

**Washington State  
Department of Commerce  
Office of Crime Victims Advocacy**

**Children's Advocacy  
Center  
Child Centered Services  
VOCA Initiative**

**Service Standards**

**Care Coordination  
Forensic Interview  
Medical Social Work  
Multidisciplinary Team (MDT) Coordination  
Outreach and Awareness  
Therapy**

## CAC CARE COORDINATION

<b>Definition</b>	Victim support and care coordination services provided by designated individual(s) who have specialized training in child <sup>1</sup> victim services.	
<b>Goal</b>	To provide information, resources, and support; to help improve access to services.	
<b>Duration</b>	Generally in-person or phone, on-going	
<b>Activities</b>	<p>Services and activities may include:</p> <ul style="list-style-type: none"> <li>• Case management</li> <li>• Primary point of contact for the victim and non-offending parent/caregiver</li> <li>• Identifying needs and providing relevant information, referrals, and available resources</li> <li>• Providing both an immediate response as well as ongoing support in addressing needs</li> <li>• Safety planning</li> <li>• Emotional support</li> <li>• Providing case status updates to family</li> <li>• Coordinating with community and system based services such as Community Sexual Assault Programs (CSAPs), law enforcement, and Child Protective Services (CPS)</li> <li>• Collaboration with MDT Coordinator</li> </ul>	
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>• Child victims of abuse, neglect, sexual assault, and commercial exploitation</li> <li>• Child witnesses to violence</li> <li>• Adults with developmental disabilities who are victims of abuse, neglect, sexual assault, and commercial exploitation</li> <li>• Adults with developmental disabilities who are witnesses to violence</li> <li>• Non-offending parents and caregivers</li> </ul>	
<b>Qualifications</b>	<p>Care Coordination services should be provided by an <b>affiliate, associate/developing or accredited</b><sup>2</sup> Children's Advocacy Center (CAC), as defined by the National Children's Alliance (NCA) and be in line with the child abuse county protocols (RCW 26.44.180). Provider must be knowledgeable about the implementation of the county protocol.</p>	
	<p><b>Initial Training:</b> 24 hours of initial training including:</p> <ul style="list-style-type: none"> <li>• Dynamics of abuse</li> <li>• Trauma-informed services</li> <li>• Crisis assessment and intervention</li> <li>• Risk assessment and safety planning</li> <li>• Professional ethics and boundaries</li> <li>• Understanding the coordinated multidisciplinary response</li> <li>• Assistance in accessing/obtaining victims' rights as outlined by law</li> <li>• Court education, support and accompaniment</li> <li>• Assistance with access to other services including protective orders, housing, public assistance, domestic violence intervention, transportation, financial assistance, interpreters, etc.</li> <li>• Cultural responsiveness and addressing implicit bias in service delivery*</li> <li>• Caregiver resilience*</li> <li>• Domestic violence/family violence/children's exposure to domestic violence and poly-victimization*</li> </ul>	<p><b>Ongoing Training:</b> Ongoing education in the field of victim advocacy and child maltreatment must consist of a minimum of 8 training hours every other year.</p> <p><b>Supervision:</b> Providers must be supervised by a paid staff person who has completed 24 hours of training specific to child abuse or serving child victims and has two years of relevant experience. Supervisors must also complete 8 hours of ongoing training every other year. <i>All trainings must be approved by the Office of Crime Victims Advocacy (OCVA).</i></p>

<sup>1</sup>Child refers to anyone under age of 18

<sup>2</sup> As described on NCA's website: <http://www.nationalchildrensalliance.org/ncamembership-types>

\* New element required in initial training

## CAC FORENSIC INTERVIEW

<b>Definition</b>	A structured conversation with a child <sup>1</sup> or adult with developmental disabilities that is developmentally and culturally sensitive, unbiased, fact-finding, and legally sound. Intended to elicit detailed information about a possible event(s) experienced or witnessed.			
<b>Goal</b>	Results of the interview will be used not only for law enforcement and prosecution purposes, but also for identification of needs such as social services, personal advocacy, case management, substance abuse treatment, and mental health services. Interviews shall be conducted in the context of a multi-disciplinary investigation and diagnostic team, in a specialized setting such as a child advocacy center.			
<b>Duration</b>	Generally, one in-person session; multi-session forensic interviews may be required			
<b>Activities</b>	<p>Activities may include:</p> <ul style="list-style-type: none"> <li>• Conduct forensic interviews</li> <li>• Participate in pre/post interview and multidisciplinary case reviews</li> <li>• Respond to subpoenas and testify when requested</li> <li>• Present cases when requested</li> </ul>			
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>• Child victims of abuse, neglect, sexual assault, and commercial exploitation</li> <li>• Child witnesses to violence</li> <li>• Adults with developmental disabilities who are victims of abuse, neglect, sexual assault, and commercial exploitation</li> <li>• Adults with developmental disabilities who are witnesses to violence</li> </ul>			
<b>Qualifications</b>	<p>Forensic interview services should be provided by an <b>affiliate, associate/developing or accredited</b><sup>2</sup> Children’s Advocacy Center (CAC), as defined by the National Children’s Alliance (NCA) and be in line with the child abuse county protocols (RCW 26.44.180).</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Initial Training:</b> Instruction related 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.</p> <p>32 hours of initial training must include:</p> <ul style="list-style-type: none"> <li>• Instruction and practice</li> <li>• Evidence-supported interview protocol</li> <li>• Pre- and post-testing that reflects understanding of the principles of legally sound interviewing</li> <li>• Content that includes child development, question design, implementation of protocol, dynamics of abuse, disclosure process, diversity, equity &amp; inclusion, and suggestibility</li> <li>• Practice component with a standardized review process</li> <li>• Required reading of current articles specific to the practice of forensic interviewing</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Ongoing Training:</b> Forensic interviewers must participate in a structured peer review process for forensic interviewers a minimum of 2 times per year and at least 8 hours of ongoing training related to forensic interviewing every other year.</p> <p>The interviewer must be trained to conduct forensic interviews appropriate to the developmental age and abilities of children, or the developmental, cognitive, and physical or communication disabilities presented by adults. Forensic interviewers should follow the accepted guidelines for child forensic interviewing from the American Professional Society on the Abuse of Children (APSAC).</p> <p><i>Initial training curriculum must be included on NCA’s approved list of nationally or state recognized forensic interview trainings. All trainings must be approved by the Office of Crime Victims Advocacy (OCVA).</i></p> </td> </tr> </table>		<p><b>Initial Training:</b> Instruction related 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.</p> <p>32 hours of initial training must include:</p> <ul style="list-style-type: none"> <li>• Instruction and practice</li> <li>• Evidence-supported interview protocol</li> <li>• Pre- and post-testing that reflects understanding of the principles of legally sound interviewing</li> <li>• Content that includes child development, question design, implementation of protocol, dynamics of abuse, disclosure process, diversity, equity &amp; inclusion, and suggestibility</li> <li>• Practice component with a standardized review process</li> <li>• Required reading of current articles specific to the practice of forensic interviewing</li> </ul>	<p><b>Ongoing Training:</b> Forensic interviewers must participate in a structured peer review process for forensic interviewers a minimum of 2 times per year and at least 8 hours of ongoing training related to forensic interviewing every other year.</p> <p>The interviewer must be trained to conduct forensic interviews appropriate to the developmental age and abilities of children, or the developmental, cognitive, and physical or communication disabilities presented by adults. Forensic interviewers should follow the accepted guidelines for child forensic interviewing from the American Professional Society on the Abuse of Children (APSAC).</p> <p><i>Initial training curriculum must be included on NCA’s approved list of nationally or state recognized forensic interview trainings. All trainings must be approved by the Office of Crime Victims Advocacy (OCVA).</i></p>
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## CAC SOCIAL WORK FOR MEDICAL EVALUATIONS OF CHILDREN

<b>Definition</b>	Preparing a child <sup>1</sup> victim for medical evaluation; preparing and passing on a complete case history for purposes of contributing to investigation.	
<b>Goal</b>	To complete the medical evaluation in a manner that minimizes the traumatization of the victim and caregivers.	
<b>Duration</b>	Generally one hour by phone for intake with parent/caretaker; brief calls between intake and evaluation to prepare a victim for and reduce their anxiety about the evaluation and investigation; one hour in-person during evaluation; and subsequent contacts, usually by phone, as needed.	
<b>Activities</b>	<p>Psychosocial history-taking, including assessment of parental protectiveness and parental coping, documentation of family structure, family dynamics, and dynamics of abuse/assault as related by parent/caretaker.</p> <ul style="list-style-type: none"> <li>• Interpretation of stages of child physical and psychosexual development, signs of stress and of child abuse<sup>2</sup>, neglect, or sexual assault</li> <li>• Interpretation of medical evaluation process, indications for doing lab work, and meaning of possible physical findings</li> <li>• Interpretation of law enforcement investigation process and parent/caretaker role in same, including compliance with mandated reporting</li> <li>• Interpretation of child protective services functions and parent/caretaker role in same, including compliance with mandated reporting</li> <li>• Referral to appropriate community based advocacy (ex. CSAP)</li> <li>• Referral to therapy resources, including explanation of and assistance with Crime Victims Compensation application</li> <li>• When appropriate, communicate directly with child or adolescent victim to allay anxiety about medical evaluation</li> <li>• Crisis counseling for the purposes of preparing victim for the medical evaluation and to pass on a complete case history for purposes of investigation</li> </ul>	
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>• Child victims of abuse, neglect, sexual assault, and commercial exploitation</li> <li>• Non-offending parents and caregivers</li> </ul>	
<b>Qualifications</b>	Master's degree in social work or related field or licensure as a Registered Nurse, Nurse Practitioner, Medical Doctor or Physician's Assistant. Employed by or contracted with a licensed medical institution or provider.	
	<p><b>Initial Training:</b> Provider must complete 12 hours of initial child abuse, neglect, and sexual assault training.</p> <p><b>Ongoing Training:</b> 12 hours per year ongoing training.</p>	<p><b>Internship:</b> Practitioners who are completing an internship for any of the fields listed above and have completed the 12 hours of initial child abuse, neglect, and sexual assault training are also eligible providers, as long as they are receiving supervision from a person who meets the qualifications above.</p> <p><i>All training must be approved by the Office of Crime Victims Advocacy (OCVA).</i></p>

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## CAC MULTIDISCIPLINARY TEAM (MDT) COORDINATION

<b>Definition</b>	Coordination between groups of professionals from diverse agencies and disciplines who come together to provide comprehensive assessment and consultation in child <sup>1</sup> abuse, neglect, and sexual assault cases to facilitate the provision of direct services.			
<b>Goal</b>	To promote coordination between individuals and agencies providing direct services to victims of child abuse <sup>2</sup> ; to provide a checks and balances mechanism to ensure that the interests and rights of victims are addressed; to identify and address service gaps and breakdowns in coordination between agencies or individuals; to enhance the professional skills and knowledge of individual team members by providing a forum for learning more about the strategies, resources, and approaches used by various disciplines.			
<b>Duration</b>	An on-going process; must meet at least monthly			
<b>Activities</b>	<p>Activities may include:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>■ Development of MOUs or Interagency Agreements</li> <li>■ Facilitate the development and review of child abuse response protocols</li> <li>■ Case review meetings</li> <li>■ Develop partnerships</li> <li>■ Increase collaboration</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>■ Assess gaps in service</li> <li>■ Foster cooperation</li> <li>■ Develop accountability process</li> <li>■ Develop new ways of delivering services</li> <li>■ Coordinate case management meetings</li> <li>■ Provide case status updates to family</li> <li>■ Provide orientation to new members</li> </ul> </td> </tr> </table>		<ul style="list-style-type: none"> <li>■ Development of MOUs or Interagency Agreements</li> <li>■ Facilitate the development and review of child abuse response protocols</li> <li>■ Case review meetings</li> <li>■ Develop partnerships</li> <li>■ Increase collaboration</li> </ul>	<ul style="list-style-type: none"> <li>■ Assess gaps in service</li> <li>■ Foster cooperation</li> <li>■ Develop accountability process</li> <li>■ Develop new ways of delivering services</li> <li>■ Coordinate case management meetings</li> <li>■ Provide case status updates to family</li> <li>■ Provide orientation to new members</li> </ul>
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<b>Qualifications</b>	<p>Multidisciplinary team coordination activities should be provided by an <b>affiliate, associate/developing or accredited</b><sup>3</sup> Children’s Advocacy Center (CAC), as defined by the National Children’s Alliance (NCA) and be in line with the child abuse county protocols (RCW 26.44.180).</p> <p>Provider must be knowledgeable about the implementation of the county protocol.</p>			
	<p><b>Initial Training:</b> Providers must complete 8 hours of initial training specific to child abuse or serving child victims</p> <p>Coordinator must complete 8 hours of ongoing training every 2 years</p> <p><b>Ongoing Training:</b> 8 hours every other year of ongoing training.</p>	<p><b>Supervision:</b> Providers must be supervised by a paid staff person who has completed 8 hours of training specific to child abuse or serving child victims and has two years of relevant experience.</p> <p>Supervisors must also complete 8 hours of ongoing training every other year.</p> <p><i>All training must be approved by the Office of Crime Victims Advocacy (OCVA).</i></p>		

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## CAC OUTREACH AND AWARENESS<sup>1</sup>

<b>Definition</b>	Provide appropriate information and conduct activities to increase knowledge about child <sup>2</sup> abuse <sup>3</sup> and promote access to services for victims, survivors, and their non-offending parents and caregivers.	
<b>Goal</b>	To increase the community's awareness of child abuse, neglect, sexual assault, and the commercial exploitation of youth; increase awareness of the availability of services.	
<b>Duration</b>	Activities are usually one-time events or sessions but may reoccur	
<b>Activities</b>	<p>Activities may include:</p> <ul style="list-style-type: none"> <li>• Professional and public education about child abuse, child advocacy centers (CAC), and the multidisciplinary team (MDT) approach</li> <li>• Training and consultation to other professionals and institutions (e.g., law enforcement, mental health, and community sexual assault programs) on appropriate service delivery and available services</li> <li>• Community events and outreach focused on raising awareness of child abuse and available services for the victims and non-offending parents and caregivers</li> <li>• Public speaking/presentations within the community focused on raising awareness of all forms of child abuse and available services</li> <li>• Distribution of materials focused on raising awareness of all forms of child abuse and available services</li> </ul>	
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>• Individuals and groups, service providers, institutions, schools, and faith communities.</li> </ul>	
<b>Qualifications</b>	<p>Outreach and Awareness activities should be provided by an <b>affiliate, associate/developing or accredited</b><sup>4</sup> Children's Advocacy Center (CAC), as defined by the National Children's Alliance (NCA) and be in line with the child abuse county protocols (RCW 26.44.180).</p> <p>Provider must be knowledgeable about child development, dynamics of child abuse, and the implementation of the county protocol.</p>	
	<p><b>Initial Training:</b> Providers must complete 12 hours of initial training specific to child abuse or serving child victims</p> <p><b>Ongoing Training:</b> 6 hours per year of ongoing training.</p>	<p><b>Supervision:</b> Providers must be supervised by a paid staff person who has completed 12 hours of training specific to child abuse or serving child victims and has two years of relevant experience.</p> <p>Supervisors must also complete 6 hours per year of ongoing training.</p> <p><i>All training must be approved by the Office of Crime Victims Advocacy (OCVA).</i></p>

<sup>1</sup>See optional NCA Standard 12 Child Abuse Prevention for more guidance: <https://www.nationalchildrensalliance.org/wp-content/uploads/2022/03/2023-Optional-Standards-Book.pdf>

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## CAC THERAPY

<b>Definition</b>	A professional relationship within a theoretical framework that involves a specified helper gathering, systematizing and evaluating information and using techniques to address the effects of child <sup>1</sup> abuse <sup>2</sup> , neglect, or sexual assault.	
<b>Goal</b>	To identify, understand and ameliorate the effects of child abuse, neglect, or sexual assault; to promote healing and to integrate the child abuse, neglect, or sexual assault experience.	
<b>Duration</b>	1 hour average length of time per session; 1 to 4 sessions per month; 3 months to several years; additional therapy could be indicated, depending on the individual case.	
<b>Activities</b>	<p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Psychosocial history taking</li> <li>• Psychological testing, or psychiatric evaluation (including mental status exam)</li> <li>• In-person interviews with victims and/or family members</li> <li>• Collateral contacts, including review of relevant documents, telephone/in-person contact with other providers</li> <li>• Report writing</li> <li>• MDT attendance and participation</li> <li>• Serving as a clinical consultant to the MDT on issues relevant to child trauma and evidence-based treatment</li> <li>• Supporting the MDT in the monitoring of treatment progress and outcomes</li> </ul>	<p><b>Therapy:</b></p> <ul style="list-style-type: none"> <li>• Individual, group or family therapy, based on current clinical therapeutic principles generally accepted as being appropriate to child abuse</li> <li>• In-person visits in the office, on location or by phone</li> <li>• Family therapy can include a <u>treated</u> sexual offender in the course of reunification</li> <li>• Interpretation of findings and expert testimony</li> <li>• Consultation to other disciplines/systems</li> </ul>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>• Child victims of abuse, neglect, sexual assault, and commercial exploitation</li> <li>• Child witnesses to violence</li> <li>• Adults with developmental disabilities who are victims of abuse, neglect, sexual assault, and commercial exploitation</li> <li>• Adults with developmental disabilities who are witnesses to violence</li> <li>• Non-offending parents and caregivers</li> </ul>	
<b>Qualifications</b>	<p>Provider must have completed 40 contact hour CEUs in accordance with the provider's mental health related license requirements; CEUs from specific evidence-based treatment for trauma training, and clinical supervision hours by a licensed clinical supervisor.</p> <p>Provider(s) must also meet at least ONE of the following academic standards:</p> <ul style="list-style-type: none"> <li>• Master's degree, licensed, certified, or supervised by a licensed mental health professional</li> <li>• Master's degree or license-eligible in a related mental health field</li> <li>• Student intern in an accredited mental health related graduate program, when supervised by a licensed/certified mental health professional (Both the student intern and supervising licensed mental health professional must meet the previously indicated 40 hours training requirements. Students who are currently enrolled in a training to deliver an evidenced-based therapy (EBT) may provide therapy to children as part of their EBT training.<sup>4</sup></li> </ul>	

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<sup>4</sup> See NCA Therapy Standard for more information: <https://www.nationalchildrensalliance.org/wp-content/uploads/2021/10/2023-RedBook-v5B-t-Final-Web.pdf>

	<p><b>Initial Training:</b> Practitioners must complete 40 hours of initial training specific to therapy with child abuse, neglect, and sexual assault victims.</p> <p><b>Ongoing Training:</b> To remain updated about new research, evidence-supported treatment methods, and development in the field that would impact delivery of service to clients, providers must complete continuing education in the field of child abuse a minimum of 8 hours of ongoing training every other year.</p>	<p><b>Supervision:</b> Therapists, as well as individuals conducting assessments, must have regular supervision, consultation and/or review of cases, preferably by a Washington State licensed psychiatrist, psychologist or certified therapist.</p> <p>All training must be approved by the Office of Crime Victims Advocacy (OCVA).</p> <p>Training qualifications are reflective of the NCA requirements for accredited CACs, and are different than the Therapy standard for Specialized and Native American and Marginalized Communities Sexual Assault Services.</p>
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