

2019 Annual Report

Kentucky Multidisciplinary Commission on Child Sexual Abuse

*Providing for the comprehensive multidisciplinary coordination
and collaboration on investigations of child sexual abuse*

Kentucky Multidisciplinary Commission
on Child Sexual Abuse
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EXECUTIVE SUMMARY

The Kentucky Multidisciplinary Commission on Child Sexual Abuse works to ensure that every instance of child sexual abuse and child sex trafficking in the Commonwealth is investigated using a multidisciplinary approach. The Commission serves as a statewide support to local multidisciplinary teams (MDTs). Per KRS 431.600(1), "Each investigation of reported or suspected sexual abuse of a child shall be conducted by a specialized multidisciplinary team . . ." Local MDTs are groups of local professionals who work together in a coordinated and collaborative manner to ensure an effective response to child sexual abuse.

There are many advantages to utilizing an MDT approach to the investigation of child sexual abuse allegations. Through the utilization of local MDTs, local professionals can coordinate investigations to result in better outcomes in the court system. Collaboration among local MDT members provides both for more immediate and long-term safety and security for the child. Additionally, utilizing the MDT approach provides a holistic, trauma-informed support system to assist the child and family in the healing process.

I. INTRODUCTION

Local MDTs are statutorily obligated to conduct investigations of reported or suspected sexual abuse and sex trafficking of a child. KRS 431.600. Local teams should operate under a protocol approved by the Commission.

A. What is Child Sexual Abuse?

In Kentucky, the statutes define child sexual abuse and exploitation as harm to a child's health or welfare by any person that occurs or is threatened through non-accidental sexual contact. KRS 15.900(2). This definition includes violations such as rape, sodomy, incest, indecent exposure, and the use of a minor in a sexual performance.

B. What is Sex Trafficking of a Child?

In Kentucky, children are victims of sex trafficking when they are engaged in commercial sexual activity. KRS 529.010. Unlike adults, children engaged in commercial sexual activity are victims of sex trafficking without regard as to whether the child's involvement is due to force, fraud, or coercion by another.

II. KENTUCKY MULTIDISCIPLINARY COMMISSION ON CHILD SEXUAL ABUSE

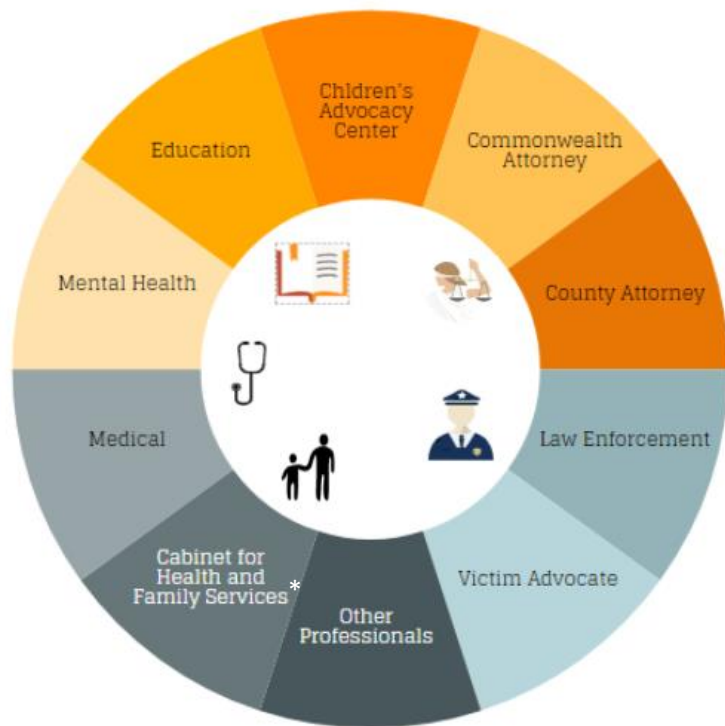
A. Membership

The Kentucky Multidisciplinary Commission on Child Sexual Abuse is composed of members from:

- Department for Community Based Services
- Department for Behavioral Health, Developmental and Intellectual Disabilities
- Department of Kentucky State Police
- Department of Education
- Attorney General's Office
- Administrative Office of the Courts
- Therapist providing services to sexually abused children
- Commonwealth's Attorney
- School counselor, school psychologist, or school social worker
- Children's Advocacy Center
- Physician
- Former victim of a sexual offense or a parent of a child sexual abuse victim
- Law enforcement officer who is a detective with specialized training in conducting child sexual abuse investigations

Caroline Ruschell, Executive Director of Children's Advocacy Centers of Kentucky serves as the Commission's chairperson.

The multidisciplinary composite of the Commission's membership is representative of the best practice that local MDTs also collaborate and investigate child sexual abuse cases in a multidisciplinary manner. Working together promotes resiliency in child sexual abuse victims and strengthens agencies' independent effectiveness. MDT members are better able to participate as an active, contributing member when their supervisors and agencies are supportive of the work of the MDT.



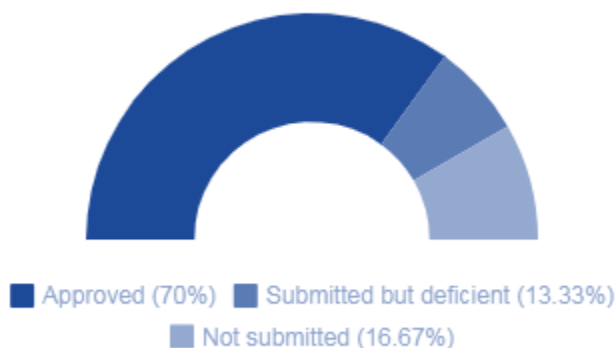
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When members actively participate, communicate effectively, demonstrate understanding and respect for each other's roles and limitations, and appreciate the perspectives of other team members, MDT meetings become a more valuable tool and asset for victims, professionals, and the community.

B. Model Protocol

The Commission issues model protocols for local MDTs and reviews their protocols for approval. In 2015, the Commission issued a new model protocol template based on best practices. In 2018, the Commission revised the model protocol template pursuant to regulatory changes. A copy of the most recent model protocol template can be found [here](#).

Currently, 84 of the Commonwealth's 120 counties are operating under an approved protocol. To check on the status of your local MDT's protocol, email KMCCSA@ky.gov.



The most common deficiency among submitted protocols is lack of sufficient signatures. Local MDTs are encouraged to revise their protocol annually to reflect the unique characteristics of their community and submit changes to the Commission for approval.

C. Data Collection

The Commission collects data on the operation of local MDTs. In an effort to collect this data efficiently, the Commission revised its Data Collection Tool and is provided at the end of this Annual Report. Local MDTs should submit the Data Collection Tool form to KMCCSA@ky.gov annually each fiscal year.

D. A Look Inside Kentucky's MDTs

It is the belief of the Commission that all child victims meeting criteria for an MDT response, should have one. **In state fiscal year 2019, MDTs in Kentucky reviewed a total of 22,828 cases. This is a 16.4% increase from 2018, when the total number of cases reviewed was 19,608.**

This does not necessarily mean that the number of abuse cases went up, but it does mean that more abuse cases deserving an MDT review – received one. The Commission would like to express our appreciation and support of our teams for this accomplishment.

Ensuring that a child’s case is added to the agenda for an MDT case review meeting is an important first step, but it does not tell the whole story. We must take the analysis a step further to understand more about the extent to which a child victim and their family are receiving quality services. For this, we turned to a survey tool used by Kentucky’s Children’s Advocacy Centers titled the Outcome Measurement System (OMS).

During SFY2018, 10 of Kentucky’s 15 Children’s Advocacy Centers administered 227 surveys to MDT members. The tool allows team members to rank “strongly agree” to “strongly disagree” on a series of statements about the operations of their team. The tool also allows team members to provide anecdotal comments. The following outline includes highlights extracted from an analysis of these surveys:

i. Team Concept May Be Isolated To Case Review Meetings

A common theme from reviewing survey responses is the notion that MDT = Case Review Meeting. Instead of looking at the team as a group that operates together throughout the investigation, many team members believe that the team concept only applies to the few hours each month that they are together reviewing cases. This is evident from the language that team members use when they refer to case review meeting as “going to MDT” “scheduling MDT.”

ii. Overall Strong Belief In The Model

Over 95% of the survey respondents indicated that their agency was supportive of the MDT model. And, nearly 97% of the respondents indicated that they believe that clients benefit from the MDT response.

iii. Team Meetings Are Not Viewed As Useful When Members Fail To Participate

Despite the strong belief in the model, the statistics were a little weaker when it comes to the operation of case review meetings. Most respondents agree that team meetings are a good use of time, however, only 58% “strongly agree” with this statement. Similarly, 58% “strongly agree” with the statement “team meetings help me with my work.”

One respondent commented that team meetings “would be more helpful to have more conclusive decisions.” Another stated that the meetings “would be more productive if everyone there who had knowledge and participated.” Many of the comments regarding the effectiveness of meetings seemed to stem around the challenges associated with bringing all members to the table and having active participation from each of them.

iv. Members Become Frustrated When They Believe the Team Does Not Understand Their Role

One of the benefits of the MDT model is the opportunity to provide education on the roles and responsibilities of each other team member. This helps foster better collaboration and results in better outcomes for children.

While most team members believe that the other members understand their role, for those that don't, it appears to be a source of frustration. One respondent noted, "I think if the other team members better understood my organization's role in the meetings they would turn to us more often." Another stated, "It is often misunderstood the role of investigator as a DCBS and law enforcement."

E. Charting the Future

Researchers from the University of Texas published a report titled "Charting the Future of Multidisciplinary Teams." The research was done in collaboration with the Children's Advocacy Center coalition in Texas and provides us with a comprehensive analysis of multidisciplinary teams (MDTs).

The Commission strongly encourages local MDT members, policy makers and other stakeholders to consider the findings and recommendations from this report and keep them front of mind when drafting policies and legislation related to our child welfare system. An excerpt from the report is highlighted below:

Based on our triangulation of this data, four prominent themes emerged about what shapes MDT effectiveness (both in terms of existing practices associated with strong case development and outcomes as well as existing barriers to effective collaboration and information sharing):

- ***Social support predicts resilience and positive case outcomes.*** *We found positive case outcomes for child abuse investigations are associated with strong MDTs. At the same time, this social support not only leads to improved case outcomes but expressly allows MDT members to carry out their work more effectively and to have more longevity in their careers within an agency.*
- ***Institutional barriers weaken MDTs. Institutional support strengthens MDTs.*** *A number of structural and professional barriers exist inside the various partner agencies. These institutional barriers may serve to systematically weaken team processes and create impediments for team members' full participation on the MDT. When partner agencies support the model, MDTs are more effective.*

- **Proximity facilitates information sharing and collaboration.** Proximity served as a powerful predictor of information sharing, collaboration, and identity, and diminished barriers associated with professional identity. Physical distance increased these barriers and reduced the ease of information sharing and collaboration.
- **MDT coordination staff dedicated to MDT support and coordination are a valuable resource to improve case outcomes.** MDT members expressed positive effects that accrue based on the work and assistance of the CAC MDT coordination staff. . . .

These findings point to several key recommendations to strengthen the MDT Model moving forward:

- In order to secure greater participation from partner agencies, highlight the multiple benefits of partner support for the MDT model, including reduced burnout and increased resilience, social support, and intent to stay.
- In order to increase attendance rates across partner agencies, consider innovations to case review/staffing meetings that make participation easier and offer multiple benefits.
- Given the high caseload and turnover rates of certain MDT partners (especially CPS) build redundancy of training materials by having multiple places for members to access materials (including informal and formal means) as well as multiple levels of detail (from quick overview to comprehensive instructions).
- Create consistency in messaging about the role of MDT Coordination staff.

Charting the Future of Multidisciplinary Teams: Report on the MDT Model, (May 2017).

III. RESOURCES

Kentucky Multidisciplinary Commission on Child Sexual Abuse	KMCCSA@ky.gov https://ag.ky.gov/protecting-children/KMCCSA
Office of Child Abuse and Human Trafficking Prevention and Prosecution, Kentucky Office of the Attorney General	(502) 696-5300 https://ag.ky.gov/
Child Sexual Abuse and Exploitation Prevention Board	icareaboutkids@ky.gov https://icareaboutkids.ky.gov/Pages/default.aspx https://ag.ky.gov/protecting-children/CSAEP
Children’s Advocacy Centers of Kentucky	https://cackentucky.org/
Kentucky Cabinet for Health and Family Services	https://chfs.ky.gov/Pages/index.aspx
Kentucky State Police	http://kentuckystatepolice.org/ KSP.webmaster@ky.gov (502) 782-1800

IV. REPORT CHILD DEPENDENCY, NEGLECT, AND ABUSE

To report child dependency, neglect, or abuse in Kentucky, please call the Child Protection Hotline at 877-597-2331 or 877-KYSAFE1. If a child or someone else is in immediate danger, call 911.