct the interview. Options include: DCFS/Juvenile Crisis, LE Detective, or CAC interviewer.
5. CAC medical or Forensic SANE Evaluation. Call CAC if within 72 hours and during regular business hours or after 72 hours, all other cases, seek SANE evaluation. Seek consent of victim for exams.
6. Social worker and/or Law Enforcement detective will maintain an ongoing relationship with victim checking in with them; how they are doing, what they need…until criminal case is complete. If they cannot be the person to keep the victim engaged, then another appropriate person will need to be involved with the victim to ensure they are getting needed resources. The community-based advocate/and or Victim Witness will also attempt to maintain a relationship and follow victim for the duration of the case.

Kenosha County Guideline for Suspected Human Trafficking Victims

Procedures for cases reported by the public/other agencies

Human trafficking cases discovered by sting operations will follow Human Trafficking Task Force operating procedures.

ADDENDUM I: HUMAN TRAFFICKING GUIDELINES

All agencies are mandated by law to report suspicion of a child whose safety may be at risk due to a parent who is involved in trafficking to DCFS, Juvenile Crisis or appropriate Law Enforcement agency

1. Seek any immediate medical attention, if necessary.
2. Contact WCH Human Trafficking Advocate. Advocate will assist victim with making safety plans, ensure basic needs are met and providing on-going support. Victims feeling of safety will need to be strongly considered throughout the process.
3. Explain benefits of involving Law Enforcement, with victims consent, contact Law Enforcement.
4. If Law Enforcement is not contacted, explain benefits of SANE exam. If victim is agreeable report to Aurora for a SANE Exam. If Law Enforcement is involved, LE will lead the investigation. Medical evaluation/evidence collection is an important part of the case when applicable.
5. Law Enforcement will decide who will be the best person to interview victim. Interviewer should be specially trained in trauma-informed human trafficking victim interviews whenever possible.
6. If Law Enforcement involved, Law Enforcement, community-based victim advocate, and/or Victim Witness will maintain an ongoing relationship with victim checking in with them; how they are doing, what they need…until criminal case is complete. If they cannot be the person to keep the victim engaged, then another appropriate person will need to be involved with the victim to ensure they are getting needed resources.
7. If Law Enforcement is not involved, WCH should continue to provide support and information to the victims assisting them in obtaining needed resources and continuing to provide education on the benefits of involving Law Enforcement.

Addendum II: Federal & State Laws

FEDERAL LAWS

Carthage College, Gateway Technical College, and University of Wisconsin - Parkside are subject to the following:

20 U.S.C. § 1232g; 34 CFR Part 99, The Family Educational Rights and Privacy Act (FERPA)

20 U.S.C. § 1681, Title IX of the Education Amendments of 1972

(knowyourix.org/title-ix/title-ix-the-basics/)

Pub.L. 89–329, Higher Education Act of 1965 (HEA)

VAWA 2013 Reauthorized-Campus SaVE & The Clery Act (knowyourix.org/clery-act/the-basics/)

STATE OF WISCONSIN LAWS

Evidence — PRIVILEGES

905.045 Domestic violence or sexual assault advocate-victim privilege.

(1) Definitions. In this section:

(a) "Abusive conduct" means abuse, as defined in s. 813.122 (1) (a), of a child, as defined in s. 813.122 (1) (b), interspousal battery, as described under s. 940.19 or 940.20 (1m), domestic abuse, as defined in s. 813.12 (1) (am), or sexual assault under s. 940.225.

(b) "Advocate" means an individual who is an employee of or a volunteer for an organization the purpose of which is to provide counseling, assistance, or support services free of charge to a victim.

(c) A communication or information is "confidential" if not intended to be disclosed to 3rd persons other than persons present to further the interest of the person receiving counseling, assistance, or support services, persons reasonably necessary for the transmission of the communication or information, and persons who are participating in providing counseling, assistance, or support services under the direction of an advocate, including family members of the person receiving counseling, assistance, or support services and members of any group of individuals with whom the person receives counseling, assistance, or support services.

(d) "Victim" means an individual who has been the subject of abusive conduct or who alleges that he or she has been the subject of abusive conduct. It is immaterial that the abusive conduct has not been reported to any government agency.

(2) General rule of privilege. A victim has a privilege to refuse to disclose and to prevent any other person from disclosing confidential communications made or information obtained or disseminated among the

victim, an advocate who is acting in the scope of his or her duties as an advocate, and persons who are participating in providing counseling, assistance, or support services under the direction of an advocate, if the communication was made or the information was obtained or disseminated for the purpose of providing counseling, assistance, or support services to the victim.

(3) Who may claim the privilege. The privilege may be claimed by the victim, by the victim's guardian or conservator, or by the victim's personal representative if the victim is deceased. The advocate may claim the privilege on behalf of the victim. The advocate's authority to do so is presumed in the absence of evidence to the contrary.

(4) Exceptions. Subsection (2) does not apply to any report concerning child abuse that an advocate is required to make under s. 48.981.

(5) Relationship to s. 905.04. If a communication or information that is privileged under sub. (2) is also a communication or information that is privileged under s. 905.04 (2), the provisions of s. 905.04 supersede this section with respect to that communication or information.

History: 2001 a. 109; 2013 a. 334.

(http://docs.legis.wisconsin.gov/statutes/statutes/905/01)

DUTY TO REPORT

Wis. Stat. § 940.34 Duty to aid victim or report crime.(Campus Security reporting to Law Enforcement)

Wis. Stat. § 48.981(2) Persons required to report abused/neglected children.

Domestic violence and sexual assault advocates are not included but may elect to follow the statute.

Chapter 948 Crimes Against Children (must be 18 years old to consent to sexual contact)

Victim Advocate Accompaniment

WI Bill 323

Exempt from Responsible Employee (TIX) and Campus Security Authority Mandated Reporting (VAWA-Clery/SaVE)

MFT/LCSW/LPC (Counselor) and Healthcare Clinicians

Wis. Stat. § 905.04 Physician–patient, registered nurse–patient, chiropractor–patient, psychologist–patient, social worker–patient, marriage and family therapist–patient, podiatrist–patient and professional counselor–patient privilege

Marriage and Family Therapy, Professional Counseling, and Social Work (WI licensure)

WI Statute Chapters 440, 457 and WI Administrative Code MPSW 10 through 14 and 20 are most applicable.

ADDENDUM II: FEDERAL & STATE LAWS

LP (Psychologist)

Wis. Stat. § 905.04

Psychology (WI licensure)

Domestic Violence or Sexual Assault Advocate

WIs. Stat.§ 905.045 Domestic violence or sexual assault advocate-victim privilege.

No licensure or certifications in WI, WCASA SAVAS training program is the "equivalent".

University of Wisconsin System:
University of Wisconsin - Parkside is subject to the following:

UWS Chapter 17-Administrative codes for Student Non-academic Disciplinary Procedures

https://docs.legis.wisconsin.gov/code/admin_code/uws/17

UWS Chapter 18- Administrative Codes for Conduct on University Lands

https://docs.legis.wisconsin.gov/code/admin_code/uws/18
Executive Order 54
https://docs.legis.wisconsin.gov/code/executive_orders/2011_scott_walker/2011-54.pdf

Addendum III: Best Practices Summary

WISCONSIN SEXUAL ASSAULT RESPONSE PROTOCOL – SUMMARY OF BEST PRACTICES

A best practice is defined as a technique or methodology that experience and research has proven to lead to a desired result. Best practices rely on strategies and approaches that have been documented, accessible, repeatable and efficient. By implication, best practice means that through trial and error, a guideline has been developed which is deemed to be most likely successful if followed faithfully.

The Wisconsin Statewide Protocol Development Team has identified the following best practice approaches for each of the four major disciplines who participate in a Sexual Assault Response Team. While the needs and resources of each community vary, the table below presents a snapshot of what each discipline should aspire to in developing a victim- centered response.

ADDENDUM III: BEST PRACTICES SUMMARY

Recommended Best Practices from the Wisconsin SART Protocol	
Advocacy	24 hr. hotline staffed with a live voice Multi-lingual and multicultural availability, including American Sign Language, TTY, etc Accessibility based on victim need 24 hr. in person advocacy Two advocates available, one may be system based Most independent advocate available Victim-centered Advocate called at same time as SANE nurse Advocate present in all places
Law Enforcement	Responding Officer (non-SART trained) shall limit the scope of their investigation to: critical needs, safety, scene preservation, confirmation of crime, venue and suspect apprehension Evidence preservation advisories provided to the victim Give victim choice of exam or interview and in what order Advocate called immediately by Responding Officer Advocate present in all places victim requests Be available to review case /do more investigation in coordination with reviewing attorney
Prosecution	Meet with victim and advocate (if victim requests) before charging decision is made Vertical prosecution – same prosecutor for the entire case If not charging – meet with victim face to face with advocate present Work with advocate to prepare victim for court proceedings Meet/talk with victim before any deal is offered/ accepted and to solicit victim's input on disposition alternatives
SANE	Utilize SANE services when available SANE will notify advocacy and respond as a team Give victim options of care, explain each procedure and why it's necessary The victim has the right to choose what procedures they will and will not

Baltimore County Sexual Assault Response Team. Found online at: http://www.goccp.maryland.gov/bestPractices/best-practices3.php.

ADDENDUM IV: CHILD MALTREATMENT PROTOCOL

Addendum IV: Child Maltreatment Protocol

Kenosha County Child Advocacy Center (KCCAC):

Joint Protocol on a Collaborative Response to Child Maltreatment

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ADDENDUM IV: CHILD MALTREATMENT PROTOCOL

I. Statement of Purpose

The purpose of the Joint Protocol on Collaborative Response to Child Maltreatment is to enhance collaboration in assessing child maltreatment cases as defined in the following protocol. Kenosha County will use a multidisciplinary approach to establish a cohesive, coordinated system designed to minimize trauma to the child victim while maximizing child safety and evidence collection. Key components to this approach include Law Enforcement, human services, the District Attorney's Office, medical providers, victim advocates and mental health providers.

As cases of child maltreatment are encountered, we will collaborate in a child- centered and trauma-informed way, emphasizing child safety, quality assessments and investigations, assisting victims and non-offending caregivers in the recovery process and work together to prevent future maltreatment of children.

We also agree:

A. To adhere to the attached protocol that summarizes the use of the multidisciplinary approach to the assessment and investigation process and defines the ways we will collaborate without compromising the independence of each agency.

B. That each agency will work within its departmental mandates and policies. Nothing contained in this attached protocol supersedes the statutes, rules and regulations governing each agency. To the extent that any provision of this agreement is inconsistent with any such statute, rule or regulation, the statute, rule or regulation shall[1] prevail.

C. That Children's Hospital of Wisconsin-Kenosha County Child Advocacy Center (KCCAC) will provide a child friendly and neutral site for the interview and medical evaluation of suspected child maltreatment victims. The KCCAC assists in the coordination of advocacy and mental health services for the child and non-offending family members.

D. To share information among team members as permitted by law. The team will maintain the confidentiality of all records and information gathered on all child maltreatment cases.

E. To review and amend this document and the attached protocol annually and as needed.

II. Information Sharing

A. Information will be shared among team members as allowed under Wis Stat. s. 48.981 (7)(a)(6), unless barred by attorney/client and/or ethical considerations. Each discipline has a unique relationship with the child and has family history information that can enhance the investigative and service provision process. All multidisciplinary team members will collaborate in the reciprocal process of information sharing to include facts as is pertinent to

[1] **Note**: For the purposes of this document the word Shall will mean "expressing a strong assertion or intention"

the investigation and critical to ensure the safety of the child. The team recognizes that the District Attorney's Office may not be able to share case specific information due to the status of a criminal proceeding.

B. In cases involving adult family violence where the local domestic abuse program is involved, team members needing information from the program should obtain a signed release of information from caregiver receiving services as soon as possible. The local domestic abuse program cannot release information without the informed consent of the domestic violence victim. Protected information includes a victim's presence in the domestic violence shelter.

III. Structure of the Multidisciplinary Team (MDT)

The following Kenosha County agencies will use a multidisciplinary team (MDT) approach to establish a cohesive, coordinated system designed to minimize trauma to the child victim while maximizing all evidence gathering efforts.

The purpose of the team is to ensure that persons conducting activities and providing services related to child maltreatment cases are able to work in a coordinated manner to maximize positive outcomes for the child's safety, physical, and emotional needs and for justice. Please note that not all members of the team will be involved in all cases. Also, other agencies may be involved in a case at the discretion of the team

The Multidisciplinary Team shall be comprised of representatives of the following agencies and disciplines:

- Kenosha County Division of Children and Families (DCFS)
- Kenosha County District Attorney's Office
- City of Kenosha Police Department
- Kenosha County Sheriff's Department
- Pleasant Prairie Police Department
- Twin Lakes Police Department
- Kenosha County Child Advocacy Center-Children's Hospital of WI
- Kenosha Coordinated Response to Child Abuse and Neglect (CORE)
- Victim/Witness Program – Kenosha County District Attorney's Office
- Women and Children's Horizons
- Aurora Medical Center – Kenosha
- United Hospital System Medical Center

- Children's Hospital of Wisconsin – Community Services
- Department of Probation & Parole

IV. Roles and Responsibilities of Multidisciplinary Team

As we encounter cases of child maltreatment we agree to collaborate, without compromising the independence of each agency, so that the safety of the child and the community can be maximized, victims and their families will be assisted, and future maltreatment of children in Kenosha County will be alleviated.

A. Law Enforcement

1. Law Enforcement agencies are responsible for investigating allegations of child physical abuse and sexual abuse and neglect that violate the criminal laws of the State of Wisconsin.
2. Law Enforcement agencies are responsible for intervening when police action may be necessary to protect the child from further harm, to apprehend or control a person alleged to have caused harm to a child, or to ensure the safety of persons acting to protect a child who has been harmed or who is at risk.
3. Law Enforcement agencies are primarily responsible for the collection and preservation of physical and testimonial evidence which may be used in the prosecution of child abuse, child sexual abuse, etc., and neglect cases in either the juvenile or criminal courts.

B. Division of Children and Family Services

1. For the purpose of the Joint Protocol on a Collaborative Response to Child Maltreatment when the Division of Children and Family Services (DCFS) is referred to in this protocol, the protocol is referring to both DCFS and Juvenile Crisis.
2. DCFS is responsible for identifying children who are in need of protection or services and ensuring that an appropriate safety plan is implemented.
3. The DCFS is primarily responsible for collecting and preserving information or evaluations which may be needed to support ongoing court actions under Chapter 48 and for submitting documentation to the Office of the District Attorney which can be used to prepare petitions and other court papers needed to initiate those actions.

C. The District Attorney's Office

1. The District Attorney is the gatekeeper to the criminal justice system. As such, the District Attorney is responsible for determining whether or not to initiate formal criminal, juvenile or civil (CHIPS) actions. The duties and responsibilities of the

District Attorney are more particularly set forth in Section 978 of the Wisconsin Statutes. Law Enforcement and DCFS investigate cases and, where appropriate, refer such cases to the District Attorney's office for review and prosecution.

2. The District Attorney is responsible for assisting Law Enforcement in the handling of certain formal actions and legal proceedings that may be necessary in the course of an investigation, such as obtaining arrest and search warrants and extraditing or returning suspects or witnesses from other jurisdictions.

3. The District Attorney is responsible for representing the interests of the State in any court proceedings connected with or involving the investigation or prosecution of an allegation of abuse or neglect.

4. The District Attorney with the assistance of Victim/Witness is responsible for providing services to victims and witnesses connected with or involving the investigation or prosecution of an allegation of abuse or neglect. The duties, responsibilities and services provided by the Victim Witness staff are more particularly set forth in Chapter 950 of the Wisconsin Statutes.

D. <u>Children's Hospital of Wisconsin – Kenosha County Child Advocacy Center</u>

1. Children's Hospital of Wisconsin is designated as the legal entity responsible for the KCCAC. CHW is responsible for the governance and organizational oversight of the KCCAC program, fiscal operations and administrative policies and procedures.

2. KCCAC MDT Representatives include the:

   a. Nurse Practitioner who is skilled in identifying and treating the medical needs and in gathering evidence where there is a concern of child maltreatment,

   b. Forensic Interviewer who is skilled in forensic interviewing of children 3-18 and vulnerable adults over 18, and

   c. KCCAC Manager who may provide expertise and/or additional representation on behalf of KCCAC staff.

E. <u>Medical Providers & Sexual Assault Nurse Examiners (SANE)</u>

1. Medical services personnel are responsible for providing immediate care for children brought to them for care who may be the victims of abuse or neglect.

2. Medical services personnel are available to assist Law Enforcement agencies by collecting, preserving and interpreting medical evidence such as samples of tissues and bodily fluids, X-rays, colposcopy and similar items and information needed in the investigation of situations where it is possible that a crime has been committed.

3. Medical services personnel are available to assist DCFS agencies by providing appropriate initial medical services for children in need of immediate care who have been taken into non-secure temporary custody.

4. The Sexual Assault Nurse Examiner (SANE) team may provide medical evaluations for children in sexual assault situations on the weekends or during the evening hours when KCCAC medical services are unavailable.

F. Mental Health Providers

1. Children's Hospital of WI-Community Services therapists serve as MDT representatives and are mental health professionals trained in treating child trauma that stems from child maltreatment and family violence.

2. Mental Health Service Providers are responsible for the evaluation and mental health treatment of children and families who may have been physically and/or sexually abused or neglected.

3. Mental health treatment should be trauma specific and should actively access for and address both the trauma of the abuse as well as the risk factors that precipitated it.

4. Mental health treatment should be respectful and responsive to the unique strengths and needs of each individual family and each member of the family.

5. Mental Health Service Providers will protect the confidentiality and privacy of family members by only releasing information with the informed written consent of family members.

G. Victim and Family Advocacy

1. Women and Children's Horizons (WCH) Community-based advocates and Victim/Witness Specialists from the Kenosha County District Attorney's Office serve as MDT representatives and provide advocacy services to children and caregivers and have an interest in child maltreatment and family violence.

2. Community-based advocates from WCH are responsible for providing support and information to the children and their families who may be victims of abuse or neglect and/or witness to a crime.

3. Community-based advocates are responsible for reporting situations in which there is reasonable cause to suspect that a child has been abused or neglected or threatened with abuse or neglect.

4. Community-based advocates and Victim/Witness Specialists are responsible for providing families with information on Crime Victim Compensations, community resources, mental health counseling and common trauma responses.

5. Community-based advocates from WCH are responsible for providing a follow-up call to the families one week after their visit to the Child Advocacy Center to determine current family functioning, reinforce referrals, and offer additional assistance as needed.

6. Community-based advocates from WCH will protect the confidentiality and privacy of family members by only releasing information with the informed written consent of family members.

H. <u>CORE: Coordinated Response to Child Abuse & Neglect</u>

1. The CORE program functions to coordinate a community, multidisciplinary response to the needs of child abuse and neglect victims through team building, advocacy and reform efforts and training.

2. CORE ensures that abuse and neglect cases are investigated in a coordinated effort, that child victims are handled humanely and that victims are not further traumatized by the investigation and court process.

3. The CoRe Coordinator convenes monthly multi-disciplinary team meetings including Case Review, Child Death Review, staffings and Organizational Review Committee (ORC) meetings. The purpose of ORC is to discuss systemic issues, recognize and resolves service gaps, identify training issues and develop collaboration among agencies.

I. <u>Probation and Parole</u>

1. The presence of a Probation/Parole agent is important in order to reduce the amount of times a child is being interviewed, increase ease in safety planning for the child(ren), reduce the amount of times a child needs to testify, increase timely communication among agencies and increase collaboration and case planning.

2. Probation and Parole is part of the multidisciplinary team and may be present to observe the Forensic Interview if the alleged perpetrator is on probation or parole.

3. The Forensic interviewer or other MDT member will notify the non-offending caregiver that the agent will be part of the observation of the Forensic Interview. The Probation/Parole agent will not participate in the family meeting. If follow-up questions are presented, the agent will have the opportunity to speak with the caregiver at the conclusion of the Forensic Interview.

(See Appendix A for Procedure to Notify Probation/Parole).

V. Reporting Procedures

When a report is received by Law Enforcement or DCFS containing allegations of child sexual abuse, physical abuse or neglect the agency receiving the report shall notify the other agency according to Wisconsin State Statute, internal agency policies and interagency agreements.

In addition, reports received by Law Enforcement and DCFS containing allegations of other child maltreatment such as witness to domestic violence and other violent crimes, missing and exploited children and drug endangered children shall be relayed to the other agency according to Wisconsin State Statute, internal agency policies and interagency agreements.

DCFS

An Access report may be received by DCFS from any person in accordance with Wis. Statute 48.981 and the reporter suspects or states a suspicion that a child has been abused or neglected or is likely to be abused or neglected, regardless of whether the reported information constitutes child abuse or neglect as defined in Chapter 48 of the Wisconsin statutes.

When making a report to DCFS the reporter may identify him or herself or remain anonymous. Some reporters, including mandated reporters, may not remain anonymous. Reports may be made by phone, letter, fax, email or in person. CPS Access staff document all reports of concern for children that the reporter believes may be abused or neglected or may place a child at risk for abuse or neglect, even though the Access worker believes that the report will be screened out by the Access Supervisor.

Screening an Access report by a DCFS Supervisor is a formal decision guided by Access Standards developed by the State of Wisconsin Department of Children and Families.

VI. Referrals to KCCAC

A. After an initial investigative screening, referrals for forensic interviewing of children at the KCCAC must come from Law Enforcement, DCFS or the District Attorney's Office.

In making decisions regarding a forensic interview at the KCCAC agencies should be guided by the age of the victim (3-17 years old) and the age of the offender. The KCCAC may also accept referrals for interviews for disabled adults (over the age of 18).

B. Referrals for medical evaluation of children at the KCCAC must come from Law Enforcement, DCFS or a child's medical provider when there is suspected abuse.

The CAC will provide a comprehensive medical assessment for children referred under the age of 18 who are suspected to be victims of sexual or physical abuse or neglect. It is best practice for medical evaluations of child abuse cases to be performed at the KCCAC whenever possible.

C. As part of the investigative process, Law Enforcement and/or DCFS shall refer cases involving allegations of sexual abuse involving children.

In making decisions regarding a forensic interview at the KCCAC, Law Enforcement and DCFS should be guided by the age of the victim and the age of the offender. Law Enforcement and DCFS may also have discussions with KCCAC staff to determine the appropriateness of a CAC referral. There may be factors that impact the appropriateness of a recorded forensic interview such as age, language skills, disability and emotional and/or psychological factors. In addition and at the discretion of Law Enforcement and DCFS, other dynamics may be considered such as children potentially responding negatively to the criminal justice process or when outside negative influences may impact on the initial statements a child might make. The KCCAC will work to accommodate any of these factors to the extent possible.

D. Referrals to the KCCAC may also be made in other child maltreatment investigations, such as witnessing domestic violence, physical abuse, sexual abuse of older children, neglect, missing and exploited children, drug endangered children, and witness to other criminal activity.

E. At the time of the referral, the KCCAC staff member will gather information about family demographics, cultural and language needs, the type of maltreatment, and multidisciplinary team members involved with the case. The forensic interview and/or medical evaluation will be scheduled with the referral source.

F. Advocacy needs will be assessed at the time of the referral. The KCCAC will notify Women and Children's Horizons of the scheduled appointment so an advocate can be present at the time of the appointment. Cultural and language needs will also be identified and relayed to the advocate.

G. Alleged maltreaters are not allowed on site during the interview or medical evaluation. In the event that a possible maltreater arrives with the family, staff will ensure that this person waits in a separate area of the CAC or leaves the premise. *(For additional information refer to Appendix B – KCCAC Procedure for Staff & Team Members")*

VII. <u>Multidisciplinary Investigations</u>

A. Investigative Planning

1. Both Kenosha County DCFS and Kenosha County Law Enforcement agencies receive reports of suspected child maltreatment. Law Enforcement and DCFS will collaborate on their investigation, share information to the greatest extent possible as allowed by the law and their agencies, and work toward what is in the best interest of the child from a protective and legal standpoint. The purpose is to minimize the number of interviews, when possible, in order to preserve the integrity of the investigation, maximize child safety, and minimize trauma to the child. DCFS and Law Enforcement

may conduct interviews in the field to assess the allegations of child maltreatment. *(See Appendix C, "Minimal Facts Interview").*

2. During preliminary investigative planning, Law Enforcement and DCFS may have discussions with KCCAC staff to determine the appropriateness of a KCCAC referral. The following factors favor a KCCAC referral:

   a. Imminent exposure to the alleged offender

   b. Intra-familial abuse

   c. Recantation is likely

   d. Non-believing caregiver

   e. Multi-offender cases

   f. Non-caregiver cases

   g. Multi-victim cases

   h. Cases such as homicide, abduction, etc.

3. The KCCAC will make decisions regarding a forensic interview based on the following:

   a. The referral criteria listed above, and

   b. The child's age, language skills, disability, and emotional and/or psychological capacity. The KCCAC will work to accommodate these factors to the greatest extent possible. *(See Appendix C "Assessing Child Maltreatment with Children 3 and Under/Non-Verbal Children")*

4. A team meeting may be used to exchange information among professionals prior to a KCCAC forensic interview. The purpose is to discuss information about a case to determine the best course of action, to prepare for the interview and to help ensure that team members have the information they need as part of the investigation process. Team members involved in a case meeting will share information to the greatest extent possible as allowed by law and maintain confidentiality as required by law.

The following information can be shared amongst the MDT as part of the pre-Interview Team Meeting:

   a. Medical symptoms/diagnoses

   b. Family history of child welfare involvement and/or foster care involvement

   c. Pending and past court involvement (criminal, CHIPS or family)

d. Custody and/or visitation arrangements

e. Prior substantiated abuse history

f. Exposure to known/suspected offenders

g. Family history of child maltreatment and/or sexual abuse

h. History of mental illness

i. Domestic Violence

j. Criminal History

k. Alcohol/drug abuse

l. Exposure to pornography

m. Exact allegations

n. Response by caretakers/investigators thus far

o. Behavioral issues/changes/symptoms of child (including sexual behaviors)

p. Cognitive or emotional limitations

q. School Functioning

5. The investigators may, as needed, confer with the district attorney's office at any point in the investigation, including the investigative planning process.

6. A "Level System" has been implemented in order to alert the District Attorney's Office as to the nature of the allegations and manage staff resources accordingly. The MDT Member notifying the CAC will indicate the Level when scheduling the appointment. The Level will be included in the email notification sent by the CAC to the MDT. The Levels are defined as:

Level 1- All homicide death investigations, violent felonies, aggravated sexual assault, abuse and serious bodily injury cases, etc. –

(Prosecutor attendance recommended)

Level 2- Other or non violent felonies *(Prosecutor attendance optional, If available)*

Level 3-All misdemeanor and noncriminal or non-prosecutable cases etc. *(Prosecutor not required).*

B. Forensic Interview Protocol

The process of the multidisciplinary investigation is supported to ensure accurate information that is useful as evidence is elicited and documented in a manner that is sensitive to victim needs. Great care

needs to be taken when interviewing victims of suspected child maltreatment to ensure that accurate information is gathered and that the needs of the victims, who can be quite vulnerable and sensitive, are adequately addressed.

1. A forensic interview is a critical part of the investigative process and will be recorded and compliant with s. 908.08, Wis. Stats. Children should be interviewed in a safe, neutral, child friendly environment like the KCCAC whenever possible in order to reduce the overall number of times a child is interviewed. The goals of a recorded forensic interview include:

    a. Minimizing the trauma of the investigation for the child;

    b. Maximizing the information obtained from the child about the alleged event(s);

    c. Maintaining the integrity of the investigative process.

2. Children should be interviewed in accordance with established guidelines. This protocol uses the Stepwise Forensic Interview Guidelines and is adapting to the Wisconsin Forensic Interview Guidelines (WFIG). WFIG was adapted from the Stepwise Interview Guidelines and the APSAC Practice Guidelines and utilizes fundamentals that are consistent with established research on child interviewing including being legally sound, of a neutral, fact finding nature and coordinated to avoid duplicative interviewing.

3. The basic interview includes the following:

    a. Phases of introduction, rapport building, developmental assessment including learning the child's names for different body parts), cultural factors, competency assessment (including truth/lie), narrative description of the event or events under investigation (including the actual abuse;

    b. The context of the abuse;

    c. The identity of the offender;

    d. The timeframe and location of the abuse;

    e. The frequency of abuse, what was said, seen, heard, and tasted

    f. The presence of threats;

    g. The environment where the abuse occurred;

    h. Where other relevant people were;

    i. Whether any objects were used; and

j. Any other factors concerning the abuse significant to the child or the interviewer) follow-up questions, clarification, and closure.

4. In discussions with the MDT, it may be useful to alter the structure of the interview or utilize different interview approaches depending on the needs and/or age of the child or the existence of any developmental or physical disabilities. For example, the interviewer may use dolls, drawings, or other aides in communicating with the child during the interview.

5. Prior to commencing a forensic interview, the interviewer should be given all available case information.

6. Prior to commencing a forensic interview, all children age 10 and over, barring developmental/mental disability, will be administered an oath to establish the child's understanding that false statements are punishable and the importance of telling the truth. This oath shall be administered by KCCAC staff and/or a commissioned Notary Public. In the event the child's development level is inappropriate for the administration of an oath or affirmation in the usual form, an effort shall be made by the interviewer to establish a similar understanding.

7. If any other individual, other than the forensic interviewer, is present in the room while the child interview is being conducted, that individual will be present within the visual field of the video camera.

C. Interview Monitoring and Wrap Up

1. Each forensic interview will be monitored via closed circuit television by a member(s) of the Multidisciplinary Team. Only members of the Multidisciplinary Team are allowed to observe the interview which may include but is limited to the following: a. Law Enforcement b. CPS Worker c. DA/ADA d. Victim Witness d. Probation and Parole Officers e. Mental Health Professionals f. Medical Providers.

2. The MDT monitoring the interview will bring all necessary forms, documentation, and history concerning the case to the pre-interview meeting. The team will discuss the case history, including additional information collected since the case referral and the case information the forensic interviewer will have prior to the interview.

3. Team members, who are in the Observation room, are active members of the interview. Although the interviewer meets alone with the child in the Interview Room, the interviewer will excuse him/herself from the Interview room toward the end of the interview to learn if the team members have any other questions or need any clarification. This system satisfies the needs of all team members with the least amount of disruption to the child.

4. While monitoring the forensic interview, the MDT will, at all times, maintain the integrity of the investigative process.

5. The MDT will meet after the interview to discuss the merits of the interview and determine the next course of action. The discussion will review, as applicable:

   a. Medical concerns

   b. Forensic interview results

   c. Law Enforcement implications

   d. Protective issues and placement needs

   e. Sibling issues

   f. Non-offending caretaker/family member response

   g. Advocacy needs

   h. Mental health needs and follow-up

   i. Other community referrals

6. Following the multidisciplinary review a team member(s) and/or advocates will meet with the non-offending caregiver to review the outcome of the forensic interview and discuss the next course of action.

D. Interview Documentation

1. Each forensic interview conducted at the KCCAC will be audio and visually recorded. One recording will be given to the District Attorney's Office and one will remain at the KCCAC. If the District Attorney's Office is not able to obtain their copy of the recording then it will be given to Law Enforcement who will submit the recording the District Attorney's Office along with their submission packet.

2. When requested, written statements, drawings or diagrams produced by the child during the forensic interview will be labeled with the time, date, and name of the child and released to Law Enforcement as evidence. DCFS and the District Attorney's Office may also request a copy of these documents.

VIII. Forensic Interviewing Peer Review

Peer review is a research based practice to assist forensic interviewers with maintaining and improving their skill in interviewing children.

The KCCAC Forensic Interviewer will routinely participate in peer review through Children's Hospital of Wisconsin and attend peer review sponsored by the National Children's Alliance.

IX. Medical Evaluations

Evidence of child abuse may be detected during an examination or disclosures of abuse may be made to health care professionals. The medical evaluations of child abuse cases can be complex and involve physical, emotional and psychosocial issues, as well as custody and legal ramifications. Suspected abuse is uncovered through the presenting symptoms, by a child's disclosure, or by suspicions of a child's caregiver, or another reporter. Therefore, it is an important part of the evaluation of the child abuse victim. Medical providers are faced with the dual task of ensuring the health and safety of the patient while remaining objective and thorough in assisting with their obligation to report their findings for the investigation and management of these cases by Child Protective Services and Law Enforcement. Child abuse examinations must be performed by health care professionals who are competent in the forensic examination of children as well as in providing expert testimony in judicial proceedings.

- The CAC will provide a Comprehensive Medical Assessment of children suspected to be victims of sexual or physical abuse or neglect. This includes siblings of abuse victims without known signs of abuse and children who witness domestic violence.
- A medical examination of the child(ren) at the CAC will be performed by a nurse practitioner or physician.
- The requesting DCFS or Law Enforcement professional or medical provider will share all case specific information with the KCCAC medical provider to facilitate a thorough and effective medical evaluation and to prevent unnecessary additional questioning of the child.
- If a forensic interview is scheduled for a child who already had a medical evaluation at another facility for suspected child maltreatment, DCFS or Law Enforcement will forward these medical records to the KCCAC so the medical provider is able to assess the need for a follow-up medical evaluation.
- In cases of sexual abuse when CAC medical services are unavailable, children are to be evaluated by a SANE pediatric provider at agencies with linkage agreements (Aurora Health Care).
- In cases of physical abuse/neglect when alternate CAC medical services are unavailable, children should be referred to the local emergency department with necessary follow-up at the CAC or Children's Hospital of Wisconsin.
- As best practice, a caregiver will not be present in the examination room for medical evaluations related to physical abuse. Exceptions to this will be determined on a case by case basis.

ADDENDUM IV: CHILD MALTREATMENT PROTOCOL

Child Sexual Abuse

A. Procedures for Forensic Sexual Abuse Evaluation:

These aspects of the exam are pertinent to all cases, regardless of the time interval from the incident.

- Complete medical history as available (including immunizations) obtained by information provided at the time of the exam (by EMR, guardian, CPS, child or family).
- Child is offered a choice of having the exam with or without a supportive person (of his/her choosing). If this person is disruptive or inappropriate, the adult shall be asked to leave.
- After the completed physical exam, the genital and anal areas are examined with good lighting, typically a colposcope for magnifications, which is generally video recorded (or photographed) for documentation.
- Any signs of trauma, recent or remote, will be documented.
- Appropriate lab testing for pregnancy, sexual and non-sexually transmitted diseases will be obtained as appropriate.
- Pregnancy, STI, and HIV prophylaxis need to be considered and offered where appropriate.
- A medical report will be completed. Addendums will be provided as appropriate if any follow-up exams or test results return with positive findings. Findings of medical evaluation are shared with the multidisciplinary team in a routine and timely manner.
- Multiple evaluations should be avoided by identifying the best location and timing for the evaluation. This often requires initial conversations with emergency departments and primary care providers to develop a process for referral to the specialized medical provider as defined by the needs of the child.
- It is imperative that health care professionals participate in the peer review process to ensure ongoing quality examinations. Peer review with a consultant who has considerable experience in the area of child abuse of all examinations with positive findings is strongly encouraged. Additional training opportunities and peer review sessions are offered through the CAC for staff and partners.

B. Referral from Emergency Department:

Medical record to be faxed to CAC for any child who may follow-up at the CAC. Coordination with the multidisciplinary team is important to avoid duplicate interviewing of patients and caregivers. Hospital/SANE reports, photographic documentation and information provided by investigators should be utilized to obtain history of the incident when possible.

C. Examination Timing –

Genital/rectal or oral contact LESS THAN 72 hours	Same day appointment
Genital/rectal pain or bleeding	Same day appointment
Genital/rectal injuries	Same day appointment
Sexually transmitted disease	Same day appointment
Family or child in crisis	Same day appointment
Genital/rectal or oral contact MORE THAN 72 HOURS	Appointment as soon as possible
Extreme sexualized behavior	Appointment as soon as possible
Non-verbal children without symptoms	Appointment as soon as possible
Incident occurred more than 72 hours ago and child is without symptoms and in a safe environment	Schedule at earliest convenience for the family

D. Urgent Forensic Medical Exams (usually same day at the local or alternate CAC or at United Hospital if CAC medical services are unavailable).

- **Genital/Rectal Pain or Bleeding –** Children experiencing these symptoms need to be seen as soon as possible to identify the cause and determine if injury is present or symptoms of sexually-transmitted or non-sexually transmitted infection is present.
- **Recent Genital/Rectal or Oral Contact –** Pre-pubertal children need to be examined within 72 hours to collect forensic evidence (preferably within 24 hours of last contact), as potential evidence deteriorates quickly.
- **Acute Assault Exams:** Utilization of the sexual assault kit as appropriate maintaining the chain of custody. The collection is optimal when done prior to bathing, changing clothes or urination/defecation. The collection is guided by the allegation and may include the following:

a. Paper bagging of individualized items of clothing;

b. Collecting specimens from body orifices via swabs;

c. Collecting other debris (trace evidence)which may be present;

d. Collecting specimens via swabs of the areas that may have perpetrator body fluids (bite marks, semen dried on skin)

e. A Wood's lamp may be used to identify additional areas for collection.

- **Genital/rectal injuries –** Evidence of healing trauma may be difficult to detect and the magnification and lighting of the colposcope may be needed to define these changes.
- **Sexually Transmitted Infections –** Gonorrhea, HIV (if acquired in an unknown manner, syphilis, Chlamydia, trichomonas, genital herpes and HPV are infections that require a medical examination.
- **Family or Child in Crisis –** In the setting of disclosure, even when the child has no physical symptoms or forensic evidence is unlikely, an urgent exam should be obtained to give reassurance to the child and family if they are having severe emotional conflict.

E. Non-Urgent Forensic Medical Exam (scheduled during the regular medical exam hours)

- **On-going chronic or sexual abuse more than 72 hours –** Those cases with disclosure indicating more remote activity
- **Extreme Sexualized Behavior –** Exam needed if child gives a history of molestation, caregiver reports concern of sexual abuse, or a therapist after working with a child for a while feels that sexual abuse may have occurred.
- **Non-verbal, pre-verbal or special needs children** (without symptoms) – One medical evaluation should ideally be conducted when an allegation of sexual abuse is made.
- **Menses** – Avoid exams during patient's period unless contact has occurred within the last 72 hours

F. Timing of Follow-up Care at the Kenosha Child Advocacy Center

Injury noted during the medical assessment	Appointment as soon as possible
HIV prophylaxis (as appropriate) related to the risk of HIV transmission	Appointment within 72 hours of incident
No injury noted	Appointment within 2 weeks for STI testing

Child Physical Abuse/Neglect

Children suspected by CPS, Law Enforcement or medical professionals of having been physically abused or neglected should have an exam as soon as possible (see below for timing of appointments). Children with fairly minor visible injuries may have serious internal injuries or be at risk for serious injury.

Serious/life threatening injury	Direct to local emergency department
Significant injury or head trauma in a child <2 years	Direct to local emergency department
Any head trauma with neurologic symptoms (severe headache, vomiting, appears ill, confused/disoriented, unsteady gait or vision complaints)	Direct to local emergency department
Serious injury to thorax/abdomen	Direct to local emergency department
Injury requiring sutures	Direct to local emergency department
Serious burns	Direct to local emergency department
Possible fractures	Direct to local emergency department
Child with suspicious bruises, abrasions or lacerations (Consider all bruising in infants who are not yet cruising to be suspicious)	Same day appointment
• Minor burns	Same day appointment

• Bite marks	
Infant with any unexplained bruising or oral injury (sentinel injuries)	Same day appointment
Sibling or other child under the care of the alleged maltreater, who is less than two years old and there is suspicion of trauma	Same day appointment
Immediate concerns regarding the child's safety	Same day appointment
Family or child in crisis	Same day appointment
Child makes disclosure of abuse, but no injuries or symptoms are present	Appointment as soon as possible
Non acute injuries or findings	Appointment as soon as possible
Physical abuse allegations occurring more than 2 weeks prior to the referral	Appointment as soon as possible
Sibling or other child greater than 2 years of age who has been under the care of the alleged maltreater who did not fit above 'seen immediately' criteria	Appointment as soon as possible
There are no immediate concerns regarding the child's safety	Appointment as soon as possible

The evaluation should include:

- Complete medical history and the history of the suspected abuse
- Complete physical examination
- Appropriate lab studies to document the medical conditions caused by any injury and to exclude medical conditions that may mimic abuse
- Imaging studies to discover and document injuries that are not externally apparent by physical exam as appropriate
- Photographs to document visible injuries

- Documentation: A medical report will be completed. Addendums will be provided if any follow-up exams or test results return with positive findings. Findings of medical evaluation are shared with the multidisciplinary team in a routine and timely manner.

Foster Care Health Screening/Care4Kids (C4K) Exams –

Children in foster care have a higher prevalence of physical, developmental, dental and behavioral health conditions than any other group of children. These health conditions may be chronic, under-identified and under-treated and may have an ongoing impact on all aspects of their lives.

1. The CAC will medically assess and evaluate all children placed in out-of-home care and/or foster care to:
    - Document recent signs of abuse/neglect
    - Ensure children receive quality, consistent and timely health evaluations;
    - Encourage and support children receiving on-going quality health care.
    - Improve the health of children in foster care.
    - The medical screening includes: Obtain available medical/social history
    - Physical Examination
    - Assessment/diagnosis
    - Treatment plan
        a. Further laboratory evaluation or other studies as appropriate Prescribing medications as appropriate;
        b. Consultation and referral as indicated with community services or specialty medical providers
2. Documentation: A report will be completed for the child's medical record. This report will be available for the case worker and primary care provider. Documentation will be provided to the foster parent that outlines any follow-up care recommended.

Drug Endangered Children

A drug endangered child is at risk of suffering physical or emotional harm as a result of exposure to illegal drug use, possession, manufacturing, cultivation or distribution.

These children are appropriate to receive a medical exam at the CAC. The examination should occur within 4-12 hours of identification of an at risk child or as soon as possible. Examination will consist of evidence-based practice standards in evaluation of this population. *(See Appendix E: Community DEC Protocol)*

Witness to Violence

Children who have witnessed crime or violent behavior may be appropriate to receive a medical evaluation at the CAC on a case by case basis.

X. Medical Peer Review

A. The KCCAC medical provider will routinely participate in medical peer review through Children's Hospital of Wisconsin and attend peer review sponsored by the Midwest Regional CAC.

B. When medical evaluation findings are suggestive or conclusive for trauma, the KCCAC medical provider will peer review cases with a physician expert in child maltreatment.

XI. Victim Support and Advocacy

Support and advocacy services are made available to KCCAC clients and non-offending caregivers during the investigation and subsequent legal proceedings through agreements with Women and Children's Horizons and the Victim Witness Assistance Program. These services will be made available free of charge to victims and their non-offending caregivers. Each service plays an important role in assisting victims and their families during traumatic and difficult times.

Women and Children's Horizons

Women and Children's Horizons (WCH) provides support, education, training and healing to victims of sexual and domestic violence/abuse. WCH provides crisis intervention and supportive services free of charge to victims of violence and their support people.

WCH will provide an advocate for all visits at the KCCAC to support the victim and the non-offending caregivers beginning with their initial visit to the KCCAC. WCH will provide follow-up telephone contact to the family shortly after their visit to the CAC. The follow-up contact will be done for the purpose of learning how the child and family are coping, reinforcing referrals given, making new referrals as appropriate, offering further assistance with Crime Victim's Compensation and responding to questions. As needed, an advocate from WCH will provide ongoing support to the family after their initial visit to the KCCAC.

Services will be coordinated with the MDT as needed. All services are free and confidential. Support and advocacy is available, including:

- Greeting and orientation of children and families to the CAC;
- Information about the CAC, the investigation and legal processes;
- Therapy and support groups;

- Information about Crime Victims Rights;
- Personal advocacy;
- Legal advocacy, support and accompaniment for sexual abuse cases;
- Information about the WI-VINE and VOICE for Victims programs;
- Crime Victims Compensation Assistance;
- Crisis intervention – 24 hour phone line and in-person hospital response;
- Providing information and education to caregivers about abuse, common reactions and what they may expect to see in their child.

Victim Witness Assistance Program

When the District Attorney's Office determines that victim services are appropriate, a meeting with the child victim and the non-offending caregiver may be scheduled. The Victim Witness staff provides the following throughout the duration of the criminal case:

- Initial contact packet
- Ongoing case status information
- Explanation of how the case will proceed through the criminal justice system
- Information and referrals to support services in the community
- Assistance in preparing to testify
- Legal advocacy, support and accompaniment
- Information about the WI-VINE and VOICE for Victims programs
- Crime Victims Compensation Assistance
- Information about Crime Victims Rights afforded through Wis. Stats. 950

XII. Mental Health Support

A. Each child seen at the KCCAC will be considered for mental health services. The KCCAC will refer children to service providers through Children's Hospital of WI-Community Services who use trauma-informed and evidence based techniques. The KCCAC staff and/or advocates will discuss identified needs with non-offending parents and caregivers and make appropriate recommendations and referrals for therapy or other services that will be helpful to the child.

B. If the child's therapist is invited to Case Review, he or she will provide the team with updates on the child's progress following established confidentiality guidelines. As mandated reporters, mental health professionals are required to immediately report all cases of suspected child maltreatment pursuant to s. 48.981, Wis. Stats.

C. The KCCAC staff encourages caregivers in seeking support and/or professional help through the process of an investigation/assessment, intervention, and court process. Resource and advocacy information is provided to families.

D. The Kenosha County MDT encourages all professionals who work in the child maltreatment field to take care of themselves. Agencies are encouraged to support and assist professionals coping with trauma associated with child maltreatment cases. Case review meetings are also a place to discuss concerns and develop strategies to minimize the impact of secondary traumatic stress that may impact team members.

XIII. <u>Multidisciplinary Team Case Review</u>

A. Case review is a formal process for the exchange of information among professionals.

B. Multidisciplinary Team members will meet regularly to review certain active cases. The purpose of these meetings is to share information and discuss follow up investigation and child protective needs.

C. Case review is a means for MDT members to discuss case progress and helps to ensure that children's needs are met sensitively, effectively and in a timely manner. In addition, knowledge and expertise of all team members is shared so that informed decisions can be made, collaborative efforts are nurtured, communication is promoted, and mutual support is provided. (*Refer to Appendix F, Kenosha County Child Advocacy Center Case Review Protocol)*

D. Information will be shared to the extent allowed by law. Each individual representative and agency is responsible for maintaining confidentiality to the extent required by law and accepted practice. Team members are bound by professional ethics. This includes, but is not limited to, sharing information outside of the forensic interview and case staffing processes to the extent allowed by law and required by professional responsibilities. *(See Appendix F, Kenosha County Child Advocacy Center Case Review Protocol.")*

E. Members of the Multidisciplinary Team who will regularly attend case reviews are:

1. Law Enforcement;
2. Kenosha County DCFS;
3. Kenosha County District Attorney's Office;

4. KCCAC Staff;
5. Medical evaluator/nurses;
6. CORE Coordinator;
7. Victim Advocates;

8. Mental health providers, and
9. Other professionals as deemed appropriate.

XIV. <u>Case Tracking</u>

A. The KCCAC is responsible for tracking outcomes on all cases referred to the Center for evaluations and/or services.

B. The Center will enter information on a computerized database for each case beginning with initial case information. Such information will include client demographics, case outcome and NCA statistical information. Statistics will be routinely gathered on all children and families seen at the Center including services provided and demographic information.

C. The Center will designate a staff person to oversee the data entry and collective review of case tracking information.

D. Confidentiality of clients will be protected. Demographic information regarding juvenile offenders (age 16 and under) will include first name and last initial only in addition to their date of birth. Aggregate data can be shared with MDT agencies as allowable by law.

E. Additional data will be documented whenever possible for case tracking purposes including:

- Identifying information about the child and family including age, ethnicity and gender;
- Identifying information about the alleged offender (name and date of birth);
- Types of maltreatment alleged;
- Relationship of perpetrator to the child;
- Agency and names of MDT members involved in the investigation;
- Charges filed and case disposition in court (criminal and juvenile);
- Child Protection Outcomes

F. Per National Children's Alliance Guidelines, the following aggregate statistical data will be submitted semi-annually:

- Total number of children seen at the Center;
- Gender of children seen;
- Race or ethnicity of children seen;
- Number of children seen for what type of maltreatment;
- Number of children receiving on-site medical examination;
- Court Preparation;
- Number of Forensic interviews;
- Counseling/therapy referrals;
- Number of children maltreated by offender type;
- Age of alleged perpetrator;
- Kenosha County Human Services Department disposition;
- Prosecutorial disposition.

G. MDT participating agencies will routinely participate in and support the collection of such data by providing requested case status and outcome information to the designated person identified to receive and track data at the KCCAC.

XV. <u>Cultural Competency and Diversity</u> *(See Appendix G for Cultural Competency Plan)*

Diversity issues influence nearly every aspect of work with children and families and culturally competent services are routinely made available to KCCAC clients and coordinated with the MDT. To effectively meet the needs of those served at the KCCAC, we agree to recognize diversity and work toward better understanding the diverse needs of those we serve, address culture and development throughout the investigation, adapt practices as needed and offer services in a manner that they can utilized and understood. The ORC Team is responsible for the continued development and evaluation of the KCCAC Cultural Competency Plan which includes but is not limited to:

- Community, Organization and Client Needs;
- Staff Training, Development and Goals
- Incorporation of Culture and Diversity;
- Outreach Activities;

- Timeline of Activities
- Outcome Evaluation

XVI. Resolving Conflicts Among Agencies

A. These policies are intended to provide guidance in most situations but it is understood that some flexibility may be needed to meet the requirements of individual cases. In addition, it is expected that this agreement may need to be modified as the cooperating agencies gain more experience working together on cases over an extended period of time. Changes can be made with the agreement of all those signing the agreement. In addition, supportive documents may be added to the appendix at any time to help clarify or implement the objectives of the agreement.

B. In situations where there is a conflict over appropriate responsibilities in a specific child abuse or neglect investigation, line staff will attempt to resolve their differences.

C. Disagreements are to be resolved as quickly as possible and in a manner that does not compromise the investigation or the safety of the child victim or other family members.

D. If line staff cannot resolve a disagreement, they shall prepare an objective description of the nature of their disagreement and the next level of discussion should take place between the departmental supervisors or the individual designated by each agency. The CoRe Coordinator is available to facilitate this process if needed either individually, through a special meeting, or if appropriate through a CoRe staffing.

E. If the team members are unable to arrive at a resolution, a decision will be made after discussion with and input from the District Attorney.

ADDENDUM IV: CHILD MALTREATMENT PROTOCOL

2 p. 28

The Kenosha County Joint Protocol on a Collaborative Response to Child Maltreatment is executed to create an understanding of responsibility for the effective response to child maltreatment. The parties agree to fulfill their role and perform duties assigned to them as explained in the Kenosha County Protocol.

Dated this 18 day of April, 2016
Kenosha County

Name: Jim Kreuser
Title: Kenosha County Executive

Dated this 14th day of April, 2016
Kenosha County District Attorney's office,

Name: Robert Zapf
Title: District Attorney

Dated this 21 day of April, 2016
Kenosha Division of Child and Family Services,

Name: Ron Rogers
Title: Director of the Division of Children and Family Services

Dated this 1st day of April, 2016
Kenosha Police Department,

Name: John Morrissey
Title: Chief of Police, City of Kenosha

Dated this 11 day of April, 2016
Kenosha County Sheriff's Department

Name: David Beth
Title: Sheriff of Kenosha County

Dated this 1st day of April, 2016
Pleasant Prairie Police Department

Name: David Smetana
Title: Chief of Police, Pleasant Prairie

Dated this 15th day of April, 2016
Children's Hospital of Wisconsin
Kenosha County Child Advocacy Center &
Children's Hospital - Community Services

Name: Amy Herbst
Title: Vice President, Child Well Being

Dated this ___ day of _____, 2016
Aurora Medical Center

* see next page

Name: Doug Koch
Title: President and CEO

Dated this 20 day of April, 2016
Women and Children's Horizons

Name: Beth Ballo
Title: Executive Director

Dated this 24 day of April, 2016
Community Impact Programs, Inc.

Name: Brian Wolf
Title: President

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ADDENDUM IV: CHILD MALTREATMENT PROTOCOL

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The Kenosha County Joint Protocol on a Collaborative Response to Child Maltreatment is executed to create an understanding of responsibility for the effective response to child maltreatment. The parties agree to fulfill their role and perform duties assigned to them as explained in the Kenosha County Protocol.

Dated this ____ day of _____, 2016
Kenosha County

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Name: Jim Kreuser
Title: Kenosha County Executive

Dated this ____ day of _____, 2016
Kenosha County District Attorney's office,

_____
Name: Robert Zapf
Title: District Attorney

Dated this ____ day of _____, 2016
Kenosha Division of Child and Family Services,

_____
Name: Ron Rogers
Title: Director of the Division of Children and Family Services

Dated this ____ day of _____, 2016
Kenosha Police Department,

_____
Name: John Morrissey
Title: Chief of Police, City of Kenosha

Dated this ____ day of _____, 2016
Kenosha County Sheriff's Department

_____
Name: David Beth
Title: Sheriff of Kenosha County

Dated this ___day of_____, 2016
Pleasant Prairie Police Department

_____
Name: David Smetana
Title: Chief of Police, Pleasant Prairie

Dated this ___day of_____, 2016
Children's Hospital of Wisconsin
Kenosha County Child Advocacy Center &
Children's Hospital - Community Services

_____
Name: Amy Herbst
Title: Vice President, Child Well Being

Dated this 26th day of April, 2016
Aurora Medical Center

Legal 4.26.16

_____
Name: ~~Doug Koch~~ Gail L. Hanson
Title: ~~President and CEO~~ CFO

Dated this___ day of _____, 2016
Women and Children's Horizons

Dated this___ day of _____, 2016
Community Impact Programs, Inc.

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ADDENDUM IV: CHILD MALTREATMENT PROTOCOL

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Dated this 26 day of April, 2016
United Hospital System

Name: Ric Schmidt
Title: President and CEO

Dated this 20th day of April, 2016
Department of Corrections

Name: Lisa Yeates
Title: Region 2 Chief

Dated this 21st day of April, 2016
Twin Lakes Police Department

Name: Adam Grosz
Title: Chief of Police, Twin Lakes

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Memorandum of Understanding (MOU)

Aurora Hospital & Medical Center, Carthage College, Community Impact Programs, Inc., Gateway Technical College, Kenosha Human Development Services, Kenosha Correctional Center, Kenosha County Child Advocacy Center, Kenosha County District Attorney Office, Kenosha Police Department

Kenosha County Sheriff's Department, Kenosha County Victim Witness Program, Pleasant Prairie Police Department, Twin Lakes Police Department, University of Wisconsin – Parkside, Wisconsin Department of Corrections, and Women and Children's Horizons

Whereas, there are significant numbers of people in Kenosha County that are affected by sexual assault;

Whereas, we believe the best practice for addressing victims of sexual assault in this county is through the use of a coordinated, multidisciplinary sexual assault response team (SART) and

Whereas, the above members wish to join together in a coordinated, multidisciplinary sexual assault response team (SART), the agencies, represented by their signatures agree to:

(1) Join together in a group known as the Kenosha County Sexual Assault Response Team

(2) Fully support the mission statement and protocol of the Kenosha County Sexual Assault Response Team

(3) Fully participate in all activities of the Kenosha Sexual Assault Response Team

(4) To review and amend this document and the attached protocol annually and as needed

Signatures

Signatures

Name: Amy Herbst

Title: Vice President, Child Well Being

Children's Hospital of Wisconsin

Kenosha County Child Advocacy Center

Dated this 11 day of August, 2016

Name: David Smetana

Title: Chief of Police

Pleasant Prairie Police Department

Dated this 11 day of August, 2016

Name: Doug Koch

Title: President

Aurora Medical Center Kenosha

Dated this 11 day of August, 2016

Name: Adam Grosz

Title: Chief of Police

Twin Lakes Police Department

Dated this 11 day of Aug, 2016

Name: Robert Zapf

Title: District Attorney

Kenosha County District Attorney's Office

Dated this 11 day of August, 2016

Name: Daniel Miskinis

Title: Chief of Police

Kenosha Police Department

Dated this 12 day of August, 2016

SIGNATURES

Name: David Beth

Title: Kenosha County Sheriff

Kenosha County Sheriff's Department

Dated this 17 day of AUGUST, 2016

Name: Beth Ballo

Title: Executive Director

Women and Children's Horizons

Dated this 11 day of August, 2016

Name: Brian Wolf

Title: President

Community Impact Programs, Inc.

Dated this 16th day of August, 2016

Name: Jim Kreuser

Title: Kenosha County Executive

Kenosha County

Dated this 17 day of August, 2016

DocuSigned by:
Cathy A. Jess
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Name: Cathy Jess

Title: Department of Corrections Deputy Secretary

Wisconsin Department of Corrections

Dated this 26 day of August, 2016

Name: Ron Rogers

Title: Director of the Division of Children and Family Services

Kenosha Division of Children and Family Services

Dated this 11 day of August, 2016

SIGNATURES

Name: Gregory Woodward
Title: President
Carthage College
Dated this 29 day of July, 2016

Name: Bryan Albrecht
Title: President
Gateway Technical College
Dated this 11 day of August, 2016

Name: Deborah Ford
Title: Chancellor
University of Wisconsin-Parkside
Dated this 5th day of August, 2016

Transforming victims into survivors