



## The Trauma-Informed, Multidisciplinary Approach to Child Sexual Abuse and Exploitation: Part 1

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## Objectives

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- Weigh the pro's/con's of using a multidisciplinary approach in South Africa
- Identify strategies to improve collaboration in child sexual abuse/exploitation cases

# What is a Multidisciplinary Approach?

Professionals from varied disciplines form a team, and collaborate to effectively respond to child abuse in their community

Public-private partnership



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## The Goals...

Ensure efficient, effective response to child abuse

Ensure safety and well-being of child and family

Minimize trauma to child/family *from the assessment and investigation*



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## Advantages to a Multidisciplinary Approach

Unified investigation and response

Shared information and strategy reduces  
conflicts, work duplication

Combined expertise of different professionals

Multiple perspectives

Better-informed decisions

Better outcomes



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## Key Characteristics of an Effective Approach

- Interdependence and mutual gain
- Frequent communication
- Tactical information sharing
- Pooled, collective resources
- Negotiated shared goals
- Shared power between organisations



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ARACY, 2010a, cited in McDonald & Rosier, 2011

## Does multidisciplinary collaboration occur in South Africa?

How?

Who is involved?

How does it work?

Is there a structured team?

Does the team have meetings?

Is there a protocol to define roles and responsibilities?



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CARE CENTRE  
Turning Victims into Survivors

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## What are the major challenges to multidisciplinary collaboration in South Africa?

What work is done 'in silo's'?

What are some barriers to collaboration?

What challenges exist in communicating with:

- Law enforcement
- Prosecutor
- DSD workers
- Medical/mental health professionals
- Victim service providers



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# Potential Model....

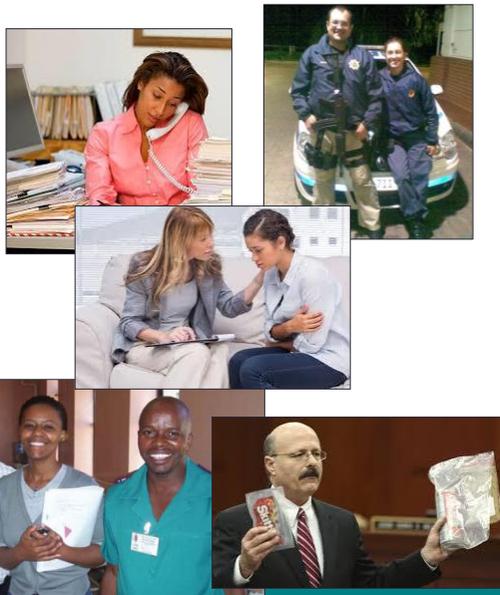
Not without its challenges!!

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## Formal Multidisciplinary Team (MDT)

Law enforcement  
 Prosecutor  
 Child protective services  
 Medical  
 Mental Health  
 Victim advocates  
 Public health  
 Victim service organizations  
 Forensic interviewers  
 Traditional leaders?



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## Formal MDT

Mission statement

Interagency agreements

Protocol

Regular meetings to discuss cases

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## Interagency Agreement

Brief statement of commitment by each partner agency

- What you're doing and why
- Assurances
- Basic expectations

Signed by agency leaders

Not legally binding



**████████ COUNTY INTERAGENCY AGREEMENT**  
Effective January 2013

Since 1987, with the adoption of a county-wide child abuse protocol, the agencies listed as signatories to this ██████ County Interagency Agreement ("Agreement") have committed to work together. This Agreement responds to a mandate to "ensure coordination between all agencies involved in a child abuse case so as to increase the efficiency of all agencies handling such cases, to reduce the stress created for the allegedly abused child by the legal and investigatory process, and to ensure that more effective treatment is provided for the child, the family, and the perpetrator."

Both the ██████ County Child Abuse Protocol (signed April 2011) and this Agreement compliment the community response to child abuse through the facilitation of a coordinated response. We, the undersigned agencies/entities ("Agencies"), renew our pledge to utilize a multidisciplinary team approach to child abuse, for the investigation, prosecution, medical and therapeutic treatment involving child victims/witnesses of sexual abuse, severe physical abuse, and witnesses of homicide.

Each of the undersigned Agencies has specific responsibilities in this regard. The following general provisions summarize our roles and responsibilities.

1. Each Agency will work with and assist others in each stage of the process, to ensure that the protection and best interests of children are prioritized.
2. Each Agency will work together to minimize the number of interviews and interviewers to which the child is subjected, thus reducing the possibility of system-induced trauma for the child.

## The MDT Protocol: Why do you need it???

ROLES, RESPONSIBILITIES, PROCEDURES

# MDT Protocol

The **purpose of the protocol** shall be to *ensure coordination and cooperation* between all agencies involved in a child abuse case so as to *increase the efficiency of all agencies* handling such cases, to *minimize the stress created for the allegedly abused child* by the legal and investigatory process, and to *ensure that more effective treatment is provided* for the perpetrator, the family, and the child, including counseling. O.C.G.A. 19-15-2 (f)



Who does what, and when?

What if I don't agree with MDT partner?

What happens if....?



Why do it this way?



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# Law Enforcement

What are my responsibilities for investigation?

How soon do I need to respond to a call?

Which cases require a joint investigation with MDT?



Where shall I take the child for an interview?

Who interviews the suspect? The parent? The child?

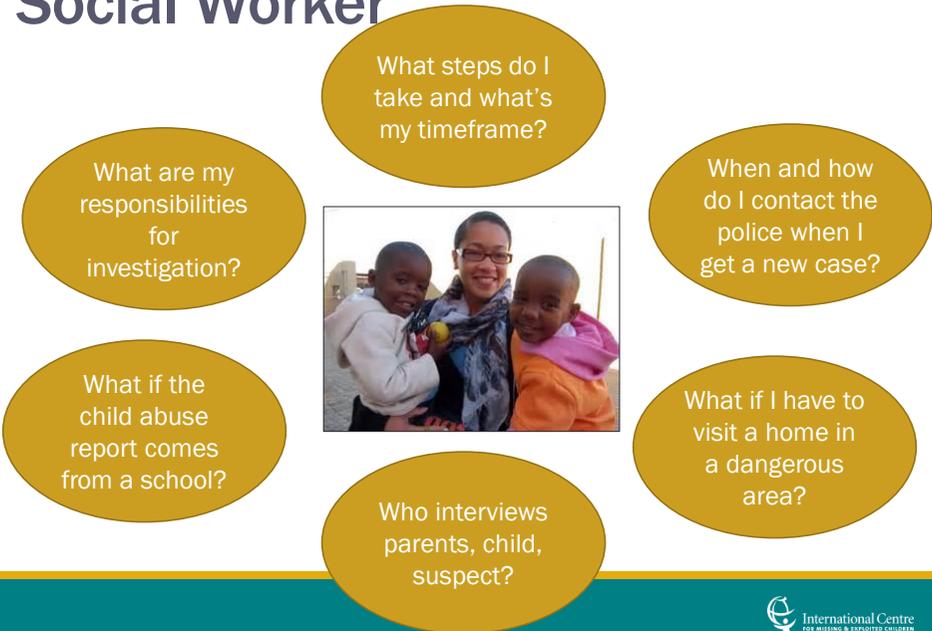
How and when do I notify DSD of a new case?

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# Social Worker



## Medical Providers



## Organizing Your Protocol

Consider every step of the child investigation process

- Who is involved
  - Their roles (and what is not their role)
  - Timing of activities
  - Interactions with other MDT members
  - Special circumstances
- Flow diagrams can help
- Consensus-building for every step involving MDT collaboration

Conflict resolution, confidentiality, MDT meetings, data gathering, evaluation



# The Child Advocacy Center Model

“Hub” of the multidisciplinary team (MDT)

Child-friendly environment

Facilitates team collaboration

Concentrates services in one area

“Safe” place for child



Safe Child Center, Flagstaff, AZ



Frederick County CAC, MD

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## Child Advocacy Center Services

Varies with the CAC

Ideal:

- Forensic interviews
- Team coordination
- Medical exams, testing
- Mental health assessments, treatment
- Family and child advocacy
- Training and resources for professionals
- Prevention programs



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## Other Options

No CAC, but do have a specific place for interviews

Functioning team without specific place for interviews

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## Which elements, if any, are desirable?

Like

Don't Like

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## Challenges to MDT Approach

- Time and manpower
- Clash of the cultures
- Conflicting goals
- Conflicting practices and protocols
- Poor communication
- Lack of experts
- Funding for child advocacy center/Thuthuzela Centre
- Funding for recovery/rehab services



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## How Could You Meet These Challenges?

What can you do to increase communication?

What are some other ways to improve cooperation?

What needs to change to facilitate multidisciplinary collaboration?



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## More Ways to Address the Challenges...

Community support for idea is critical

Policies to share information

Cross-training

Commitment to making it work

Addressing problems promptly with organized response

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## Conclusions

Collaboration ultimately helps everyone

Lots of ways to structure that collaboration

Communication is at the center of any good collaboration



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