



# STATE OF GEORGIA STANDARDS FOR CHILDREN'S ADVOCACY CENTERS

Criminal Justice Coordinating Council  
Victim Assistance Grants and Policy Division: Child Abuse Unit  
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2018 Child Advocacy Standards Committee Members

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# Purpose of Standards

The purpose of this document is to provide a clear basis of collective understanding for the minimum standards and expectations of service delivery to child victims of abuse and neglect, and their care givers, provided by Children’s Advocacy Centers (CAC) within the State of Georgia, which are funded by the Criminal Justice Coordinating Council’s (CJCC) Victim Assistance Grants and Policy Division.

The standards stated within this document are meant to serve as the minimum requirements of service delivery and should not be interpreted as best practices or the most effective method of providing services to child victims of crime.

It is the intent of this document to support the mission of Children’s Advocacy Centers to provide a safe, healthy, and supportive environment which focuses on the well-being of child victims and their journey to healing and justice through the facilitation, coordination, investigation, treatment, and prosecution of child abuse cases.

# Children's Advocacy Standards

## Governance

**Standard 1.1 – Agency Structure:** The agency has legal authority to operate in the State of Georgia as one, or a combination, of the following:

1. An incorporated nonprofit organization,
2. An incorporated nonprofit organization operating under the umbrella of a hospital, or
3. A government agency (e.g. prosecution, law enforcement, social services).

### Practices

The agency shall:

- Have legal authority to operate as a nonprofit organization;
- Have by-laws;
- Operate as a private non-profit 501(c)3 organization or government-based agency responsible for program and fiscal operations; and
- Have a letter of intent which states the agency's purpose is to provide service to survivors, secondary victims, and collateral victims of child abuse.

### Evidence of Compliance

1. Evidence of legal authority to operate as an entity other than a for profit business.
2. Evidence of legal authority to operate, such as articles of incorporation, bylaws, and/or other documents.

**Standard 1.2 – Board of Directors:** The agency has a governing board or an advisory committee for effective leadership and guidance of the child abuse program.

### Practices

The agency shall have:

- Written policies and procedures for the selection of the Board of Directors or Advisory Committee members, which include the:
  - Duration of membership and
  - Election of officers.
- Written policies and procedures regarding the organizational structure and responsibilities of the Board of Directors or Advisory Committee. When there is an Advisory Committee, there should be an official connection to the organization's governing Board of Directors.
- A board appointed staff position(s) to whom it delegates authority and responsibility for agency management and implementation of policies and procedures. This staff position reports regularly to the Board of Directors or Advisory Committee.
- A policy that shows who, or which group, is responsible for:

- The selection and evaluation of the Executive Director,
- Financial oversight,
- Strategic planning,
- Fundraising,
- Personnel policies and procedures,
- Service delivery, and
- Community relationships/partnerships.
- Orientation for each member of the Board of Directors, or Advisory Committee, within the first year of service on child abuse, and on governance specific to their role.
- Annual training for the Board of Directors, or Advisory Committee, that furthers their understanding of child abuse.
- A board manual which shall be provided to all members.
- An organizational succession plan for leadership to ensure continuity of services.

### Evidence of Compliance

1. Written policies and procedures for the selection of the Board of Directors, or Advisory Committee members; duration of membership; and the election of officers.
2. A written description of the organizational structure and responsibilities of the Board of Directors or Advisory Committee. When there is an Advisory Committee, there must be an official link to the organization's governing Board of Directors.
3. A written description that shows who, or which group, is responsible for the selection and evaluation of the Executive Director, financial oversight, strategic planning, fundraising, personnel policies and procedures, service delivery, and community relationships.
4. Minutes of board and committee meetings are permanent records and shall be maintained in a secure location.
5. Support documentation of the orientation and training of each member of the Board of Directors or Advisory Committee specific to their role for the organization. This evidence is documented within their individual file or listed in the minutes of the organization.
6. A written succession plan.

**Standard 1.3 – Conflicts of Interest:** The agency has written policies and procedures which address conflicts of interest, or the appearance of a conflict of interest, on the part of the governing Board of Directors, Advisory Committee, personnel, and consultants.

### Practices

Written policies and procedures must address:

- Board members, staff, and paid consultants having any direct or indirect financial interest in the agency's assets, business affairs, leases, or professional services;
- Board members receiving payment, except where permitted by law;
- Prohibited preferential treatment of board members, personnel, or consultants who solicit or request use of the agency's facility(s) and/or services;

- The agency ensures that steering or directing referrals exclusively to a private practice in which agency personnel, consultants, or their immediate family members may personally benefit or be engaged, is prohibited;
- If professional services are provided on the premises that are not associated with the organization, there is a clear written disclosure provided to the client indicating that the services are independent of the agency;
- The agency administers program services in accordance with applicable professional, ethical, and legal principles.

### Evidence of Compliance

1. The agency has written policies and procedures addressing board members, staff and paid consultants having any direct or indirect financial interest in the agency's assets, business affairs, leases, or professional services.
2. The agency has written policies and procedures addressing board members receiving payment, except where permitted by law.
3. The agency has written policies and procedures addressing preferential treatment of board members, personnel, or consultants in soliciting or requesting use of the agency's facility(s) and/or services.
4. The agency has written policies and procedures addressing the steering or directing of referrals exclusively to a private practice, in which agency personnel, consultants, or their immediate family members may personally benefit or be engaged, is prohibited.
5. The agency has written policies and procedures that ensure that, if independent professional services are provided on the premises which are not associated with the organization, a written disclosure is provided to clients clearly indicating that the services are independent of the agency.
6. The agency has written policies and procedures addressing the administration of program services in accordance with applicable professional, ethical, and legal principles.

**Standard 1.4 – Liability:** At a minimum, the agency shall maintain current general commercial liability, professional liability, director's and officer's liability, and workers compensation as appropriate to the organizational structure.

### Practices

The organization maintains appropriate paperwork that identifies current insurance policies.

### Evidence of Compliance

Proof that a liability policy is in force, including limits, and is available for review.

**Standard 1.5 – Confidentiality:** The agency follows written policies and procedures governing the confidentiality of client information; including access to, and use of, information about clients.

### Practices

Written policies and procedures must address:

- Informed written consent of the client to receive services;
- Response to subpoenas for records and staff;
- Informed written consent of the client for participation in public appearances and use of identifiable photographs, video, or artistic creations;
- Informed written consent of the client for the release of their specified information to an appropriate recipient;
- Mandatory reporting of suspected abuse or neglect of children or vulnerable adults per O.C.G.A. § 19-7-5, O.C.G.A. § 30-5-8, and O.C.G.A. § 31-8-80;
- A client’s access to their file;
- Confidentiality of client information;
- Adherence to applicable laws and regulations as set forth by the Health Information Portability & Accountability Act (HIPAA), state and federal statutes, and requirements of program funders.

### Evidence of Compliance

1. The agency has written policies and procedures addressing informed written consent of the client to receive services.
2. The agency has written policies and procedures addressing the response to subpoenas for records and staff.
3. The agency has written policies and procedures addressing informed written consent of the client for participation in public appearances and use of identifiable photographs, video, or artistic creations.
4. The agency has written policies and procedures addressing informed written consent of the client for the release of their specified information to an appropriate recipient.
5. The agency has written policies and procedures addressing mandatory reporting of suspected abuse or neglect of children or vulnerable adults per O.C.G.A. § 19-7-5, O.C.G.A. § 30-5-8, and O.C.G.A. § 31-8-80.
6. The agency has written policies and procedures addressing a client’s access to their file.
7. The agency has written policies and procedures addressing confidentiality of client information.
8. The agency has written policies and procedures addressing adherence to applicable laws and regulations as set forth by HIPAA, state and federal statutes, and requirements of program funders.

**Standard 1.6 – Client Records:** The agency follows written operational procedures consistent with legal requirements governing the retention, maintenance, and destruction of client records. These procedures shall address the protection of the privacy of clients and former clients; disposition of client records in the event of the dissolution of the agency; and reasonable protection against destruction by fire, earthquake, flood, tornado, or other hazards.

### Practices

Written procedures must address:



- Operational procedures on record security, maintenance, and access by individuals other than the client;
- Safeguards against unauthorized access, fire, loss, or other hazards; and
- Length of time that records are maintained.

### Evidence of Compliance

1. The agency has written policies and procedures addressing operational procedures on record security, maintenance, and access by individuals other than the client.
2. The agency has written policies and procedures addressing safeguards against unauthorized access, fire, loss, or other hazards.
3. The agency has written policies and procedures addressing how long records are maintained.

**Standard 1.7 – Compliance with Federal and State Laws and Best Practice:** The agency ensures the consistent and deliberate application of defined practices and procedures that promote the health and safety of individuals, the institutional integrity and legality of the organization and its services, and the transparency of the organization within the community.

### Practices

The agency adheres to:

- All federal statutes or agency policies regarding nonprofit organizations;
- Applicable laws and regulations as set forth by HIPAA, state and federal statutes, and requirements of program funders;
- Expectations for personal and professional conduct of staff members and volunteers as dictated by organizational policy and authoritative bodies, such as licensing agencies, within the State of Georgia;
- Policies and statutes related to nondiscrimination, sexual harassment, and violence in the workplace;
- Policies regarding financial transparency and accountability for all monies that fund program staffing and services;
- Written policies and procedures addressing the existence of, and adherence to, a defined grievance process for clients.
- Best practices and/or evidence-based approaches when providing services to clients.

### Evidence of Compliance

1. The agency has written policies and procedures addressing the adherence to all federal statutes or agency policies regarding nonprofit organizations.
2. The agency has written policies and procedures addressing the adherence to applicable laws and regulations as set forth by HIPAA, state and federal statutes, and requirements of program funders.
3. The agency has written policies and procedures addressing the adherence to expectations for personal and professional conduct of staff members and volunteers, as

dictated by organizational policy and authoritative bodies, such as licensing agencies, within the State of Georgia

4. The agency has written policies and procedures addressing the existence of, and adherence to, policies and statutes related to nondiscrimination, sexual harassment, and violence in the workplace.
5. The agency has written policies and procedures addressing the existence of and adherence to policies regarding financial transparency and accountability.
6. The agency has written policies and procedures addressing the existence of, and adherence to, a defined grievance process for clients.
7. The agency has written policies and procedures addressing best practices and/or evidence-based approaches when providing services to clients.

## Organizational Capacity

**Standard 2.1 – Fiscal Management and Sustainability:** The Board, in conjunction with the Executive or Program Director, has a strategic plan for the fiscal management and long-term sustainability of the agency.

### Practices

- The agency develops a strategic plan and reviews the plan on a scheduled basis.
- The agency regularly reviews internal and external reports and audits based on generally accepted accounting practices.
- The agency creates and implements a development plan that secures adequate funding to support operating and capital needs.
- The Executive or Program Director and the governing Board of Directors implements policies and procedures for fiscal management, including the retention of documents and other records.
- The agency provides bonding or insurance of persons responsible for financial resources.
- The agency creates and implements an operating budget.

### Evidence of Compliance

1. The agency has a written strategic plan.
2. A copy of the agency's most recent independent financial audit or review, conducted within the past two years, and a formal plan to address any areas of concerns raised by the audit or financial review.
3. The agency has actively implemented a written plan for diversification of its funding sources.
4. The agency has written policies and procedures addressing how long records are maintained.
5. The agency has written policies and procedures addressing the provision of insurance or bonding of persons responsible for financial resources.
6. The agency has a written annual budget.

**Standard 2.2 – Personnel:** The agency has written personnel policies and procedures which specify the roles and responsibilities of the Board of Directors, Executive Director, employees, contracted staff, interns, and volunteers.

### Practices

The agency shall:

- Have written job descriptions which clearly state the minimum qualifications and responsibilities for each position.
- Maintain a current and comprehensive manual containing all personnel policies, which is made available to all staff.
- Follow acceptable practices regarding recruiting, hiring, and assigning staff, volunteers, and board/advisory committee members.
- Comply with applicable laws and regulations regarding fair employment practices and contractual relationships.
- Have written policies and procedures addressing the existence of, and adherence to, a defined grievance process for staff members and volunteers.
- Conduct appropriate, legally mandated, and permissible criminal background inquiries at the time of hire, and every three years thereafter.
  - Permissible criminal background inquiries include background checks on the local level.
- Ensure all new personnel are oriented to the agency's goals, services, policies, and operational procedures, the agency's service population, and the agency's collaboration with other community resources.
- Maintain personnel records for all employees and volunteers.

### Evidence of Compliance

1. Written job descriptions. Evidence that each employee and volunteer has received a copy of their job description and that a copy is in each employee's and volunteer's personnel file.
2. Copy of agency personnel policies, that address all practices above, along with written evidence that new employees, volunteers and board members have received copies of applicable personnel policies.

**Standard 2.3 – Non-Direct Service Staff Development and Training:** The agency shall provide initial in-person orientation on child abuse for each administrative staff member within the first week of employment.

### Practices

All non-direct service staff, including contracted staff, interns, and volunteers, shall:

1. Receive initial in-person orientation on child abuse and child advocacy center practices.
2. Participate in an additional eight hours, or more, every two years to further their understanding of child abuse. *These additional hours can be done in person or online.*
3. Be oriented to the agency's goals and services.

## Evidence of Compliance

Documentation of training.

**Standard 2.4 – Direct Service Staff Development and Training:** The agency shall provide a minimum of 40 hours initial in-person or online child abuse training to all direct-service staff, including contracted staff, interns, and volunteers, prior to client contact.

## Practices

All direct service staff, including contracted staff, interns, and volunteers, shall:

1. Complete 40 hours of initial in-person child abuse training prior to client contact.
  - a. *Excludes any qualified persons with adequate experience as determined by the agency's personnel policies and procedures.*
2. Participate in an additional 10 hours, or more, of annual training to maintain direct service skills. *These additional hours can be done in person or online (peer review, in person conference, online trainings).*
3. Be oriented to the agency's goals and services.

## Evidence of Compliance

Documentation of training.

**Standard 2.5 – Cultural Competency:** The agency shall provide effective services within the context of the unique and varying cultural beliefs, attitudes, behaviors, and needs of the victim, co-victim, and/or collateral victims who access services.

## Practices

To achieve cultural competency, each agency's policy shall:

- Maintain a service delivery structure that is sensitive and responsive to the diversity of the community in which the agency operates. This may include the utilization of messaging and materials in specific languages.
- Cultivate respect for all cultural beliefs and customs, and how those beliefs and customs impact victim's/co-victim's/collateral victim's response to and recovery from child abuse. This shall include training of staff members and volunteers.
- Accommodate, to every extent possible, the unique needs of the victim, co-victim, and/or collateral victim that are hindered by institutional or physical barriers.
- Empower the victim, co-victim, and/or collateral victim by incorporating their specific beliefs and customs into the response process and service delivery.
- Connect the victim/co-victim/collateral victim to resources in the community that can best meet their specific needs, whether directly or indirectly related to child abuse.
- The agency must be able to assist a victim of child abuse that has Limited English Proficiency (LEP). Using children, other family members, or friends to interpret for a survivor is not best practice and may compromise safety.

- The agency has written policies and procedures addressing the existence of, and adherence to, a defined grievance process for clients included in your LEP. The grievance plan shall be made available to all clients.
- The policy shall be reviewed annually and updated as needed.

### Evidence of Compliance

1. Written policy on cultural competency, that addresses all practices above, ensuring that child abuse services are offered without discrimination.
2. Documentation of cultural competency training. This training shall be included in the initial and annual training requirement.

**Standard 2.6 – Persons with Disabilities:** The agency shall have a policy to accommodate all persons with disabilities as defined by the Americans with Disabilities Act.

### Practices

The agency shall:

- Maintain a service delivery structure that is sensitive and responsive to the victim, co-victim, and/or collateral victim with a disability.
- Accommodate, to every reasonable extent possible, the unique needs of the victim, co-victim, and/or collateral victim that are hindered by institutional or physical barriers. This may include the training of staff members and volunteers.
- Connect the victim, co-victim, and/or collateral victim to resources in the community that can best meet their specific needs; whether directly or indirectly related to child abuse.
- Identify barriers that prevent access to services and outline steps for addressing and resolving those barriers.
- Assist a victim of child abuse that has a disability as defined by the Americans with Disabilities Act.
- Discourage and/or prohibit the use of children, other family members, or friends to interpret for, or represent, a victim to ensure that victim’s safety is not compromised.
- The CAC must ensure that provisions are made for non-English speaking, deaf, and/or hard of hearing children and their non-offending family members throughout the investigation process.

### Evidence of Compliance

1. Written policy that addresses all practices listed above in Standard 2.6.

## Multidisciplinary Team

**Standard 3.1 – Multidisciplinary Team:** The agency must be an active member within a multidisciplinary team (MDT), documented by a written interagency agreement, memorandum of understanding (MOU), or protocol.

### Definition

An MDT is a core group of professionals, representing various disciplines, who each provide a specific expertise or service to the alleged child abuse case. Each member of an MDT works in partnership to ensure the most effective and coordinated response possible for the child and family members. A child abuse MDT should include representation from the following disciplines:

- Law Enforcement
- Department of Family and Children Services (DFCS)
- Prosecution
- Medical
- Mental Health
- Victim Advocacy
- Children's Advocacy Center

***Note:** An MDT member may represent multiple disciplines if personnel are limited. For example, an MDT member may function as a victim advocate and a therapist. However, it's important that each of the above-mentioned functions be performed by a member of the MDT while maintaining clear boundaries for each function. MDT's may also expand to include other professionals, such as guardians-ad-litem, adult and juvenile probation/dependency (civil) attorneys, out-of-home care licensing personnel, federal investigators, school personnel, sexual assault center advocates, domestic violence providers, and other needed individuals appropriate for that community.*

### **Intent**

An MDT that has full representation and cooperation is one of the keys to an effective Child Advocacy Center. A well-functioning multidisciplinary team:

- Works collaboratively from the point of report to assure the most effective coordinated response possible for every child;
- Coordinates intervention to reduce potential trauma to children and families;
- Preserves and respects the rights and obligations of each agency to pursue their respective mandates;
- Provides quality assurance in joint response to review effectiveness of collaborative efforts;
- Seeks to improve services based on internal, as well as, external feedback.
- Facilitates efficient gathering and sharing of information that broadens knowledge base in which decisions are made; and
- Fosters needed education, support, and treatment for children and families that may enhance their willingness to participate and their ability to be an effective witness.

### **Practices**

The agency shall:

- Enter a written interagency agreement (e.g. Interagency Agreement, MOU, or Protocol) that is signed by authorized representatives of all MDT components, which commits the signed parties to the CAC model for its multidisciplinary child abuse intervention response;

- Follow agreed upon processes for collaborative intervention across the continuum of the case;
- Share findings related to the case with MDT in a routine and timely manner as needed based on caseload;
- Delineate how pertinent information is communicated and how confidential information is protected;
- Participate in ongoing and relevant training and educational opportunities, including cross-discipline, MDT, peer review, and skills-based learning;
- Strive to create an atmosphere of trust and respect that fosters opportunities for open communication, which enables members to share ideas and raise concerns; and
- Minimize duplicative efforts, enhance decision making, and maximize the opportunity for children and caretakers to receive the services they need.
- *Work collaboratively with other victim serving agencies such as domestic violence shelters and sexual assault centers on cases that may involve multiple agencies as recommended in the State of Georgia's Model Child Abuse Protocol. For example, if a sexual assault center exists in the service area of agency, staff will work collaboratively on cases of victims 12-17 years old to ensure the best possible, comprehensive and developmentally appropriate service provision for victim advocacy, family advocacy, mental health and forensic medical services.*

### Evidence of Compliance

1. Written interagency agreement that is signed by authorized representatives of all MDT components, which commits the signed parties to the CAC model for its multidisciplinary child abuse intervention response. Written agreements may be in different forms - such as memoranda of understanding (MOUs), child abuse protocol, and/or guidelines - that are signed by the leadership of participating agencies (e.g. law enforcement, prosecuting attorney, agency department heads, supervisors, etc.) or their designees.
  - a. Documents must be developed with input from the MDT or MDT protocol committee, reviewed annually and updated as needed to reflect current practice and current agency leadership.
2. Members of the MDT (including appropriate CAC staff) are routinely involved in investigations and/or MDT interventions, as defined by needs of case.
3. There are written confidentiality and information sharing policies that specifically apply to MDT, staff, and volunteers.
4. Written documents are consistent with legal, ethical and professional standards of practice that reference and do not conflict with Georgia mandated laws.
5. There are formal and informal mechanisms allowing members to regularly provide feedback on operations of the CAC, which addresses both practical and operational/administrative matters.

## Core Service Standards

**Standard 4.1 – Child Focused Setting:** The agency shall provide a safe, comfortable, and functional environment suitable for providing services to all children and their family members.

## Intent

The Child Advocacy Center must put forth reasonable effort and consideration into removing, or reducing, any barriers which may possibly discourage or prevent someone from accessing needed services. To ensure that children and families receive the services they need, the CAC:

- Must be maintained in a manner that is physically and psychologically safe and inviting for children and families;
- Provide observation or supervision of clients within sight or hearing distance of CAC staff, MDT members, or volunteers at all times;
- Is convenient and accessible to clients and MDT members; and
- Has areas where children may interact with toys and other resources, which are childproofed, cleaned, and sanitized.

## Practices

The agency's facility shall:

- Be a designated, well-defined, task-appropriate facility, or contiguous space within an existing structure.
- Maintain a service delivery structure that meets basic child safety standards, ensuring that alleged offenders do not have access to the child and their family within agency grounds.
- Provide adequate supervision of children and families within sight or hearing distance by staff members or interns/volunteers while on agency premises.
- Have an overall floorplan that has been created to sustain a physically safe space with appropriate materials and furnishings (e.g. covered outlets and rounded table corners).
  - Such practice includes separate and private meeting areas where confidential discussion of case details can take place.
- Create and maintain a psychologically safe space by preventing or lessening stressors, such as duplicative interviews, lack of privacy concerns, separation and safety from alleged offender(s), and/or accessibility concerns.
- Provide live observation of interviews to MDT members separate from the interview room, with ability for members to provide feedback to the interviewer during the interview process.

## Evidence of Compliance

1. Written policy of current practices with a Statement of Intent ensuring a child-focused environment, including separation of victims and alleged offenders.
2. Reasonable accommodations to make facility physically accessible.
3. Age-appropriate waiting room, interview room, and ancillary service space.
4. Physically safe and "child-proof" agency furnishings and space maintenance, including sanitization of toys and materials.
5. Observation/supervision standards ensuring that MDT members, staff, or volunteers are always within sight and hearing distance of children and families (e.g. supervised playrooms).



6. Documentation of floorplan showing a safe physical layout for children and families.

**Standard 4.2 – Victim Support & Advocacy:** The agency shall provide, or give access to, up-to-date and ongoing victim support and advocacy services to all clients and non-offending family members within its agency or through a linkage agreement. Victim support and advocacy services for forensic interviews and forensic medical exams shall be available for victims and non-offending care givers after hours – 24 hours a day, 7 days a week, and on all holidays.

### Intent

To ensure needed services and adequate support is provided to the survivor to enhance their recovery from child physical/sexual abuse.

### Definition

Providing personal support and/or assistance in accessing child abuse related services.

- **Personal:** Refers to assisting victims and securing rights, remedies, and services from other agencies.
- **Medical:** Acting on behalf and in support of survivors, co-victims, and/or collateral victims navigating the medical/healthcare system, by ensuring that the survivor has the appropriate information and resources to make decisions about healthcare needs and assisting with obtaining the desired care.
- **Criminal Justice/Legal:** Supporting survivors, co-victims, and/or collateral victims navigating the legal system by ensuring that the survivor’s questions are answered, interests are represented, and rights are upheld.
- **Follow-up:** Refers to contacts to provide emotional support and empathetic listening.

### Practices

At a minimum, advocacy includes the following:

- **Personal:** Providing services in person, on the telephone, or in writing, by an advocate on behalf of the victim to secure rights and benefits to provide a referral through a linkage agreement and/or a supporting presence in visits to other agencies.
- **Medical:** Providing the victim, co-victim, and/or collateral victim with accurate information about the physical impact of physical/sexual violence, and about the resources and options available to address healthcare needs; accompanying the survivor in-person to a local hospital, healthcare facility, or child advocacy center for forensic evidence collection, testing, and/or treatment for injury and/or exposure to sexually transmitted disease (STDs); referring the victim, co-victim, and/or collateral victim to an appropriate advocacy provider; or providing service planning and referrals for follow-up care related to medical/healthcare needs.
  - The priority of the advocate is with the victim not the medical facility.
- **Criminal Justice/Legal:** Accompanying the survivor in person, or through appropriate referral, to the law enforcement agency and/or prosecutorial office; advocating for the rights of the survivor within the criminal justice system; providing basic information

about the criminal and civil legal systems, including Georgia Crime Victims Bill of Rights, O.C.G.A. 15-17-1, et seq.

- **Follow-up:** Initial follow-up should be attempted as soon as possible with additional contact as needed. Contact can be in person, over the phone, or in writing.

### Evidence of Compliance

1. A system of record keeping/documentation, that addresses all practices above, defined by the agency that identifies clients who received advocacy services.
2. Training records indicate compliance with training as described in the standard.
3. An availability schedule which demonstrates emergency advocacy coverage 24 hours a day, 7 days a week, and on all holidays.
4. Documentation of working relationships with relevant community agencies.

**On-Site Evaluation:** The team will review supporting documents that may include training records, service documentation, program policy and procedures, and client records.

**Standard 4.3 – Information and Referral:** The agency shall respond to direct requests for information or assistance related to child abuse.

**Definition:** Providing timely and relevant contact information to victims, co-victims, and/or collateral victims for agency services and community resources that address a need.

**Goal:** To ensure the victim, co-victim, and/or collateral victim has access to relevant and appropriate resources that will meet the individual's unique and varying needs.

### Practices

At a minimum, information and referral includes the following:

- Maintaining up-to-date contact information for all available resources in and surrounding the community, including resources that are not directly related to victimization (i.e. housing, employment assistance, immigration issues, etc.);
- Assisting the victim, co-victim, and/or collateral victim in evaluating what is needed, utilizing available and appropriate resources;
- Providing information verbally or in writing, including:
  - Available services, such as advocacy services;
  - Referrals to appropriate and relevant resources addressing individuals' needs including therapy, support group, and forensic medical examinations. Services for forensic medical exams onsite, or through linkage agreements, shall be available to law enforcement and DFCS 24 hours a day, 7 days a week, and on all holidays.
- Information regarding child abuse.

## Evidence of Compliance

1. Documentation of the number of calls/contacts per reporting period.
2. Agency has an availability schedule that demonstrates information and referral services for emergency FME and FI needs 24-hours a day, 7 days a week, and all on holidays.
3. Training records indicate compliance with training as described in the standards.
4. Documentation that the community resource list has been updated annually.
5. Evidence that the agency is disseminating information about sexual abuse/assault.
6. Evidence that the agency is reaching out to diverse populations.

## Forensic Interviews

**Standard 5.1 – Forensic Interviews:** The agency shall conduct interviews in a coordinated manner that is safe, legally sound, neutral, and fact-finding. When it is in the best interest of the child or the investigation, forensic interviews shall be available upon request to law enforcement, the District Attorney’s Office, and DFCS 24 hours a day, seven days a week, and on all holidays.

### Intent

The purpose of a forensic interview is to obtain a statement from a child in a developmentally and culturally sensitive, unbiased, and fact-finding manner that will support accurate and fair decision making by the involved MDT in the criminal justice and child protection systems. When a child is unable or unwilling to provide information regarding the alleged abuse, other interventions to assess the child’s experience and safety may be required.

### Practices

Forensic interviews shall be conducted in:

- A timely manner.
- A manner that is legally sound, non-duplicative, non-leading, and neutral.
- At the CAC rather than in other locations, as the CAC is where the MDT is best equipped to meet the child’s needs during the interview.
- Coordination with MDT members in such a way to assure the child’s comfort and privacy as well as protection from the alleged offender or others who may unduly influence the child.
- A consistent manner and must meet basic criteria for all interview personnel, materials, and operations.

## Evidence of Compliance

1. At least three of the involved agencies (agency staff, LE, DFCS investigator, Prosecution) attend child interviews consistently with at least two disciplines present at each interview.
2. Majority of interviews are routinely conducted at the agency rather than elsewhere.
3. The agency’s written documents describe general forensic interview processes including pre- and post-interview information sharing and decision making, as well as interview procedures.

4. An availability schedule that demonstrates forensic interview coverage 24 hours a day, 7 days a week, and on all holidays.
5. Guidelines for interviews include criteria regarding:
  - a. Choosing appropriately trained interviewers (for a specific case),
  - b. Which personnel are to attend/observe the interview,
  - c. Preparation/information sharing with the forensic interviewer,
  - d. Use of interview aids,
  - e. Use of interpreters,
  - f. Communication between MDT and interviewer,
  - g. Recording and/or documentation of interview, and
  - h. Interview process and methodology (such as state or nationally recognized training model[s]).

**Standard 5.2 – Interviewer Requirements:** The agency shall ensure that every forensic interviewer chosen to conduct forensic interviews are properly trained and have received a criminal background check (see Standard 2.2).

### **Intent**

A trained professional plays a fundamental role in fostering an interview environment that provides the child-victim with an opportunity to express what the child has experienced or knows about the alleged abuse. The trained interviewer is more likely to carry-out quality interviewing practices, which ultimately creates a more comfortable experience for the child.

Quality interviewing involves:

- An appropriate and neutral setting,
- Employment of legally sound techniques, and
- Effective communication with other MDT members.

Quality interviewing enhances necessary history-taking production and provides MDT members with clear communication that is conducive to a non-duplicative process.

### **Practices**

Forensic interviewers shall:

- Be trained in a nationally recognized forensic interview technique prior to conducting any interviews (i.e. Corner House, Child First, NCAC, APSAC).
- Regularly attend educational training opportunities provided by CACs, while also participating in available peer review activities.
- Follow research-based guidelines to ensure a sound process which enhances free recall and minimizes influence over the interviewee.
- Gather contextual information needed by MDT members including documentation of relevant background information, assessments, or other pertinent information.

### **Evidence of Compliance**

1. Nationally recognized certification or documentation of training for all professionals conducting forensic interviews for the agency.
2. Written documents displaying the selection of appropriately trained interviewer(s); sharing of information among MDT members; and mechanisms for collaborative case planning.
3. Demonstration of the following Continuous Quality Improvement Activities:
  - a. On-going education in the field of child maltreatment and/or forensic interviewing, consisting of a minimum of three hours per every two years of CEU/CME credits.
  - b. Participation in a formalized peer review process for forensic interviewers.

**Standard 5.3 – Continuing Education for Forensic Interviewers:** The agency shall provide on-going training and peer-review opportunities for forensic interviewers.

### Practices

The agency shall:

- Set aside funding for training and peer-review in official budget submissions.
- Research and/or develop training programs and peer-review practices that interviewers can participate in.
- Communicate opportunities to interviewers, with additional access support as needed.
- Allow feedback on training and peer review practices from interviewers.
- Collect peer-review data periodically for review and analysis.
  - Provide or make necessary training and/or staffing adjustments based on data.

### Evidence of Compliance

1. Budget reflecting training amount.
2. Compilation, through a list or spreadsheet, of potential external or internal educational programs that interviewers can attend.
3. Written documentation of formalized training or peer review processes.

## Specialized Services

**Standard 6.1 – Forensic Medical Examinations:** The agency shall provide forensic medical examinations for child victims of sexual or physical abuse in-house or through written linkage agreements with authorized providers that are accessible to all CAC clients 24 hours a day, 7 days a week, and on all holidays.

### Intent

The purpose of a forensic medical examination is to:

- Help ensure the health, safety, and well-being of the child;
- Assess, document, and address medical conditions resulting from abuse;
- Differentiate medical findings that are indicative of abuse from those which may be explained by other medical conditions;

- Assess, document, and address medical conditions unrelated to abuse;
- Assess the child for any developmental, emotional, or behavioral problems needing further evaluation and treatment and make referrals as necessary; and
- Reassure and educate the child and family;

## Practices

If the agency provides onsite forensic medical exams, the agency shall ensure the medical provider:

- Follows the recommended education guidelines from the International Association of Forensic Nurses (IAFN), National Protocol for Sexual Assault Forensic Examinations Adults/Adolescents, and the Centers for Disease Control and Prevention (CDC) for the collection of evidence and the treatment of the patient/survivor.
- Has current active and unrestrictive licensure within the state of Georgia.
- Is a physician, or receives oversight from a physician, who has active and unrestrictive licensure within the state of Georgia.
- Receives consultation through either the medical director or other Georgia licensed medical provider (RN preferably a SANE/SAFE A/P, NP, PA, DO, MD).
- Is HIPAA compliant.
  - Medical Records should be maintained in compliance with federal rules governing protection of patient privacy.
  - Medical Records may be made available to other medical providers for the purpose of needed treatment of the patient and to those agencies mandated to respond to a report of suspect abuse.
  - Even in situations where the medical record can legally be provided without separate consent for court order, a log of disclosures should be maintained with the medical record in accordance with federal privacy rules.
  - Practices with Professional Liability Insurance for the purpose of conducting a medical forensic examination.
- Has an established agency medical protocol in accordance with recognized best practices.

## Evidence of Compliance

1. The agency shall provide documentation of the forensic medical exam protocol that follows the recommended education guidelines from the International Association of Forensic Nurses (IAFN), a National Protocol for Sexual Assault Forensic Examinations - Pediatrics and Adults/Adolescents, National Children's Alliance - Standards for Accredited Members and the Centers for Disease Control and Prevention (CDC) for the collection of evidence and the treatment of the patient/survivor and defines the role of the victim advocate. This protocol should also address the importance of the victim advocate in the medical forensic exam process.
2. The agency shall provide proof of liability insurance for each medical provider.
3. The agency provides documentation showing the provider's current Georgia medical license and evidence of supervision.

**Standard 6.2 – Authorized Medical Provider Criteria:** Specialized medical evaluations are provided by health care providers with pediatric experience and child abuse expertise.

### Practices

The CAC must demonstrate that its medical provider meets at least ONE of the following Training Standards:

- Child Abuse Pediatrics Sub-board eligibility,
- Child Abuse Fellowship training or child abuse Certificate of Added Qualification,
- Documentation of satisfactory completion of competency-based training in the performance of child abuse evaluations, or
- Documentation of 16 hours of formal medical training in child sexual abuse evaluation.

AND documentation of 4 hours of formal medical training in general child abuse evaluation (i.e. physical abuse and neglect evaluation).

The criteria outlined above applies equally to all healthcare providers. Nurses must practice within the scope of applicable state Nurse Practice Acts.

*However, a certified SANE may perform the examination if the above resources are not available.*

*Optional National Children’s Alliance (NCA) Component:*

- Medical professionals providing services to CAC Clients must demonstrate continuing education in the field of child abuse consisting of a minimum of eight contact hours every two years.
- Medical professionals providing services to CAC clients must demonstrate, at a minimum, that 50% of all findings deemed abnormal or diagnostic of trauma from sexual abuse have undergone expert review by an advanced medical consultant.

### Evidence of Compliance

1. The agency shall provide documentation of medical provider certifications/licenses in one of the above listed criteria, as well as documentation of formal medical training in general child abuse evaluation.
2. The agency provides documentation showing the provider’s current Georgia medical license and evidence of supervision.

**Standard 6.3 – Forensic Medical Exam Accessibility:** Specialized medical evaluations are available onsite, or through linkage agreements, and accessible to all CAC clients 24 hours a day, 7 days a week, and on all holidays.

### Practices

The agency shall:

- Not require payment, directly or indirectly, for the cost of a forensic medical examination per O.C.G.A. § 17-5-72<sup>1</sup>.
- Have written documents including access to specialized medical evaluation and treatment for all clients.
  - a. The CAC/MDT's written documents include:
    - i. The circumstances under which a specialized medical evaluation is recommended;
    - ii. How the specialized medical evaluation is made available;
    - iii. How medical emergency situations are addressed;
    - iv. How multiple specialized medical evaluations are limited;
    - v. How medical care is documented;
    - vi. How the specialized medical evaluation is coordinated with the MDT in order to avoid duplication of interviewing and history taking;

Procedures are in place for medical intervention in cases of suspected physical abuse and maltreatment, if applicable.

### Evidence of Compliance

1. Written policy and documentation that addresses all practices listed above in Standard 6.3.

## Mental Health Services

**Standard 7.1 – Therapy:** The agency shall provide access to therapeutic intervention and treatment within its agency, or through a linkage agreement, for victims, co-victims, and/or collateral victims.

### Definition

A professional relationship between a qualified, licensed mental health professional and a client (individual, family, or group) that utilizes therapeutic treatments to provide information, support, and coping strategies, as well as provide specialized trauma-focused mental health services that include:

- Crisis intervention services;
- Trauma-specific assessment including full trauma history;
- Use of standardized measures (assessment tools) initially and periodically;
- Family/caregiver engagement;
- Individualized treatment plan that is periodically re-assessed;

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<sup>1</sup> Pursuant to O.C.G.A. § 17-5-72 victims of sexual assault in the State of Georgia may request, at no cost to the victim, a forensic medical examination for sexual assault, regardless of whether the victim participates in the criminal justice system or cooperates with law enforcement in pursuing prosecution of the underlying crime. The Georgia Crime Victims Compensation Program (CVCP) should be billed directly for all expenses relating to a forensic medical examination [i.e. lab work, emergency room fees, physician's fees, SANE fees, all clinical fees associated with the exam, sexually transmitted infections (STIs) testing, etc.] Neither the victim nor any collateral sources, (e.g. insurance), may be billed for a forensic medical examination.



- Individualized evidence-informed treatment appropriate for the children and family being seen;
- Referral to other community services as needed; and/or
- Clinical supervision provided to non-fully licensed staff, interns, etc.;

\*The above description of services should guide discussions with all professionals who may provide mental health services. This will ensure that appropriate services are available for child clients and that the services are outlined in linkage agreements.

### **Intent**

The purpose of therapeutic intervention and treatment is to address prior, ongoing, or long-term adverse social, emotional, developmental, and health outcomes that may impact child abuse victims, co-victims, and/or collateral victims throughout their lifetimes.

### **Practices**

The agency shall provide:

- Standardized trauma-specific assessment inclusive of traumatic events and abuse-related trauma symptoms.
  - Assessment measures inform clinicians of treatment needs and periodically assesses progress and outcome of victim, co-victim, and/or collateral victim;
- Individual, group or family therapy, based on current clinical therapeutic principles generally accepted as being appropriate to child abuse and trauma;
- The agency shall provide victims, co-victims, and/or collateral victims either verbally or in writing options for therapeutic services;
- Child and caregiver engagement in treatment;
- The agency must provide documentation showing that therapy services are separate from the forensic process; and/or
- Documentation must also include methods of how mental health information is shared with MDT partners, while protecting client confidentiality.

### **Evidence of Compliance**

The agency shall:

1. Provide documentation of mental health provider certification/licenses in one of the above listed criteria (Standard 7.1), as well as any medical documentation of formal training in general child abuse evaluation.
2. Have signed and up to date (within a year) informed consent and client rights and responsibilities.
3. Provide documentation that addresses all practices above.

**Standard 7.2 – Authorized Mental Health Provider Criteria:** Specialized therapeutic interventions are provided by mental health providers with experience treating/working with children and trauma.

## Practices

The CAC must demonstrate that its mental health provider meets at least ONE of the following Training Standards:

- Licensed psychiatrists or psychologists; or a mental health professional licensed in the State of Georgia in one or more of the following: Licensed Clinical Social Worker, Licensed Professional Counselor, or Licensed Marriage and Family Therapist.
- Student intern in an accredited graduate program, supervised by a licensed mental health professional. \*\*
- A training plan for 40 contact hours of specialized, trauma-focused mental health training, clinical consultation, clinical supervision, peer supervision, and/or mentoring within the first 6 months of association (or demonstrated relevant experience prior to association).
  - Completion of 40 contact hour CEUs must be in accordance with the provider's mental health related license requirements, such as: CEUs from specific evidence-based treatment for trauma training, and clinical supervision hours by a licensed clinical supervisor.

\*The child advocacy center agrees to abide by Georgia law regarding the utilization of professional counselors, social workers, and marriage and family therapists. (O.C.G.A. § 43-10A-1, et. seq). In addition, the child advocacy center agrees to abide by Georgia law regarding the utilization of psychologists. (O.C.G.A. § 43-39-1, et. seq).

\*\*Practitioners who are completing an internship for a master's degree counseling program in any of the fields listed above and have completed the 20 hours of initial in-person child abuse training are also eligible providers, so long as they are receiving supervision from a licensed practitioner person who meets the qualifications of their degree program.

### *Optional National Children's Alliance (NCA) Component:*

- Clinicians providing mental health treatments to CAC clients must participate in ongoing clinical supervision/consultation. Options for meeting this standard include:
  - a. Supervision by a senior clinician on-staff at the CAC; or
  - b. When a CAC does not have more than one clinician, negotiating with a senior clinician in the community who serves children and families and accepts referrals from the CAC; or
  - c. Participating in a supervision call with mental health providers from other CACs within the state, either individually or as a group; or
  - d. A state chapter or one or more CAC contracts with a senior clinician to provide supervision and consultation calls.

It is strongly recommended that therapists have regular consultation and review of cases.

## Evidence of Compliance

The agency shall provide documentation of mental health provider certification/licenses in one of the above listed criteria, as well as documentation of formal medical training in general child abuse evaluation/assessment.

**Standard 7.3 – Support Groups:** If the agency offers support groups, the agency shall provide a safe, supportive, non-judgmental environment in facilitation of child-abuse related support groups for survivors, co-victims, and/or collateral victims, and be in compliance with the following.

#### **Definition**

Regular meetings of victims, co-victims, and/or collateral victims of child abuse violence with a supportive and educational focus led by a trained facilitator.

#### **Intent**

To provide emotional stability and promote the understanding of the impact of child abuse violence.

#### **Qualifications**

A facilitator must be familiar with the dynamics of child abuse and relevant community resources as well as understand how medical, legal, and social services respond to victims of child abuse. Facilitators must receive consultation and/or supervision on group processes from a qualified professional knowledgeable about trauma response.

The facilitator (agent) shall complete 30 hours of in-person or online child abuse and trauma training. 20 hours of initial in person training shall be completed before the paid staff or volunteer has any client contact. Ten additional hours of training shall be completed within twelve months of the initial training.

All facilitators are required to participate in an additional 10 hours of annual training thereafter to maintain service skills. These additional hours can be done in person or online. A licensed therapist may be used in lieu of a trained facilitator.

Per O.C.G.A. § 24-5-509 "Agent" means a current or former employee or volunteer of a program who has successfully completed a minimum of 20 hours of training in child abuse and trauma intervention and prevention at a Criminal Justice Coordinating Council certified victim assistance program.

#### **Practices**

Group meetings with an evidence-based curriculum and structured agenda with a primary focus on child abuse and trauma issues.

The CAC must demonstrate that support group facilitators meet at the following Training Standards:

- Familiar with dynamics of child abuse and relevant community resources;
- Understanding of how medical, legal, and social services respond to victims of child abuse;
- Receive consultation and/or supervision on group process from a qualified professional knowledgeable about trauma response;

- Complete 30 hours of in-person or online child abuse training. 20 hours of initial in-person training shall be completed before the paid staff or volunteer has any client contact. The remaining ten hours of training shall be completed within twelve months of the initial training; and
- Ten hours of continuing education subsequent to the initial 30 hours training shall be required annually thereafter to maintain service skills. These additional hours can be done in person or online.

A licensed therapist may be used in lieu of a trained facilitator.

### **Evidence of Compliance**

The agency provides documentation of sign in sheets of support groups. The agency provides documentation of 30 hours of in-person or online, child abuse and trauma training by the facilitator and proof of consultation with a knowledgeable professional about the survivor response and group process.

### **On-Site Evaluation**

The team will review the documents.

**Standard 7.4 – Mental Health Services Accessibility:** Mental health services are available and accessible to all CAC clients.

### **Practices**

The agency shall:

- Not require payment, directly or indirectly, for the cost of mental health services and
- Have written documents, including access to mental health services for all clients.
  - The CAC/MDT's written documents include:
    - The circumstances under which therapy and support groups are recommended;
    - How the mental health services are made available;
    - How emergency situations are addressed and followed up on;
    - How multiple mental health services are limited (if services are duplicated, client follow through and follow up, if there is a lag of services, etc);
    - How mental health is documented;
    - How mental health evaluation is coordinated with the MDT in order to avoid duplication of interviewing, assessing, and history taking; and
    - Procedures are in place for mental health intervention in cases of suspected physical abuse and maltreatment, if applicable

### **Evidence of Compliance**

The agency shall provide documentation detailing accessibility of mental health services and type of services available to clients in written CAC/MDT agreement(s).

**Standard 8.1- Crime Victim's Bill of Rights and Victim's Compensation:** The agency shall adhere to the Crim Victim's Bill of Rights found at O.C.G.A. § 17-17-19(C), an excerpt of which is below:

**Victims Have the Right:**

- To be treated fairly and with dignity by all criminal justice agencies involved in the case
- To proceedings free from unreasonable delay
- To be notified of the availability of victim's compensation, which is available under the Georgia Crime Victims Compensation Program at (800) 547-0060 or [www.cjcc.ga.gov](http://www.cjcc.ga.gov)
- To be notified of the Georgia Crime Victims Bill of Rights
- To be notified of community-based victim service programs
- To reasonable, accurate and timely notice of the following:
  - An arrest warrant being issued for the accused
  - The accused's arrest
  - The condition that the accused is prohibited from contacting the victim
  - The accused's release or escape from custody
  - Any court proceeding where the release of the accused will be considered
  - Any scheduled court proceedings or any changes to such proceedings, including restitution hearings
  - The accused's release on an electronic release and/or monitoring program
- To be present at all criminal proceedings in which the accused has the right to be present
- To NOT be excluded from any scheduled court proceedings, except as provided in O.C.G.A. §17-17-1 or otherwise provided by law
- To a waiting area, during judicial proceedings, that is separate from the accused and his or her relatives, friends and witnesses
- To be reasonably heard at any scheduled court proceedings involving the release, plea or sentencing of the accused
- To complete a Victim Impact Statement and have it presented to the court prior to the trial or plea of the accused (O.C.G.A. 17-10-1.1)
- To restitution as provided by law
- To refuse to submit to an interview by the accused, accused's attorney or agent of the accused
- To a requirement by court that defense counsel not disclose victim information to the accused (17-17-10)
- To be notified by the Department of Behavioral Health and Developmental Disabilities (DBHDD) if the accused is committed to the DBHDD for an evaluation, as mentally incompetent to stand trial or as not guilty by reason of insanity at the time of the crime. Upon the written request of the victim, at least ten days before the release or discharge, the department shall mail notice to the victim of the accused release from such facility.
- To request not to receive any form of written, text, or electronic communication from an inmate who was convicted of a criminal offense against the victim
- To be advised on how to file a complaint with the Judicial Qualification Commission if a judge denies the victim's right to be heard

- **Victims Compensation:** The agency shall inform the victim, and victim’s family, of the Georgia Crime Victims Compensation Program, O.C.G.A 17-15-1 et seq.
  - May assist the victim in completing and filing the Crimes Victims Compensation Program application.
  - The subgrantee agrees that all fully or partially grant-funded staff and his/her supervisor must attend a Victim’s Compensation 101 training hosted through CJCC. Only trainings received since 2015 meet this requirement. CJCC encourages subgrantees to attend a Victim’s Compensation 101 training once every two years. Victim’s Compensation 101 also may be applied toward training requirements specified by the subgrantee agency’s core service requirements.

### **Evidence of Compliance**

1. A system of record keeping/documentation, that addresses all practices above, defined by the agency that identifies clients who received Crime Victim’s Compensation advisement.