



RESPONSE TO CHILD ABUSE & NEGLECT

A best practice guide for a consistent
multi-disciplinary investigation of child
abuse and neglect in Iowa.

2025

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"In my years as a prosecutor handling child abuse cases, I've seen firsthand the critical importance of having children and developmentally delayed adults interviewed by trained forensic interviewers. Their expertise not only ensures the integrity of the information but also prioritizes the dignity and well-being of the victims. Every case is a reminder of why this approach is not just best practice—it is essential for justice and healing."

- Susan Krisko, Iowa Deputy Attorney General for Criminal Justice

About This Best Practice Guide

In 2023, the Iowa Chapter of Children's Advocacy Centers (ICCAC) External Committee began working together to create this best practice guide to provide a professional, consistent CAC/MDT response to reports of child abuse in Iowa.

This guide outlines discipline-based best practices for a CAC/MDT approach to child abuse by addressing the roles and responsibilities of each discipline, and the interaction of these disciplines during the child abuse response process. This best practice guide is NOT a checklist for investigations and assessments of child and dependent adult abuse. The purpose of this guide is to assist MDT members in decision-making throughout the course of their discipline-specific practices according to best practices.

A coordinated, MDT approach facilitates efficient interagency communication and information sharing, ongoing involvement of key individuals, and support for children and families.

Each agency gains the benefit of a broadened knowledge base from which decisions are made through shared information and improved and timely evidence gathering. MDT interventions in a neutral, child-focused CAC setting are associated with less anxiety, fewer interviews, and more appropriate and timely referrals for needed services. An MDT response fosters needed education, support, and treatment for children and families that may enhance their willingness to participate in the criminal justice system as effective witnesses. In addition, parents and other caregivers are empowered to protect and support their child throughout the investigation and prosecution and beyond.

ICCAC External Committee Members and Contributors

Utilizing the South Carolina Child Abuse Response Protocol as a template, the ICCAC External Committee members worked with professionals from multiple disciplines and agencies involved in the multi-disciplinary team response, investigation, and prosecution of child abuse, child neglect, and sexual exploitation in Iowa. The core MDT members assisting with this guide included law enforcement, child protective services, prosecution, medical, mental health, and victim advocacy, together with local CAC staff.

This best practice guide was created with input from the Iowa Department of Health and Human Services (HHS), Iowa law enforcement agencies, and the Iowa Office of the Attorney General.

The CAC/MDT Response to Child Abuse and Neglect

The Child Advocacy Center (CAC) model supports a compassionate, coordinated investigative response to allegations in which children are named as victims of abuse or neglect, or are witnesses to a crime. The investigation of these allegations requires multiple agencies to determine whether or not the crime occurred.

The CAC model promotes the multi-disciplinary team (MDT) approach when handling these cases in order to reduce trauma and increase communication and efficiency throughout the investigative process. This means when a child is the subject of an investigation or witnesses

a crime, the child is brought to the CAC, a child-friendly, neutral, safe facility, where they are interviewed by a highly trained forensic interviewer. In some cases, children also receive a medical evaluation by a highly skilled and trained medical professional.

The professionals involved in the investigation convene at the CAC for the forensic interview, which provides the opportunity for all parties to be present and to hear the child's disclosure, share case information with one another, and determine next steps in the investigation. It is also through the CAC that the family will receive continued advocacy and referrals for other services such as mental health treatment. CACs provide comfort and support to families navigating the criminal justice system, while also fostering an environment for healing.

Iowa's Child Advocacy/Protection Centers (CAC/CPC)

The Child Advocacy/Protection Centers located across the state provide a range of care and support to children and dependent adults who have been referred by law enforcement and/or the Iowa Department of Health and Human Services.

All CACs in Iowa are part of the Iowa Chapter of Children's Advocacy Centers (ICCAC), a nonprofit organization accredited by the National Children's Alliance and dedicated to providing support, training, and guidance to Iowa Child Advocacy/Protection Centers. ICCAC is dedicated to providing a comprehensive response to child abuse in the state of Iowa and advocating for children where physical, sexual abuse and/or neglect are present.

Iowa CACs meet the National Children Alliance's rigorous standards of practice in advocating for children in Iowa, using the most recent evidence-based practices to ensure each child receives the highest quality services.

The Child Advocacy/Protection Center

The Child Advocacy/Protection Center (CAC/CPC) is an integral part of investigations conducted by Iowa law enforcement agencies and the Iowa Department of Health and Human Services (HHS), including joint investigations.

When a forensic interview of a child is required during the investigation, it must be conducted through a CAC; best practice is for both a forensic medical evaluation and a forensic interview to occur. The CAC also assists children and families in identifying and accessing advocacy, mental health and other supportive services in their home communities.

Iowa Child Advocacy/Protection Centers Locations

Allen Child Protection Center

212 W Dale Street
Waterloo, IA 50703
Phone: 319-226-2345

(Secondary Location)

100 1st St. NW, Suite 200
Mason City, IA 50401

Blank Children's Star Center

4055 Westown Pkwy
West Des Moines, IA 50266
Phone: 515-224-3300

MercyOne Child Advocacy Center

701 Jackson Street
Sioux City, IA 51105
Phone: 712-279-2548
800-582-0684

St. Luke's Child Protection Center

1095 N Center Point Rd
Hiawatha, IA 52233
Phone: 319-369-7908

Child Protection Response Center

415 E George Washington Blvd
Davenport, IA 52803
Phone: 563-200-1102

(Secondary Location)

1221 S Gear Avenue, Suite 305
West Burlington, IA 52655

Mississippi Valley Child Protection Center

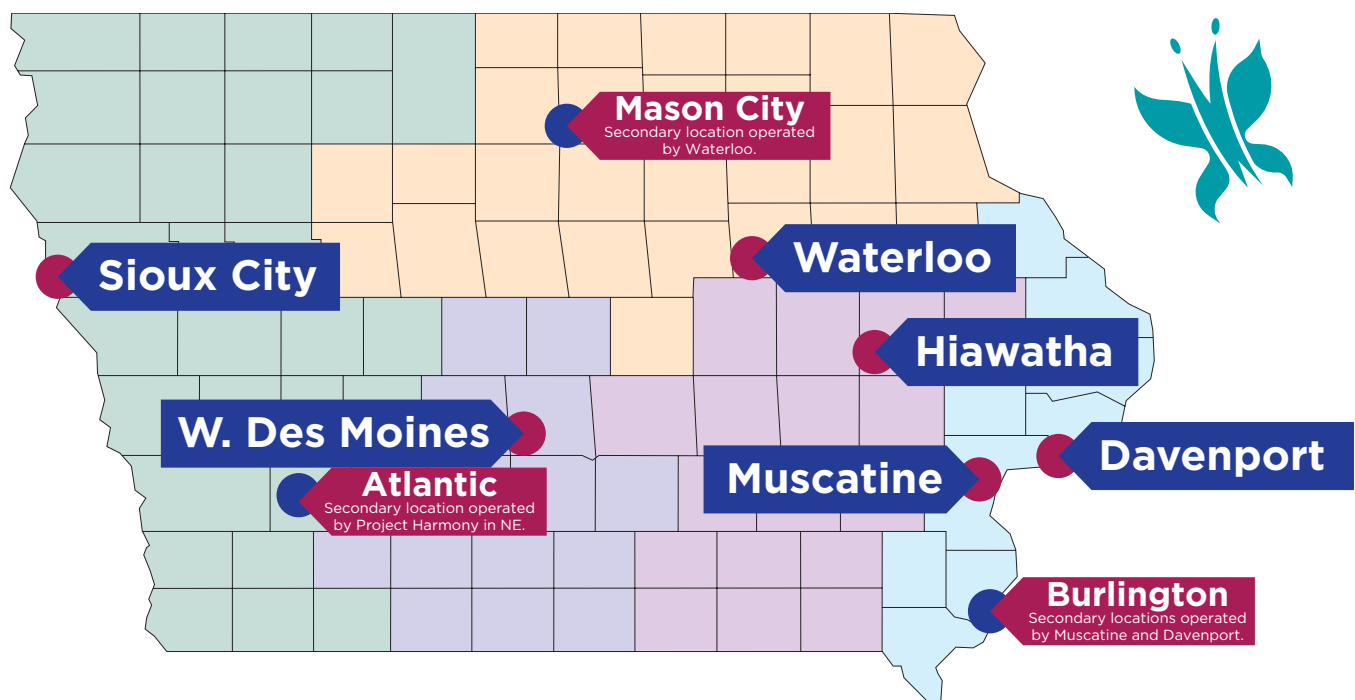
1600 Mulberry Ave
Muscatine, IA 52761
Phone: 563-264-0580

(Secondary Location)

201 Jefferson Street
Burlington, IA 52601

Project Harmony*

1501 E 10th Street
Atlantic, IA 50022



*Project Harmony operates only a secondary location in Iowa.

Definitions

Child Advocacy Center (CAC): An accredited child-friendly, safe and neutral location which provides case coordination with law enforcement and child protective services; where forensic interviews and medical evaluations are conducted; and where the child and non-offending family members receive support, crisis intervention and referrals for other services such as mental health treatment.

Multi-disciplinary Team (MDT): In terms of a CAC, the MDT is a team composed of representatives from law enforcement, child protective services, prosecution, medical services, mental health, victim advocacy, and the CAC that convene in response to child abuse allegations. The MDT is the cornerstone of the CAC model.

Child: A person under the age of 18.

Child Abuse: Abuse of a child as defined in Iowa Code 232.68(2)

Assessment: The process by which HHS responds to all accepted reports of alleged child abuse. An “assessment” addresses child safety, family functioning, culturally competent practice, and identifies the family strengths and needs, and engages the family in services if needed. The assessment process occurs either through a child abuse assessment or a family assessment.

Child Abuse Assessment: An assessment process by which HHS responds to all accepted reports of child abuse which allege child abuse as defined in Iowa Code 232.68, subsection 2, paragraph “a”, subparagraphs (1) through (3) and subparagraphs (5) through (10), or which allege child abuse as defined in Iowa Code 232.68 subsection 2, paragraph “a”, subparagraph (4), that also allege imminent danger, death, or injury to a child. A “child abuse assessment” results in a disposition and a determination of whether a case meets the definition of child abuse and a determination of whether criteria for placement on the registry are met.

Family Assessment: An assessment process by which HHS responds to all accepted reports of child abuse which allege child abuse as defined in Iowa Code 232.68, subsection 2, paragraph “a”, subparagraph (4), but do not allege imminent danger, death, or injury to a child. A “family assessment” does not include a determination of whether a case meets the definition of child abuse and does not include a determination of whether criteria for placement on the registry are met.

Sex Trafficking: The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of commercial sexual activity as defined in Iowa Code section 710A.1.

Labor Trafficking: Forced labor or services that are performed or provided by another person and that are obtained or maintained through numerous categories as defined in Iowa Code 710A.1.

Forensic Interview: A process where a child is given the opportunity to make a statement, in a safe, supportive environment, about what happened to them. The child is questioned in a legally-sound, developmentally appropriate manner by a trained professional.



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CHILD PROTECTIVE SERVICES



Best Practices for Child Protective Services Response to Child Abuse

The Iowa Department of Health and Human Services (HHS) Child Protective Services (CPS) aims to ensure the children in Iowa are safe and that families have the support in place to keep their children safely at home when possible.

Reports to CPS are initiated primarily through the statewide Abuse Reporting Hotline - **1-800-362-2178**.

Concerns of abuse and neglect are documented by an intake worker to determine if the report of suspected abuse constitutes an allegation of child abuse as defined in Iowa Code section 232.68. (Iowa Code section 232.70)

If immediate protection for the child is advisable or if a criminal act harming a child is alleged, an immediate report shall be made to the appropriate law enforcement agency. [Iowa Code subsections 232.70(3) and 232.71B(3)(b)]

Reports accepted for a child abuse assessment shall promptly commence within twenty-four (24) hours of receiving the report. Family assessments commence within seventy-two (72) hours. (Iowa Code section 232.71B)

CPS should coordinate efforts to identify the following in child abuse assessments:

- The immediate safety of the child.
- The ongoing risk factors that place the child at risk of future maltreatment.
- The nature, extent and cause of injuries, if any, to the child.
- The person or persons responsible for the alleged child abuse.
- The name, age, and condition of other children in the same home as the child.
- Information about the history of the abusive situation, including establishing a timeline.
- The overall home condition, including physical condition, sleeping arrangements for all household members, food supply, and emotional state of the child and the overall reactions of the parents/caregivers.

Joint investigations/assessments require cooperation between law enforcement and CPS and is vital to the Child Advocacy/Protection Center (CAC/CPC) model and the goal of protecting the child and preparation for a successful court case if warranted.

Law enforcement is the lead agency in all criminal investigations and CPS must work closely with them to obtain information necessary for the child abuse assessment. Interviews of any children involved should only be done to obtain minimal facts to continue the investigation.

Conduct Minimal Facts Interview (Appendix A)

If the child is a part of a tribal community, CPS must follow guidelines set forth in their policies to include tribal partners as well.

***If child is injured or sick, or a sexual assault incident occurred within the last 120 hours, seek immediate medical attention.**

For information on how to make a referral to a Child Advocacy/Protection Center in Iowa, see Appendix B.



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LAW ENFORCEMENT



Best Practices for Law Enforcement Response to Child Abuse

This document provides best practices for the law enforcement response and investigation of reports of child abuse.

Law enforcement officers should follow their departmental policy and procedures to ensure a timely and thorough investigation of suspected child abuse.

A thorough investigation should include obtaining information and interviews with reporters, the child's household members, other witnesses and suspects if possible.

Only a minimal facts interview should be conducted with a child, if necessary, as a more detailed interview will be conducted by a trained interviewer at a Child Advocacy/Protection Center (CAC/CPC). Priority should be given to minimize the number of interviews of the child to reduce potential emotional trauma.

Law enforcement should be the lead agency in all criminal investigations and should work cooperatively with Child Protective Services (CPS).

Conduct Minimal Facts Interview (Appendix A)

***If child is injured or sick, or a sexual assault incident occurred within the last 120 hours, seek immediate medical attention.**

If available, law enforcement should activate their local Sexual Assault Response Team (SART) protocols for all incidents involving child sexual abuse, exploitation or sex-trafficking.

The Iowa Code requires that law enforcement shall notify HHS/CPS when there is reasonable cause to believe a child has suffered abuse and when they receive a report of child abuse. (Iowa Code 232.69 and 232.70)

For purposes of notification, abuse includes (Iowa Code 232.68):

- (a) Acts or omissions by the person responsible for the care of a child, which includes physical injury or mental injury.
- (b) Sexual offenses.
- (c) Failure to provide care necessary for the child's health and welfare when financially able to do so or when offered reasonable means to do so.
- (d) Child prostitution.
- (e) The presence of illegal drugs.
- (f) Manufacturing, use, or possession of a dangerous substance.
- (g) Allowing access to a registered sex offender.
- (h) Allowing access to obscene material or bestiality in the presence of a minor.

Reports to CPS are initiated primarily through the Iowa Child Abuse Reporting statewide intake phone line: **1-800-362-2178** as soon as practicable, but within 24 hours. The oral report should include the following information (Iowa Code 232.70):

- (a) The names and home address of the child and the child's parents and other persons believed to be responsible for the child's care.

- (b) The child's present whereabouts if not the same as the parents' or other person's home address.
- (c) The child's age.
- (d) The nature and extent of the child's injuries, including any evidence of previous injuries.
- (e) The name, age, and conditions of other children in the same home.
- (f) Any other information that may be helpful in establishing the cause of the injury to the child, the identity of the person or persons responsible for the injury, or in providing assistance to the child.
- (g) The name and address of the person making the report.

Law enforcement should give immediate consideration to the child's safety. A peace officer may take a child into custody without a court order and without the consent of a parent, guardian or custodian provided that both of the following apply (Iowa Code 232.79):

- (a) The child is in a circumstance or condition that presents imminent danger to the child's life or health.
- (b) There is not enough time to apply for a court order.

Prior to taking a child into protective custody, law enforcement should make reasonable attempts to contact HHS.

The removal of a child without a court order should be done only when no other effective alternative is reasonably available, and immediate removal is necessary to protect the child.

Prior to taking a child into protective custody, the officer should take reasonable steps to deliver the child to another qualified parent or legal guardian unless it reasonably appears that the release would endanger the child. If this is not a reasonable option, the officer shall ensure that the child is delivered to a place designated by the rules of the court (Iowa Code 232.79).

Investigation Best Practices

Joint investigations and cooperation between law enforcement and Child Protective Services (CPS) is vital to the CAC model and the goal of protecting the child and preparation for a successful court case.

- Preserve the scene and collect evidence, including photographs of the scene and/or injuries to the child. Follow-up photographs of injuries as needed to document changes in appearance two or three days later. Any instrument of abuse or other corroborative evidence should be photographed and seized.
- Document where all household members sleep, food in the home, and overall condition of the home. Pay special attention to the physical condition of the child, emotional status of the child, and reactions of the parents/caregivers. Document anything unusual or out of the ordinary.
- Interview all medical personnel who had contact with the child and/or family, such as doctors, nurses, and EMT's. Work with CPS in obtaining and reviewing necessary medical records, including emergency room records, primary care physician records, and EMS records.

- Interview all caretakers and anyone else who had access to the child during the time in which the injury or neglect occurred; always interview the caretakers separately. Request those interviewed provide a detailed 24-hour timeline of the child's behaviors and condition right before the incident occurred. Consider any statements the caretakers made to anyone concerning what happened to the child. Consider interviewing school officials, daycare workers, and any other individuals who see the child regularly.
- Make a referral to the CAC for services to include forensic interviews for the child and any other children in the home, as well as forensic medical evaluation for the child and any other children in the home.
- During the investigatory process, participate in a Multi-disciplinary Team (MDT) meeting when scheduled or request one when needed. The meeting should include law enforcement, County Attorney, HHS/CPS, the CAC staff, SART (if applicable) and/or any other representatives from agencies involved in the investigation and/or welfare of the child.
- Determine if the suspect and household members have a criminal history, HHS history, or other law enforcement histories.
- Determine who called law enforcement or medical personnel to the scene, interview the caller, and obtain a recording of the call from the local communications center.
- Obtain and execute any applicable search warrants or subpoenas for evidence. This may include social media, cellphone data, medical records, school records, etc.
- CPS and law enforcement should coordinate scheduling and conducting interviews involving suspects and/or alleged perpetrators. Interviews should be video recorded. Request a detailed 24-hour timeline of the child's behaviors and condition before the incident occurred. Request the perpetrator re-enact/demonstrate how the child's injury occurred.

Case records and information gathered/shared in a joint investigation should not be released to or shared with other parties, except as may be required/allowed by law.

Communication and collaboration with the County Attorney during the course of the investigation supports a thorough investigation and a successful prosecution.

For information on how to make a referral to a Child Advocacy/Protection Center in Iowa, see Appendix B.

"The forensic interviewers and registered nurses at the MercyOne Child Advocacy Center in Sioux City are critical resources to what we as prosecutors do, but more importantly they are a partner in ensuring that the most vulnerable in our communities, our children, are protected as we work to hold those accountable that have harmed them. We rely upon their training and experience to obtain valuable information from children that otherwise might not be obtained. We rely upon their training and expertise in order to educate us, law enforcement, and jurors in a variety of issues related to child abuse and sexual abuse cases. I would encourage any agency who is tasked with protecting children to use this resource if not already being used. Those in the MercyOne Child Advocacy Center are passionate about their work and care about children. Reach out to them because they are there to help and more than willing."

- James Loomis, Woodbury County Attorney



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CHILD ADVOCACY CENTERS



The Child Advocacy/Protection Center

Iowa's Child Advocacy/Protection Centers (CAC/CPC) are nationally accredited through the National Children's Alliance. All Iowa CACs are members of the Iowa Chapter of Children's Advocacy Centers. The accreditation process requires CACs to follow best practices in staff recruitment and training, involvement with law enforcement, Iowa Department of Health and Human Services (HHS) and other multi-disciplinary team agencies, and many other criteria that allow for the services provided at the CAC to be child friendly, trauma-informed and centered around the well-being of the child and best outcomes of the investigation. Many CACs in Iowa are also referred to as "Child Protection Centers" or "CPC."

The team at the CAC consists of forensic interviewers, medical providers, family advocates, nurses and other professionals who have special training and education to assist law enforcement and HHS with the investigation and assessment of child and dependent adult abuse. Some CACs have onsite Mental Health Therapists, while others have linkage agreements with mental health agencies to provide the trauma-focused therapy needed by children and their families after disruptive and traumatic experiences.

The Child Advocacy/Protection Center is an integral part of investigations conducted by HHS and law enforcement, including joint investigations. When a forensic interview of a child is required at any time during the investigation, it must be conducted through a CAC.

When an investigative agency contacts the CAC for services, a forensic interview and/or forensic medical evaluation should be scheduled. Best practice is for both of these services to be provided. It is essential that law enforcement AND HHS personnel assigned to the investigation/assessment are present at the CAC appointment to provide feedback during the interview process, receive information from the interview and medical evaluation, identify opportunities for evidence collection, and communicate to the family the next steps in the investigative process.

Referrals to Child Advocacy/Protection Centers

During the course of an investigation of child or dependent adult abuse, referrals to the CAC should only be made by the law enforcement agency or HHS office assigned to the case. Mandatory reporters, such as medical providers, therapists, and teachers, cannot refer to the CAC for typical CAC services because the services are a part of an investigative process and need to be initiated and witnessed by the investigators. Mandatory and permissive reporters should call HHS and/or their local law enforcement agency to report suspected child or dependent adult abuse, and those agencies will refer the case to the CAC for services.

In special circumstances, medical providers may refer cases to the CAC for consultation from the CAC medical providers. If there is suspected child or dependent adult abuse, however, it is still the referring provider's responsibility to make a report to HHS and/or law enforcement.

At the time of referral, the CAC will ask for limited information about the case and individuals involved. That information includes but is not limited to: the nature of the allegation, the last known incident of alleged abuse, the names, dates of birth, addresses, phone numbers and other demographic information for all children or dependent adults who will receive services at the CAC, their guardians or caregivers, and any known alleged offenders. If there is evidence to be presented during the course of the forensic interview, such as photos or text messages, it is helpful for that information to be given at the point of referral so the forensic interviewer can prepare accordingly. It is not necessary to relay all of the case information at the time of referral, as more detailed information will be collected at the appointment.

Consent for Services

It is the responsibility of the referring law enforcement and/or HHS personnel to secure appropriate consent for the child or dependent adult's parent or guardian. It is also the responsibility of law enforcement and/or HHS to inform the caretaker that proof of guardianship must be given prior to being authorized to sign consent (simply identifying oneself as "the guardian" is not a legal relationship) if the caretaker is not a parent.

If the parent/guardian is unable to attend the appointment, the CAC may send the law enforcement and/or HHS personnel consent documents ahead of the appointment for the parent/guardian to sign while witnessed by the law enforcement and/or HHS personnel, which would then bring the documentation to the appointment.

Iowa Code 915.35 allows for "A professional licensed or certified by the state to provide immediate or short-term medical or mental health services to a victim" without the consent of a parent or guardian. The exam should be acute and clinically indicated per medical provider discretion. In general, this pertains to cases in which there is a need for evidence collection within 120 hours. If a case is not acute and the parent/guardian only gives consent for a forensic interview, an exam should not be conducted, and mental health services should not be provided. If the parent/guardian cannot attend the CAC appointment and consent documents cannot be signed ahead of the appointment, arrangements may be coordinated through law enforcement and/or HHS personnel, in communication with the CAC, to contact the parent/guardian via telephone for a verbal consent at the appointment, however, in person and/or witnessed signatures are preferred.

In the event that no parent/guardian can be contacted prior to the appointment or at the time of the appointment to provide written or verbal consent, Iowa Code 232.71B & IAC 441-175 allows for an Iowa Department of Health and Human Services representative to sign consent for a forensic interview and medical evaluation. This may be signed by the Social Work Administrator or their designee.

If none of the above-described options for consent can be obtained, or if doing so may jeopardize the investigation or safety of the child or dependent adult, law enforcement may request a court order for a forensic interview and medical evaluation to be conducted at the local Child Advocacy/Protection Center. A guardian ad litem or person with power of attorney authority may sign consent for a minor if there is a court order granting that authority.

The Forensic Interview

A forensic interview is a nationally recognized process conducted by a trained forensic interviewer at a Child Advocacy/Protection Center. The forensic interview is developmentally, culturally, and linguistically appropriate and allows for a child or dependent adult's (heretofore referred to as "child") narrative recall of events. The purpose of a CAC forensic interview is to obtain information from a child about abuse allegations that will support accurate and fair decision-making by the Multi-disciplinary Team (MDT) within the criminal justice, child protection, and service delivery systems. Forensic interviews are conducted in a manner that is developmentally and culturally sensitive, unbiased, fact-finding, and legally sound. When a child is unable or unwilling to provide information regarding a concern about abuse, other interventions to assess the child's experience and safety are required, such as a forensic medical evaluation, ongoing mental health therapy, and/or more than one attempt at a forensic interview in collaboration with the CAC, MDT and the child's caretaker.

The CAC/MDT must adhere to research-based forensic interview guidelines that create an interview environment that enhances free recall, minimizes interviewer influence, and gathers information needed by all the MDT members in order to avoid duplication of the interview process.

Forensic interviews are the foundation for multiple CAC/MDT functions including child abuse investigation, prosecution, child protection, and implementation of appropriate services, and may also be the beginning of the road toward healing for many children and families. The manner in which a child is treated during the forensic interview may significantly impact the child's understanding of, and ability to respond to, the intervention process and/or criminal justice system.

Quality interviewing involves an appropriate, neutral setting; effective communication among MDT members; and employment of legally sound interviewing techniques.

*In general, individuals appropriate for a forensic interview include but are not limited to:

- Children who were subject to alleged physical abuse, emotional abuse, sexual abuse or sexual abuse images, sexual exploitation, or neglect.
- Children who have witnessed any type of violence, including but not limited to domestic violence, sexual abuse or assault, homicide and/or abduction.
- Children who are involved in any other case where concern may arise. Some examples include drug exposure, siblings in a child fatality case, mental injury, etc.
- Young adults who are uncomfortable with or refuse to speak with law enforcement about details involving a traumatic event including, but not limited to, their own abuse, witnessing the abuse of another person, or witnessing a crime. **This practice is not followed statewide. Consult with your local CAC/CPC for more information.*
- Dependent adults or adults with intellectual impairment who were subject to physical or sexual abuse, exploitation, or witness to a crime (including the abuse of someone else).
- Victims of or witness to a mass casualty/trauma event including, but not limited to, school or public shooting, assault or homicide witnessed by the public, witnessed suicide, and/or any other circumstance determined appropriate by local or federal law enforcement.

- ****If members of the multi-disciplinary team are unsure if an individual would be appropriate to be interviewed at a CAC, it is recommended to contact the local CAC to discuss the situation. It is preferable to confirm the CAC is unable to interview the individual BEFORE proceeding with an interview by a member of law enforcement, HHS, or another agency outside the CAC.***

Children should be forensically interviewed as soon as possible after the allegation/concern surfaces, while first taking into account the needs of the child (medical attention, sleep, food, medication, access to caregivers, etc.) and then considering the specific facts of the case. Professionals should be cognizant of the developmental level of the child, degree of trauma, and the child's current emotional and physical condition when determining the best time of day and date for the forensic interview.

Supportive caregivers may accompany the child to the CAC interview but are not allowed to be present or observe forensic interview sessions. The alleged offender is not allowed on the CAC premises.

While forensic interview(s) are being scheduled and conducted, the child should not have contact with alleged offender(s) if identified at the time.

During the period of time that forensic interview sessions are being conducted with the child, any new information disclosed during the process pertaining to the abuse allegations will be the responsibility of the multi-disciplinary team to follow up with. If the new information constitutes a mandatory report of child or dependent adult abuse, the forensic interviewer will follow HHS guidelines.

Documentation of Forensic Interviews

All forensic interviews are video recorded. Once recording begins, it should not be discontinued until the interview is completed.

The assigned HHS caseworker and/or law enforcement investigator will observe the interview live from a separate viewing room on-site. The child is typically told who is observing the interview and, if requested, is given the opportunity to view the room where the interview was observed.

CAC Release of Recorded Forensic Interviews and Other Records

Forensic interview recordings are considered evidentiary. The confidentiality, access, and dissemination is handled according to Iowa Code 235A.15 unless modified by other Federal and State regulations, or court order.

Records for services provided at the CAC must be obtained in accordance with any applicable federal and state regulations, including the use of appropriate release forms. For cases in which HHS was involved, CACs must receive direct approval from HHS to release records to anyone outside the involved investigative team.

If parents/guardians (or their respective attorneys) request copies of documents produced by the CAC, they can only be released per Iowa Code. Other attorneys involved in any court proceedings are encouraged to receive copies of documents produced by the CAC from the prosecution or law enforcement.

Forensic Medical Evaluations

A forensic medical evaluation plays an important role in the analysis of the child's physical and mental well-being and is an integral part of the multi-disciplinary assessment of child abuse. Generally, a Forensic Medical Evaluation (FME) will consist of a complete and thorough medical history from the child (if verbal) and supportive caregivers and a head-to-toe physical examination, including the anogenital exam when appropriate. The evaluation may also include diagnostic laboratory tests, radiology studies, and photo-documentation of findings if applicable.

Purpose:

- To assess the physical, developmental, behavioral, and mental health of the child and identify unmet needs.
- To evaluate child's clinical findings or injuries and determine if such findings are physical evidence of abuse or from a non-abuse related injury or medical condition.
- To screen for sexually transmitted infections (STI) when appropriate, then diagnose and treat if an infection is identified and interpret the significance of such infections for investigatory agencies.
- To answer questions about the child's physical well-being and possible prognosis or outcome and provide recommendations for treatment.
- To provide accurate documentation for legal purposes and explain to investigatory agencies, a lay jury, and judge the results of the evaluation and medical opinion as to the likelihood of abuse. Also, in the absence of physical findings, provide expert opinion or testimony to explain this lack of medical evidence.

Guidelines for Forensic Medical Evaluations

The need for and timing of a medical evaluation is determined by the clinical presentation of the child in consultation with the CAC medical team. Upon receipt of a report of abuse or neglect by an investigatory agency, a referral for a forensic medical evaluation must be made as soon as possible, to a qualified medical provider, which includes a physician, nurse practitioner, physician assistant or Sexual Assault Nurse Examiner (SANE) when the presenting case includes¹:

- Any report alleging sexual abuse of a child, including sexual exploitation/trafficking.
- Any sexually transmitted infection in a child who could not legally give consent per Iowa Code.
- Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home.
- Child witnesses to violence, including but not limited to domestic/intimate partner violence.
- Child under the age of 1 (who is not yet pulling up to stand) and has bruising.
- Bruising on a child's face, ears, neck, chest, back, buttocks, or genital area; or bruises elsewhere with a pattern or multiple in number.

A child 2 years of age or younger with acute injuries may require an evaluation first at a hospital and/or emergency department due to the possible need for neuroimaging, radiology studies such as skeletal survey, and other diagnostic tests. After hospital discharge, the child should be referred to the local child advocacy/protection center for a medical follow up and coordination of services, including a forensic interview. If the referring investigatory agency is uncertain about the urgency or timing of a medical evaluation, direct contact with the CAC medical provider should be made for assistance and clarification.

These conditions include, but are not limited to:

- Head injury.
- Any fracture.
- Any burn.
- Internal chest and/or abdomen injury.
- Children exposed to the manufacture of methamphetamine or other hazardous drugs (clandestine labs), or lives in or is exposed to an environment where drugs, including pharmaceuticals, are used, possessed, sold and/or traded/trafficked.

Acute Sexual Assault and Forensic Evidentiary Exam

Children presenting within 120 hours from the last incident of sexual assault may require evidence collection (formerly known as rape kit) if the assault has involved exchange of bodily fluids or trace evidence. This evidentiary exam may occur in a hospital emergency department or at the CAC/CPC depending on the time of the report and/or availability of medical resources.

Purpose of the sexual assault evidentiary exam:

- To obtain a brief history of the assault.
- To collect and preserve evidence from the child/adolescent's body, including clothing.
- To collect toxicology samples in suspected alcohol or drug facilitated sexual assault.
- Photodocumentation of acute injuries.
- To offer preventive medication for possible STIs and pregnancy, as applicable.
- To screen for the immediate mental health needs of the child and provide crisis intervention, support, and advocacy.
- To maintain a chain of custody for admissibility of potential evidence during criminal justice proceedings.

An evidentiary exam and evidence collection is not a comprehensive medical evaluation of the child/adolescent for the allegation of abuse. Children 17 years of age and younger initially seen for an evidentiary exam may be referred to a local CAC/CPC for medical and STI follow-up. A forensic interview should also be coordinated through the local Child Advocacy/Protection Center.



4 MULTI-DISCIPLINARY TEAM (MDT) CASE REVIEW



Multi-Disciplinary Team (MDT) Case Review

The multi-disciplinary team (MDT) will make recommendations regarding the child's need for further evaluation and treatment. According to the National Children's Alliance, the MDT consists, at a minimum, of law enforcement, HHS, the County Attorney's office, the CAC, mental health professionals, victim advocates, and medical professionals. Other appropriate agencies may participate in the MDT, with appropriate releases and approval, to increase the effectiveness of investigations and services for children.

The CAC will coordinate MDT case review meetings for the purpose of facilitating communication between agencies involved in the investigation and prosecution of child maltreatment and agencies responsible for protecting child and dependent adult victims. Equally as important is sharing information that will assist the MDT in learning from cases to improve processes and communication in the future, offer better supports and responses to children and their families, and promote a trauma-informed response to alleged abuse and maltreatment in our state.

MDT members may request to review any case they believe can benefit from the collaborative input of the team. Requests can include cases involving individuals who were not seen for services at the CAC. Requests for cases to be reviewed by the MDT are accepted from any MDT member and/or appropriate agencies.

Because the purpose of the case review meeting is to facilitate the sharing of information between agencies, all individuals from HHS, law enforcement, prosecution, the CAC, medical, and mental health who are involved with a case being reviewed should be present and consistently participate in the MDT meetings. The agencies involved in case review should identify a designee to participate on their behalf if they are unable to attend meetings.

Individual counties may have local protocols that expand on information in this statewide protocol. Please contact your local Child Advocacy/Protection Center for additional information.



5

APPENDIX



Appendix A: Minimal Facts Interview

The purpose of the Minimal Facts Interview is to gather limited information in order to assess the safety of the child/victim, begin the investigative/assessment process and make a referral to the Child Advocacy/Protection Center where the child/victim will participate in a more detailed, recorded forensic interview completed by a trained, neutral Forensic Interviewer.

When a Victim or Witness is a CHILD (under the age of 18):

1. Assess whether the child is safe and/or needs immediate medical attention.
2. Gather information from **the reporter or a non-offending adult AWAY from the child/victim** to include at a minimum:
 - Names, ages, and current location of victim(s) and suspect(s).
 - Type of abuse and how the reporter learned about the allegations.
 - Where the abuse happened/jurisdiction.
 - When the abuse most recently happened.*
 - Any witnesses to the abuse.
3. ONLY if the reporter or a non-offending adult is NOT available to provide information, ask the child **minimal facts questions**.
 - Keep in mind when speaking with a child/ren.
 - o Children will tell you what they know in words they understand.
 - o Use the child's words and ask them to describe what they mean if you don't understand.
 - o Children are suggestible. Avoid questions that imply answers or provide information (leading or suggesting).
 - Do NOT ask children to act out things with dolls, stuffed animals or other toys.
 - o Keep questions open-ended and easy to understand.
 - o Children may be upset, confused or traumatized during the time of your discussion. They may have had negative experiences with Child Protective Services in the past or have heard negative things about them. Do all you can to talk to them on their physical level (sit or kneel on the floor) and do not force them to talk if they are afraid.
 - **Examples:**
 - o “**Tell me** what happened.” (to establish type of abuse)
 - o “**Who** was there when that happened [use the child's words]?” (to establish the alleged offender and their relationship to the child/ren)
 - **If they do not use or know the legal names of the individuals involved, that is okay. You can find out the legal names later.**
 - o “**Where** does [alleged offender] live?” (with the child or somewhere else)
 - o “**When** did [use the child's words] happen?” (*assess immediate medical needs)
 - o “**Where** were you when [alleged offender] did that [use the child's words]?” (to establish jurisdiction)

***If child is injured or sick, or a sexual assault incident occurred within the last 120 hours, seek immediate medical attention.**

Appendix B: Making Referrals to the Children's Advocacy/Protection Center (CAC)

In general, children appropriate for a forensic interview include but are not limited to:

- Children who were subject to alleged physical abuse, emotional abuse, sexual abuse or sexual abuse images, sexual exploitation, or neglect.
- Children who have witnessed any type of violence, including but not limited to domestic violence, sexual abuse or assault, homicide and/or abductions.
- Children who are involved in any other case where concern may arise. Some examples include drug exposure, siblings in a child fatality case, mental injury, etc.
- Young adults who are uncomfortable with or refuse to speak with law enforcement about details involving a traumatic event including, but not limited to, their own abuse, witnessing the abuse of another person, or witnessing a crime. *This may differ across the state.*
- Dependent adults or adults with intellectual or developmental delays who were subject to physical or sexual abuse, exploitation, or witness to a crime (including the abuse of someone else).

The reported child victim and their legal guardian should NOT be told that a forensic interview can take the place of the child having to testify if the case goes to trial.

Referrals for a CAC interview and exam can be made by CPS or law enforcement and should be done as early as possible in the investigation. Ideally, as soon as the initial report is made to HHS and it is determined to be appropriate for CAC services.

CPS and law enforcement should make every effort to be present for the interview. It is essential for investigative agencies to participate in the interview process, help guide the interview when necessary, and to timely respond to facts gathered during the forensic interview to ensure the safety of the child and preservation of corroborating evidence.

Only those involved in the active investigation/assessment process are allowed to view the live forensic interview. Parents/guardians, ongoing social workers (Social Worker Case Managers), teachers, therapists, etc. are not permitted to watch.

Children who are insufficiently verbal (due to developmental delay or young age) for an interview but who present with medical evidence or sexualized behaviors should be referred. They may still participate in a medical evaluation to assess for physical evidence, injury, or illness, receive treatment by the CAC medical provider and have the evaluation documented thoroughly. Additionally, the CAC medical provider may determine the child's special needs do not prohibit them from a forensic interview due to the specialized training of some forensic interviewers.

Even if the forensic interview has taken place elsewhere, due to extenuating circumstances that required an immediate response, the case should still be referred to the CAC for case coordination and referral of services.

CACs may also interview reported victims/witnesses who fall outside of the usual age ranges, based on special circumstances that may include young adults disclosing abuse that occurred during childhood, **dependent adults or adults with special needs who may have experienced abuse or exploitation.**

At a minimum, reports of serious abuse and all cases of sexual abuse, as defined by HHS policy, should be referred to a local CAC. The CAC may be consulted at the discretion of HHS when reports do not meet these criteria.

“The Child Protection Center in Linn County is an integral part of any investigation involving a child who is either an abuse victim or witness to a crime. Utilizing the Child Protection Center allows us to bring both the Sheriff’s Office and HHS together in one setting to interview the child, limiting the number of times a child must relive the trauma they have endured. At the same time, the parents and guardians of these children are given the much-needed resources through the advocate at the center. In addition to the forensic interview, the Child Protection Center also provides a forensic medical examination. The exam assists law enforcement in collecting evidence that is critical in the successful prosecution of both child sexual assault and child abuse cases. Having a best practice guide in Iowa will help promote a structured process throughout the state and give the victims of these crimes the best chances at successful prosecutions, while providing the support needed to recover from the abuse they have suffered.”

- Lieutenant Dave Beuter, Linn County Sheriff’s Office.

1. What impact has using the collaborative investigation model had on your child abuse investigations?

The collaborative model is essential when investigating child abuse investigations. The ability to bring child victims to a more comfortable setting with services and resources in place to assist the victim and the family makes the investigation much smoother. The ability to have the victim interviewed by specifically trained forensic interviewers makes the statement much more cohesive.

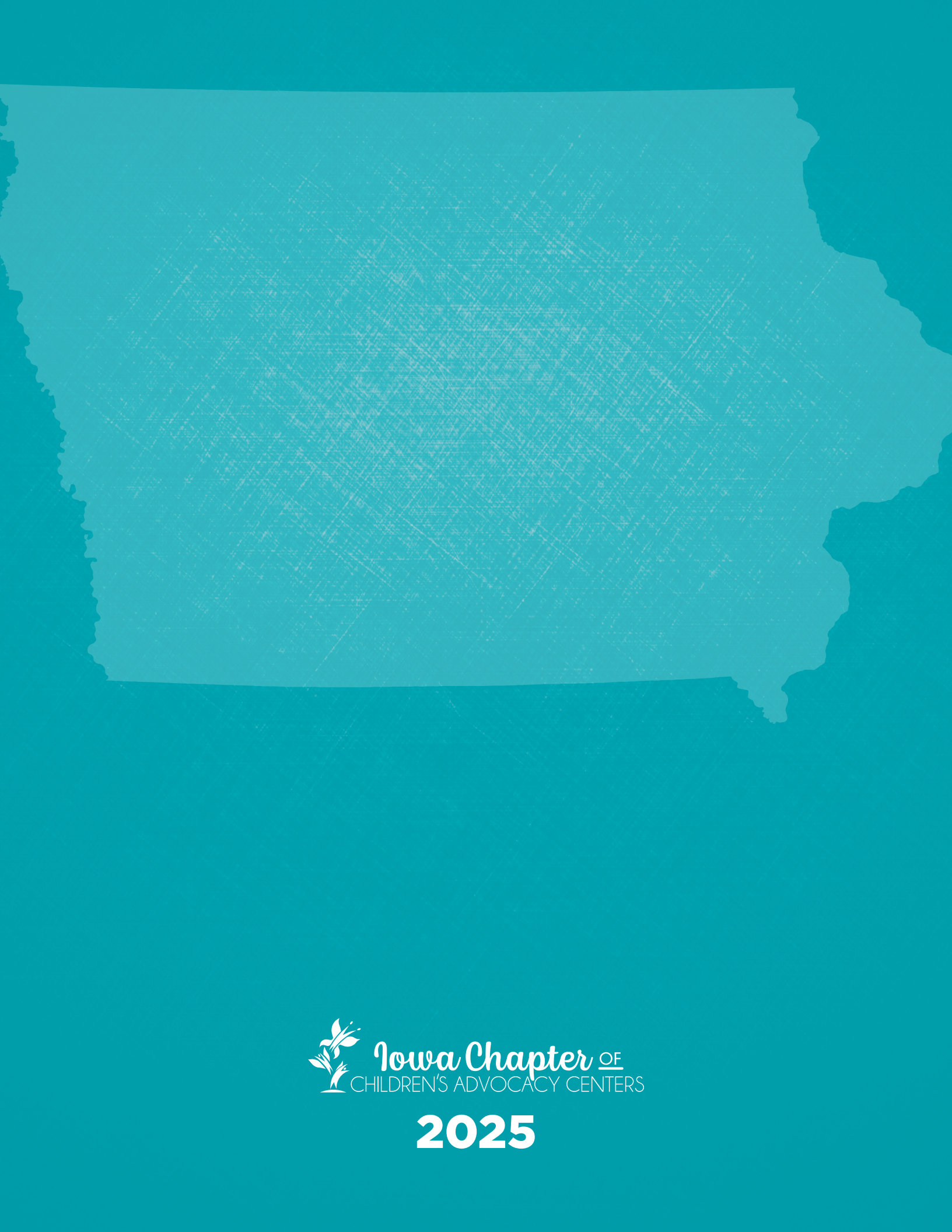
2. What do you believe are the most critical components of HHS, LE and CACs working together during investigations?

The most critical components of working together with HHS and the CAC is the sharing of knowledge and the ability to approach the family from all disciplines.

3. What has the use of CAC/CPC added to your investigation or prosecution of child abuse?

The use of the CAC/CPC allows all disciplines to come together in one place to meet with each other and share knowledge and meet with the family so they understand what resources are available to them and steps in the investigation.

- Detective Jennifer Westlake, Des Moines Police Dept., Investigations Division/Family Conflict



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