Tennessee Joint Task Force on Children’s Justice & Child Sexual Abuse

Child Protective Investigative Team Manual
# Table of Contents

- **COMMITTEE MEMBERS** ................................................................. 3
- **INTRODUCTION** .............................................................................. 4
- **ESTABLISHING YOUR TEAM** .......................................................... 5
- **TEAM MEMBER’S ROLES AND RESPONSIBILITIES** ......................... 6
- **CONVENING JOINT INVESTIGATION/CPIT** ......................................... 11
- **WHAT TO DO BEFORE THE TEAM MEETS** ....................................... 11
- **CPIT MEETING/CASE REVIEW** .......................................................... 12
- **DATA COLLECTION AND REPORTING** .............................................. 13
- **TRAINING FOR MEMBERS OF A MULTIDISCIPLINARY TEAM** ............. 14
- **CONFIDENTIALITY** ............................................................................ 15
- **CONFLICT RESOLUTION** ................................................................... 16
- **WHAT DOES IT MEAN TO SUBSTANTIATE A CASE** .......................... 16
- **SPECIAL ISSUES** .............................................................................. 18
- **CONCLUSION** .................................................................................. 19
- **APPENDICES** .................................................................................. 20
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INTRODUCTION

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This manual is being created to assist Child Protective Investigative Teams (CPITs) in addressing the child protection needs of their communities. The ideas, procedures and forms in this manual are simply meant to assist each CPIT in doing the best job possible to protect the children they serve. The Tennessee legislature, in creating CPITs, has directed that the “comprehensive approach”, via a multidisciplinary team, be utilized in order to address the issues of child abuse in our state.

Tennessee Code Annotated §37-1-601 et seq. is the legislation that mandates the use and make-up of a CPIT in every county in Tennessee (see page 20). It is clear that the intent of the legislature was to create a comprehensive approach for the detection, intervention, prevention and treatment of child sexual and severe physical abuse. The manual can be used as a tool to assist each team in meeting that goal to the best of their abilities.

This project is funded through an agreement with the state of Tennessee.
Establishing your team

Who is a member?

The statute provides for each team to be made up of one (1) Department of Children’s Services (DCS) representative, one (1) representative from Juvenile Court, one (1) representative from the Office of the District Attorney General, and one (1) representative from the local law enforcement agency. The team may also include a representative from one of the mental health disciplines.

An initial investigation by the team should be commenced with all four (4) representatives but may commence with two (2) representatives.

In addition, in jurisdictions where there is a child advocacy center, the Child Advocacy Center (CAC) representative shall also be a member of the team and shall access all necessary information.

In creating your team, you should draft a Memorandum of Understanding (MOU) and/or Interagency Agreement. The MOU and/or Interagency Agreement is a written document that captures the members’ agreement and commitment to conduct joint investigations. It can be as general or specific as the team desires but should be agreed upon and signed by all member agencies. The MOU and/or Interagency Agreement should specify mutually accepted expectations and objectives of joint investigations, and of the multidisciplinary approach. The MOU and/or Interagency Agreement should contain a place for the heads of each member agency to sign their name, thereby reflecting their commitment and their agencies’ commitment to the CPIT approach to child abuse/neglect investigations. For a sample MOU/Interagency Agreement and CPIT Protocol document see page 25.

To advance the commitment of CPIT partners to the aforementioned MOU and/or Interagency Agreement, it is important for teams to develop an in-
depth CPIT Protocol. This is essential if a team is to function well. CPIT protocols is the written understanding of how investigations and other functions will be pursued by team members and the roles and responsibilities of member agencies. The agencies and individuals signing the MOU and/or Interagency Agreement document signify their mutual commitment to the CPIT protocol.

The CPIT protocol is a practical, working document a concrete outline of tasks. It serves as a reference when questions or disputes arise within the team. When there is a written agreement/protocol specifying investigative roles and responsibilities, conflict is reduced because there is a shared understanding of investigatory practice. Every community should work out an agreement and protocol that suits its own resources and needs. Regardless of the size or location of your community, a number of issues must be addressed in every protocol. One of the goals in developing MOUs/Interagency Agreements and CPIT Protocols is to balance the need for structure and certainty with the necessity for creativity and flexibility.

**TEAM MEMBER’S ROLES AND RESPONSIBILITIES**

**General Guidelines**

- To the best of their ability, each agency will work with and assist other members of the multidisciplinary team to ensure protection of children and that their best interest is served.
- All reasonable efforts will be made by each agency to coordinate each step taken in handling a case. The purpose being to minimize the number of interviews, interviewers and medical exams with the child.
- All agencies participating in this process will share pertinent case information except as prohibited by law or policy with other appropriate agencies, except as prohibited by law or policy.
- To the best of their ability, agencies should provide specially trained professionals to handle appropriate cases of child abuse and neglect who will actively attend and participate in the CPIT process.
- It is expressly understood each agency will work within its departmental mandates and policies.
- Annual MOUs and in-depth CPIT protocols should be consistent with each other and should be reviewed and revised by team members.

**Role of the Department of Children’s Services (DCS)**

In the context of the initial response, DCS investigates allegations of abuse or neglect of children by people responsible for their care, custody, or welfare and assesses whether children are at risk of future abuse or neglect. DCS
operates the Child Abuse Hotline which provides a toll-free number for reporting child abuse. The steps in this process include:

- Receiving, documenting, screening, and prioritizing child abuse reports.
- Assessing “screened in” allegations of abuse or neglect of children.

All agencies share pertinent case information except as prohibited by law or policy

- Notifying the appropriate law enforcement agency and District Attorney General when a crime against a child may have been committed.
- Making a referral to a CAC serving the area, in accordance with CPIT protocol, when a screened-in investigation involves sexual abuse or severe physical abuse, or when a child discloses sexual abuse during an assessment of less severe physical abuse or neglect. At minimum, DCS staff should adhere to the following protocol when their safety assessment work involves a CAC:
  - Submit information from the protective services report to the CAC and coordinate with law enforcement and the CAC to schedule an interview and medical examination of the child, when necessary.
  - If a non-offending caregiver is identified, request that caregiver bring the child to the CAC or to give their consent for the child to be transported to the CAC for a forensic interview.
  - Help coordinate the interview, making every effort to coordinate the forensic interview with the necessary members of the investigation team to minimize trauma to the child. At a minimum, the DCS worker and a law enforcement officer should be present at the interview.
  - Help coordinate any necessary follow-up medical examination(s) or services, if not available at the time of the forensic interview.
  - Limit the number of interviews with a child.
Below is the link to DCS policy concerning required and recommended activities for investigating severe and non-severe allegations of child abuse and neglect.

https://files.dcs.tn.gov/policies/chap14/WA2.pdf

Role of Law Enforcement

It is the role of the law enforcement detective/investigator/officer to investigate and determine whether a crime has been committed. The investigation includes but is not limited to:

- Ensuring that all interviews are completed, including victims, witnesses, suspects and other collateral people involved.
- Conducting a thorough crime scene investigation.
- Collecting evidence, including any corroborating evidence.
- Preserving the chain of possession of any collected evidence.
- Presents their evidence to the prosecutor’s office and the prosecutor makes the determination of whether the matter will be prosecuted.

Role of Federal Bureau of Investigation (FBI) and/or the Tennessee Bureau of Investigation (TBI):

It is the role of the Federal Bureau of Investigation (FBI) and the Tennessee Bureau of Investigations (TBI) to investigate certain federal criminal cases and certain interstate crimes. When a serious child physical or sexual abuse case falls within federal jurisdiction, the FBI/TBI role includes:

- Working with DCS on child safety issues.
- Working with Tennessee and/or other local law enforcement agencies on investigations.
- Consulting with the CPIT when there is a current investigation involving the FBI and/or TBI.

In addition, TBI gets involved in cases when the request is made by the appropriate local official.

Role of the Child Advocacy Center (CAC)

It is the role of the CAC to provide a child-focused, neutral, community-oriented program in which representatives from many disciplines meet to provide a comprehensive approach to the investigation, assessment, treatment, and prosecution of child abuse cases. The CAC provides a facility for:

- Legally sound forensic interviews of children who may have been sexually abused, physically abused, severely neglected, drug endangered, a victim of trafficking or who may be a witness to violence.
Other interviews may be conducted depending on the resources of the CAC and CPIT.

- Medical services for children by specially-trained medical providers, including medical treatment, follow-up exams, medical referrals, and case tracking, either on-site or through collaboration with community medical providers.
- Providing behavioral and mental health referrals, for children and families, for services from an appropriate mental health provider or other services, as indicated.
- Provisions of such services when and where appropriate.
- Child Advocacy Centers in TN strive to meet the Accreditation Standards set forth by the National Children’s Alliance.

Role of the Victim Advocacy Services

It is the role of the victim advocate to assist the child victim, and/or witness, during the initial response, which includes:

- Identifying and notifying crime victims of the availability of victim’s compensation, and assisting them with application forms and procedures, obtaining necessary documentation, and/or checking on the status of claims.
- Providing a crisis response and preparing the child for the forensic interview and medical evaluation, if applicable.
- Supporting the non-offending caregiver during investigation, forensic interview and medical evaluation.
- Explaining the legal process to the child and caregiver.
- Providing logistical support for the child and non-offending family, including arranging transportation, assistance with appointments for services, etc.
- Conveying child and non-offending caregiver’s concerns and abilities to the prosecutor and CPIT members.
- Serving as a resource on the dynamics of abuse, responses of children, child development and psycho-social needs of child victims.
- Provide referrals for appropriate community resources.

Role of the Medical Provider

It is the role of the medical providers to be responsible for medical and forensic child abuse evaluation and treatment within their licensing scope of practice. This includes the following:

- Provide diagnostic evaluations and medical consultations regarding abused and neglected children.
• Provide dispositions and court testimony.
• Interpretation of exam findings (or lack of findings).
• Identification of unmet health care needs.
• Careful and complete written and photographic documentation.
• Work with other team members to promote future health and safety of the child.
• Provide reassurance for child and family.

Role of the Mental Health Provider

The role of the mental health provider includes:

• Assessing and treating the emotional and psychological needs of the child and non-offending family members, with a special emphasis on working with those who have experienced complex trauma.
• Assisting team members in better understanding mental health diagnosis that victims might have.
• Serving as a resource to the team in better understanding child development and behavioral issues that victims might have that could impact service delivery.
• Providing crisis intervention as needed.

Role of Juvenile Court

There are complex needs for the children and families involved with the Juvenile Justice system that could require provision of services and benefits provided by multiple agencies outside of probation. These services may support successful rehabilitation and return to the community. Representatives from Juvenile Court participate as CPIT partners, serving as a liaison between the juvenile justice system and the child abuse investigatory process. Their role includes, but may not be limited to the following:

• Serve as an active partner on CPIT and participate in regularly convened case review meetings.
• Be available for consultation with other CPIT partners involved in the investigation of child abuse.
• Provide CPIT partners with names of persons they have identified who may have knowledge of the child, and who can offer useful and meaningful information.
• Monitor progress and address issues and/or barriers that arise for children and their families in accessing services and meeting goals.
• Aid CPIT partners in obtaining necessary court documents (i.e. filing of charges, etc.) in juvenile court, if needed and when appropriate.
Role of District Attorney

It is the role of the DA to prosecute violations of the criminal law and cases of child abuse and neglect. Prosecutors decide whether someone should be charged with a crime, which crime to charge, who should be charged, and also presents evidence in court to a judge and/or jury.

The District Attorney’s Office has general authority to direct investigations, which lead to criminal charges giving appropriate consideration to the police agency’s internal chain of command procedures. The investigating team will consult with the District Attorney’s Office regarding any special problems arising during or from the investigation.

CONVENING JOINT INVESTIGATION/CPIT

Most jurisdictions determine that a CPIT has been convened when at least two (2) of the members are notified of the case and begin their investigation. The case will then be set for a CPIT meeting with all of the team members.

WHAT TO DO BEFORE THE TEAM MEETS

The DCS investigator is required to complete a number of tasks before closing their case, both before and after a classification of the investigation is made.

Most of these tasks should be completed before meeting with the CPIT team to discuss the case, but sometimes these tasks are completed after a CPIT case review.

Interviews are conducted by CPIT partners

These tasks include:

- Convening CPIT as required by statute.
- Interviewing the parent or guardian (or coordinating an interview by a CPIT partner/law enforcement).
- Scheduling a forensic interview as soon as possible, when appropriate.
• Interviewing and observing the child to determine safety concerns and/or risk.
• Interviewing and observing other children/persons in the home and conducting collateral interviews.
• Coordinate with law enforcement to interview the alleged perpetrator, if not a parent or guardian. Obtaining evidence, such as photographs and records.
• Performing a home visit and visiting the location of the incident, if necessary.
• Completing the assessment tools.
• Contacting the reporter of the abuse or neglect, reviewing the DCS history and conducting criminal background checks.
• Scheduling medical exams, if necessary.
• Conducting Child and Family Team Meetings, arranging medical and psychological evaluations and services, if necessary.
• Developing service plans.
• Completing all required forms (i.e. release of information, client’s rights handbook, etc.).
• Staffing the case with a supervisor to determine whether the case needs to be transferred to a long term DCS case manager.

Conducting a Records Check

Law enforcement, in the course of an investigation, is empowered to query a records check for any prior convictions by the alleged offender, both within Tennessee and in other jurisdictions. DCS will query TFACTS for history to determine if a report has been previously made and the classification of said report, if applicable. In addition, the TBI Sex Offender Registry may be checked to determine if the alleged offender is a registered sex offender. The registry may be accessed online at TBI Sex Offender Registry Search.

CPIT MEETING/CASE REVIEW

The multidisciplinary team (MDT) should meet on a predetermined regular basis to discuss cases that have been the subject of a joint investigation. Many teams find that their meetings are more organized if it is the responsibility of one (1) person to organize and facilitate them.

These meetings are very beneficial for resolving barriers in the investigation, discussing concerns for the safety of children involved, and updating team members on the progress of the case. Meetings can also help with coordinating the investigations between law enforcement and DCS or coordinating efforts between DCS, victim advocates, and prosecutors.
The team wants to guarantee transparency between agencies in the work that is being done, to ensure victim safety and that the case is progressing as quickly as possible toward resolution. Teams need to discuss how and when cases will be reviewed after an investigation is complete. For example, will cases be reviewed upon certain milestones such as when presented to a grand jury or upon indictment, or every three (3) months?

Meeting specifics include the following:

- A regularly scheduled time and place (such as the first Monday of every month).
- The person responsible for organizing the meetings.
- The person who will facilitate the meeting.
- A list of which team members are expected to be present.
- A list of which cases will be reviewed (for example, some CPITs review all cases, other CPITs review all new cases and other cases as requested).
- A process for reviewing cases after an investigation is complete and a process for placing a case that falls outside the standard criteria for review on the agenda. Please see page 27 for a suggested case presentation outline.

In addition, many teams create a CPIT Management Team that meets quarterly and ensures any overarching issues are dealt with, to guarantee the goals of the CPIT are being met. The management team also decides on the training needs of the team. Training should address the unique qualities of that team, as well as the needs of the community it serves.

**DATA COLLECTION AND REPORTING**

Each team should keep a record of cases they have reviewed and the results in terms of both prosecution and substantiation.
The teams also need to record what interventions were offered to victims and to families. The data can be used to support the need for CPITs and the great benefit, in terms of child protection, that they provide. An example of a CAC statistics report is provided on page 28.

Data is used in an annual report which is provided to the legislature, but more importantly, data also allows the community to see, in numbers, the good work that is being done. Additional information for medical evaluations, victim advocacy services, sample protocol for district attorneys and forensic methods is included in the appendices.

**TRAINING FOR MEMBERS OF A MULTIDISCIPLINARY TEAM**

Training should be recognized as very important to team development. Individual members should take responsibility for assisting other members from different professions to understand policy, procedures, and techniques. Cross training on the respective roles of team members and training in working together, as a group, is particularly important.

Training is vital for designing and delivering services

Training content useful for team members may be classified as follows:

- “Legal issues” may include: statutes on child sexual abuse, reporting requirements, legal remedies for protection, preparation for courtroom testimony, legal constraints and mandates, documentation for courtroom testimony, and related issues. “Child sexual abuse investigation” may include: interviewing children, validating abuse allegations, obtaining evidence for prosecution, dynamics and profiles of
sex offenders, indicators of abuse and neglect, child development, joint
(law enforcement and DCS) interviews, and other related
issues. “Treatment” may include: the impact and recovery from trauma,
child development, assessment, identification of factors which modulate
the impact of abuse, the advantages, disadvantages and safeguards
needed for family reunification, treatment planning, monitoring
compliance with offender treatment, and related issues.

- “Team operation” can include: team building and process facilitation,
procedures and guidelines of the various professions, conflict resolution,
information sharing, collaborative decision making, and related issues.
- Secondary traumatic stress training includes: educating the team of signs
and symptoms of secondary trauma, and the potential emotional effects
of working with trauma survivors.
- “General knowledge” may include: available community resources and
victim services, values clarification, how to deal with child abuse cases
without feeling overwhelmed or getting too involved, basic
communication skills, and related issues.

Teams may wish to create a training plan for its membership that can include
an orientation session for new members, as well as continuing education
provided each year. Training needs assessments may be distributed to each
member from which a list of training topics to be offered during the year may
be planned. Team trainings may be offered as brief segments of regularly
scheduled meetings or during specially convened meetings for the purpose of
training.

CONFIDENTIALITY

In order for CPIT members to share information freely, all CPIT members should
sign confidentiality agreements. Members must understand that much of the
case information is confidential and should not be discussed outside the team.
Tennessee Code Annotated, Tenn. Code Ann. §37-1-607 allows CPIT member to
exchange information relating to a report of child abuse or
neglect as necessary to facilitate a thorough investigation.

Case information is confidential and should not
be discussed outside the team.
In addition to each team member signing confidentiality agreements, visitors to a CPIT case review must understand and agree to the team’s requirements for confidentiality and should sign a confidentiality agreement.

**CONFLICT RESOLUTION**

Situations may arise in a case where members do not agree. Usually members are able to work beyond disagreement; however if conflicts are not resolved, this could lead to a division in your team that damages its effectiveness.

Before a conflict arises, the CPIT should discuss how to resolve conflict. In the event a conflict arises over an investigation or for any other reason, having a pre-determined conflict resolution plan helps the team find a quick resolution and move beyond the conflict. For example, if CPIT members reach a case classification which differs from the DCS classification, the Child Protective Services Investigator (CPSI) will request a review to be completed by the Director of Investigations, or designee, in the DCS Office of Child Safety. A final classification will be made following the case file review. A CPIT member may submit additional information to the Director of Investigations, or designee, for consideration. The Director of Investigation, or designee, will make the final classification decision with ten (10) business days of receipt of the request. DCS will notify CPIT members of the classification decision. (DCS Policy 14.6)

**WHAT DOES IT MEAN TO SUBSTANTIATE A CASE**

After all interviews are conducted and other evidence is collected, the investigator will evaluate the information and make a classification determination to substantiate or unsubstantiate the allegations. A classification of substantiated means there was a preponderance of the evidence to indicate the child was abused or neglected. If the classification is unsubstantiated, this means there was not enough evidence to conclude the child was abused or
neglected. The investigator will present the case at a CPIT review to determine if there is agreement with the classification decision. If there are additional tasks requested by the CPIT members, the investigator will complete those tasks, consult with their supervisor, and present the final information to the team for review.

Proof of one (1) or more of the following, linking the abusive act(s) to the alleged perpetrator, may constitute a preponderance of evidence:

- Medical and/or psychological information from a licensed physician, medical center, or other treatment professional that substantiates that child abuse occurred.
- An admission by the perpetrator.
- The statement of a credible witness or witnesses to the abusive acts.
- The child victim’s statement that the abuse occurred.
- Physiological indicators or signs of abuse or neglect.
- Physical evidence.
- Behavioral patterns that may be indicative of abuse or neglect.
- Circumstantial evidence linking the alleged perpetrator to the abuse or neglect.

By policy, DCS is supposed to classify the investigation within thirty (30) days of receiving the referral. The investigation should be closed within sixty (60) days of receiving the referral or the case should be transferred to a non-investigative employee of DCS. The main purpose of classification is to determine whether there is a preponderance of evidence that the alleged incident of abuse or neglect occurred and who the alleged perpetrator of the incident was.

Once a person has been substantiated, their name can be released to their employer, depending on how they are employed. In addition, their name will be flagged when an appropriate DCS background check is requested.

The link to DCS policy and procedures for classifying CPS Investigations: [https://files.dcs.tn.gov/policies/chap14/14.7.pdf](https://files.dcs.tn.gov/policies/chap14/14.7.pdf)

A person who has been substantiated as a perpetrator of abuse or neglect has a right to request a Formal File Review by another division of DCS. The Formal File Review request is the first step in appealing the substantiation. The purpose of the Formal File Review is to make a determination if a preponderance of evidence existed within a case to substantiate. The Formal File Review will result in a decision to uphold, overturn or modify the substantiation. If a Formal File Review is not requested timely, the perpetrator’s name will be placed on the DCS Child Abuse Registry. If the Formal File Review decision will have an impact on the perpetrator’s employment, he or she has a right to an administrative hearing.
Once a person has been placed on the DCS Child Abuse Registry, he or she may apply to have his or her name removed. To be considered for removal, one (1) year must have elapsed since the date of case closure and due process must have been waived or exhausted. This process is not an opportunity to challenge or dispute the facts of the original CPS case. It is an opportunity for the person to provide a justification detailing the facts and circumstances that have occurred since the date of the case closure demonstrating rehabilitative actions that warrant removal from the DCS Child Abuse Registry.

**SPECIAL ISSUES**

**What is the DCS Special Investigations Unit (SIU)?**

The Department of Children’s Services (DCS) Special Investigations Unit (SIU) conducts investigations of allegations of child abuse and neglect that occur in cases where a child is in DCS custody or in cases of non-custodial children who are under the supervision or care of someone functioning in an official volunteer or employee situation, when the alleged abuse/neglect occurred. Special investigations include facilities where children/youth are residing in a DCS or contract agency placement, non-custodial children/youth in licensed day care facilities, unlicensed daycare facilities with four (4) or more children, licensed childcare agencies, schools, religious, organizations or youth groups.

DCS SIU staff will coordinate investigative activities with CPIT members and others as appropriate. (DCS CPS Policy 14.25)

Listed below are situations that may require a joint investigation between DCS and law enforcement. CPIT may want to consider how these cases will be handled in the event an investigation is needed.

1. **What about the case of a child death?** CPIT should consider when to jointly investigate child death cases. Teams may also discuss the local child fatality review team process/protocol and whether they need to coordinate with that team.

   The link to DCS policy and procedures for responding to child death/near death allegations: [https://files.dcs.tn.gov/policies/chap20/20.28.pdf](https://files.dcs.tn.gov/policies/chap20/20.28.pdf)

2. **What if your CPIT is in an area with a military base?** CPITs in areas with a military base or military personnel may consider developing protocols with the military establishment. CPITs should be aware of any existing MOUs that may be in place when developing these protocols.

3. **Are there special rules when working with Native American children?** CPIT may want to consider any special requirements that may be
involved when conducting an investigation that involves children identified as Native American to ensure compliance with federal guidelines outlined by the Indian Child Welfare Act of 1978 (ICWA). ICWA requires that cases involving Native American children be heard in tribal courts, if possible, and permits a child’s tribe to be involved in state court proceedings.

The state of Tennessee is within the Eastern Region jurisdiction of the Bureau of Indian Affairs. If DCS is involved, they will notify the social worker for the child or family’s tribe.

**CONCLUSION**

Your team will contain all key stakeholders needed to protect the children in your community from abuse and to seek justice for those children who have been abused.

The Child Protective Investigative Team is the most important tool for your community. It is imperative that each team member take their role seriously and perform it to the best of their ability. Together, we truly make a difference in the lives of the children we serve and protect.
APPENDICES
(a) (1) (A) The department shall coordinate the services of child protective teams. At least one (1) child protective team shall be organized in each county. The district attorney general of each judicial district shall, by January 15 of each year, report to the judiciary committee of the senate and the civil justice committee of the house of representatives on the status of the teams in the district attorney general’s district as required by this section, and the progress of the child protective teams that have been organized in the district attorney general’s district. The department shall, with the cooperation of all statutorily authorized members of the child protective team, establish a procedure and format for data collection. The procedure and format developed shall include at a minimum the following information:

(i) The number of reports received for investigation by type (i.e., sexual abuse, serious physical abuse, life-threatening neglect);

(ii) The number of investigations initiated by type;

(iii) The number of final dispositions of cases obtained in the current reporting year by type of disposition as follows:

(a) Unsubstantiated, closed, no service;
(b) Unsubstantiated, referred for non-custodial support services;
(c) Substantiated, closed, no service;
(d) Substantiated, service provided, no prosecution;
(e) Substantiated, service provided, prosecution, acquittal; or
(f) Substantiated, service provided, prosecution, conviction;

(iv) Age, race, gender, and relationship to the victim of perpetrators identified in cases that are included in subdivisions (a)(1)(A)(iii)(c)-(f); and

(v) The type and amount of community-based support received by child protective teams through linkages with other local agencies and organizations and through monetary or in-kind, or both, donations.

(B) Such data shall be reported by January 15 of each year to the judiciary committee of the senate and the civil justice committee of the house of
representatives, along with a progress report on the teams and any recommendations for enhancement of the child sexual abuse plan and program.

(2) Each team shall be composed of one (1) person from the department, one (1) representative from the office of the district attorney general, one (1) juvenile court officer or investigator from a court of competent jurisdiction, and one (1) properly trained law enforcement officer with countywide jurisdiction from the county where the child resides or where the alleged offense occurred. The team may also include a representative from one (1) of the mental health disciplines. It is in the best interest of the child that, whenever possible, an initial investigation shall not be commenced unless all four (4) disciplines are represented. An initial investigation may, however, be commenced if at least two (2) of the team members are present at the initial investigation. In those geographical areas in which a child advocacy center meets the requirements of § 9-4-213(a) or (b), child advocacy center directors, or their designees, shall be members of the teams under this part and part 4 of this chapter for the purposes of provision of services and functions established by § 9-4-213 or delegated pursuant to that section. In such event, child advocacy center directors, or their designees, may access and generate all necessary information, which shall retain its confidential status, consistent with § 37-1-612.

(3) It is the intent of the general assembly that the child protective investigations be conducted by the team members in a manner that not only protects the child but that also preserves any evidence for future criminal prosecutions. It is essential, therefore, that all phases of the child protective investigation be appropriately conducted and that further investigations, as appropriate, be properly conducted and coordinated.

(b) (1) The department shall convene the appropriate team when a report of child sexual abuse has been received. Nothing in this section shall be construed to remove or reduce the duty and responsibility of any person to report all suspected or actual cases of child sexual abuse. The role of the teams shall be to conduct child protective investigations of reported child sexual abuse and to support and provide services to sexually abused children upon referral as deemed by the teams to be necessary and appropriate for such children.

(2) (A) For each child sexual abuse report it receives, the department shall immediately notify the child protection investigation team, which shall commence an on-site child protective investigation. The team shall:

(i) Determine the composition of the family or household, including the name, address, age, sex and race of each child named in the report; any siblings or other children in the same household or in the care of the same adults; the parents or other persons responsible for the child's welfare; and any other adults in the same household;
(ii) Determine whether there is any indication that any child in the family or household is sexually abused, including a determination of harm or threatened harm to each child; the nature and extent of present or prior injuries, or abuse, and any evidence thereof; and a determination as to the person or persons apparently responsible for the abuse;

(iii) Determine the immediate and long-term risk to each child if the child remains in the existing home environment; and

(iv) Determine the protective, treatment and ameliorative services necessary to safeguard and ensure the child’s well-being and development and, if possible, to preserve and stabilize family life.

(B) The team shall seek to interview the child in a neutral setting, other than where the alleged abuse occurred, whenever possible.

(3) Immediately upon receipt of a report alleging, or immediately upon learning during the course of an investigation, that:

(A) Child sexual abuse has occurred; or

(B) An observable injury or medically diagnosed internal injury occurred as a result of the sexual abuse;

the department shall orally notify the team, the appropriate district attorney general and the appropriate law enforcement agency whose criminal investigations shall be coordinated, whenever possible, with the child protective team investigation. In all cases, the team and the department shall make a full written report to the district attorney general within three (3) days of the oral report. If, as a result of an investigation, there is cause to believe a violation of title 39, chapter 17, part 10 has occurred, an appropriate report shall be filed by the district attorney general requesting an investigation by the Tennessee bureau of investigation. If independent criminal investigations are made, interviews with the victimized child shall be kept to an absolute minimum and, whenever possible, reference to the videotape or tapes made by the child protective teams should be utilized.

(4) In addition to the requirements of this part, the provisions of § 37-1-406 shall apply to any investigation conducted hereunder.

(5) As a result of its investigation, the team may recommend that criminal charges be filed against the alleged offender. Any interested person who has information regarding the offenses described in this subsection (b) may forward a statement to the district attorney general as to whether prosecution is warranted and appropriate. Within fifteen (15) days of the completion of the district attorney general’s investigation, the district attorney general shall advise the department and the team whether or not prosecution is justified and appropriate in the district attorney general’s opinion in view of the circumstances of the specific case.
(c) (1) The specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services that the team shall be capable of providing, to the extent funds are specifically appropriated therefor, or by referral shall be capable of obtaining for the protection of the child, include, but are not limited to, the following:

(A) Telephone consultation services in emergencies and in other situations;

(B) Medical evaluation related to the sexual abuse;

(C) Such psychological and psychiatric diagnosis and evaluation services for the child, siblings, parent or parents, guardian or guardians, or other care givers, or any other individual involved in a child sexual abuse case, as a child protection team may determine to be needed;

(D) Short-term psychological treatment. It is the intent of the general assembly that the department provide or refer a child whose case has been validated by the department, and the child’s family, for short-term psychological treatment before the department may close its case. Such short-term treatment shall be limited to no more than six (6) months’ duration after treatment is initiated, except that the commissioner may authorize such treatment for individual children beyond this limitation if the commissioner deems it appropriate;

(E) Expert medical, psychological and related professional testimony in court cases;

(F) Case staffings to develop, implement and monitor treatment plans for a child whose case has been validated by the department. In all such case staffings, consultations, or staff activities involving a child, at least one (1) member of the team involved in the initial investigation shall continue to monitor the progress and status of the child whenever possible and within the same geographic area; and

(G) Case service coordination and assistance, including the location of services available from other public and private agencies in the community.

(2) In all instances where a child protection team is providing or has obtained by referral certain services to sexually abused children, other offices and units of the department shall avoid duplicating the provision of those services.

Disclaimer: These codes may not be the most recent version. Tennessee may have more current or accurate information. We make no warranties or guarantees about the accuracy, completeness, or adequacy of the information contained on this site or the information linked to on the state site. Please check official sources.

Sample Memorandum of Understanding

STATEMENT OF PURPOSE AND AGREEMENT FOR PROTOCOLS
BY THE

CHILD PROTECTIVE TEAM OF THE ____ DISTRICT

In 1985, the Tennessee Legislature codified its intent to make the prevention of child sexual abuse a priority in this state, as contained in the following statute:

“TCA 97-1-601 Prevention of child sexual abuse deemed priority of state – Comprehensive approach – Purpose and construction of part.-The incidence of child sexual abuse has a tremendous impact on the victimized child, siblings, family structure and inevitably on all citizens of this state, and has caused the general assembly to determine that the prevention of child sexual abuse shall be a priority of this state. To further this end, it is the intent of the general assembly that a comprehensive approach for the detection, intervention, prevention and treatment of child sexual abuse be developed for the state and that this planned, comprehensive approach be used as a basis for funding.”

Further, the legislature directed that the “comprehensive approach” referred to above be implemented in each county by the coordination, by the Department of Children’s Services, of a child protective team. The make-up of the team and its mission is mandated by the following statute:

TCA 37-1-607 Child protective teams – Investigations – Services - ...(2)
Each team shall be composed of one (1) person from the department (DCS), one (1) representative from the office of the district attorney general, one (1) juvenile court officer or investigator from a court of competent jurisdiction, and one (1) properly trained law enforcement officer with county-wide jurisdiction from the county where the child resides or where the alleged offenses occurred. ...

(3) It is the intent of the general assembly that the child protective investigations be conducted by the team members in a manner which not only protects the child but which also preserves any evident for future criminal prosecutions. It is essential, therefore, that all phases of the child protective investigation be appropriately conducted and the further investigations, as appropriate, be properly conducted and coordinated.”

In keeping with the spirit and letter of the law of the State of Tennessee, the undersigned representatives of the members of the Child Protective Team of the ____ district, Tennessee, have developed the following protocols and guidelines to facilitate the comprehensive approach toward “detection, intervention, prevention, and treatment” of child sexual abuse in Henderson County, as well as to facilitate and ensure cooperation and complete, thorough investigations of all complaints of child sexual abuse.
To the extent that the team may desire to include all physical abuse under the following protocols, the Team further agrees to follow the guidelines contained hereinafter for both physical abuse investigations as well as sexual abuse investigations.

It is the intent to provide the facility and an adequate staff and volunteers for the operation of __________County Child Advocacy Center.

In support of the goals, objectives and principles set forth in this protocol, the undersigned agencies hereby agree to utilize the services provided by __________County Child Advocacy Center for the benefit of the children and families of this county.

Agreed to on the date hereinafter written:

Tennessee Department of Children’s Services  County District Attorney General

________________________  ______________________

County Sheriff Department  County Police Department

________________________  ______________________

County Police Department

________________________

County Child Advocacy Center Board President  County Juvenile Judge

________________________  ______________________
Case Presentation Outline

What to cover in the presentation of your case:

1. Child’s name, age, race and gender.
2. Who is the reporter?
   a. What precipitated the report?
   b. What were the circumstances of the disclosure?
   c. What is the family history, if known?
3. What is the allegation?
   a. What were the exact words the child used?
   b. What was the emotional state during the disclosure?
   c. What other information was received from the reporter?
4. What did the child say during the interview?
   a. Who interviewed the child?
   b. Where was the interview conducted?
   c. What was the content of the interview: who, what, when, how often?
5. What did the parent or caregiver say during the interview?
   a. What were the parent/caregiver’s concerns?
6. What did the alleged perpetrator say?
   a. Who conducted the interview?
7. Other corroborating evidence: medical, forensic interview, witnesses, etc.
   a. Were other family or household members interviewed (i.e. grandparent, sibling, other children in the home, etc.)?
   b. Were additional witnesses interviewed (i.e. school personnel, friends of alleged victim, neighbor, etc.)?
   c. Did the child receive a forensic medical examination and what was the result?
Race/Ethnicity of Alleged Victim/Client

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>July-Dec.</th>
<th>Jan.-June</th>
<th>FY Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indian/Alaska Native</td>
<td>10</td>
<td>13</td>
<td>23</td>
</tr>
<tr>
<td>Asian/Other Pacific Islander</td>
<td>30</td>
<td>31</td>
<td>61</td>
</tr>
<tr>
<td>Black/African American</td>
<td>1,845</td>
<td>2,624</td>
<td>4,469</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>310</td>
<td>307</td>
<td>617</td>
</tr>
<tr>
<td>Other</td>
<td>308</td>
<td>288</td>
<td>596</td>
</tr>
<tr>
<td>White</td>
<td>6,800</td>
<td>6,928</td>
<td>13,728</td>
</tr>
</tbody>
</table>

Number of Alleged Victims/ Clients Referred for each Type of Alleged Maltreatment

<table>
<thead>
<tr>
<th>Type of Alleged Maltreatment</th>
<th>July-Dec.</th>
<th>Jan.-June</th>
<th>FY Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Abuse</td>
<td>6,727</td>
<td>7,368</td>
<td>14,095</td>
</tr>
<tr>
<td>Drug Endangered</td>
<td>1,086</td>
<td>1,082</td>
<td>2,168</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>1,028</td>
<td>1,296</td>
<td>2,324</td>
</tr>
<tr>
<td>Neglect</td>
<td>516</td>
<td>766</td>
<td>1,282</td>
</tr>
<tr>
<td>Other</td>
<td>417</td>
<td>335</td>
<td>752</td>
</tr>
<tr>
<td>Witness to Violence</td>
<td>97</td>
<td>59</td>
<td>156</td>
</tr>
<tr>
<td>Child Death</td>
<td>66</td>
<td>72</td>
<td>138</td>
</tr>
</tbody>
</table>

Tennessee Joint Task Force on Children’s Justice/Child Sexual Abuse
### Number of Children Allegedly Abused by:

<table>
<thead>
<tr>
<th></th>
<th>Stranger</th>
<th>Parent’s Boyfriend/Girlfriend</th>
<th>Stepparent</th>
<th>Other Known Person</th>
<th>Unknown</th>
<th>Other Relative</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>July-Dec.</strong></td>
<td>0</td>
<td>222</td>
<td>225</td>
<td>1,182</td>
<td>996</td>
<td>1,160</td>
<td>2,539</td>
</tr>
<tr>
<td><strong>Jan.-June</strong></td>
<td>0</td>
<td>278</td>
<td>271</td>
<td>1,485</td>
<td>1,196</td>
<td>1,363</td>
<td>2,762</td>
</tr>
<tr>
<td><strong>FY Totals</strong></td>
<td>0</td>
<td>500</td>
<td>496</td>
<td>2,667</td>
<td>2,192</td>
<td>2,523</td>
<td>5,301</td>
</tr>
</tbody>
</table>

### CPS Disposition Number of Cases Involving Children Served by CAC

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>July-Dec.</strong></td>
<td>1,610</td>
<td>105</td>
<td>73</td>
<td>249</td>
<td>4,209</td>
<td>51</td>
<td>4,227</td>
<td>53</td>
<td>125</td>
<td>219</td>
</tr>
<tr>
<td><strong>Jan.-June</strong></td>
<td>1,552</td>
<td>27</td>
<td>113</td>
<td>272</td>
<td>4,227</td>
<td>53</td>
<td>4,227</td>
<td>53</td>
<td>115</td>
<td>229</td>
</tr>
<tr>
<td><strong>FY Totals</strong></td>
<td>3,162</td>
<td>132</td>
<td>186</td>
<td>521</td>
<td>8,436</td>
<td>104</td>
<td>8,436</td>
<td>104</td>
<td>240</td>
<td>448</td>
</tr>
</tbody>
</table>
*20 Cacs provided data for this section from July-Dec.  19 CACs provided data for this section from Jan.-June 2016
Medical Evaluations

In cases of reports of recent trauma or abuse, DCS and law enforcement investigators responding to the report are responsible for scheduling medical evaluation. In cases involving delayed reporting of abuse, if an appropriate medical evaluation has not been completed, the CPIT assists in scheduling medical evaluations in the following cases:

- All cases involving allegations of sexual penetration;
- All cases in which an investigator has reason to believe that evidence of sexual molestation may be present;
- All cases in which it is alleged that the child has been sexually abused with the preceding 72 hours;
- All children alleged to have been seriously physically abused; and
- Any case in which an investigator requests a medical examination.

The purpose of the medical examination is to evaluate potential physical and psychological injury to the victim and possible presence of Sexually Transmitted Diseases (STDs). The medical examination also serves to detect and preserve any and all forensic evidence of sexual or physical abuse.

Also, no child is denied medical services due to inability to pay for those services. The Criminal Injuries Compensation Fund may be billed. This pertains to persons of sexually-oriented crimes under Tennessee Code Annotated, Section 39-13-502 - 39-12-506, 39-13-522, 39-13-531, 39-13-532, and 39-13-527 that occurred on or after July 1, 2007. This may include an exam for a crime occurring in Tennessee whether or not it is performed for a Tennessee resident. Payments for exams arising from crimes occurring outside Tennessee cannot be considered if that state has a forensic exam payment program which would pay any part of the expense.
Victims Advocacy Services

Victim support and advocacy services are routinely made available to child victims and their non-offending family members as part of the Child Protective Investigative Team response. These services are designed to reduce trauma and improve outcomes. Many members of CPIT may serve as an advocate for a child within their discipline system; however, victim-centered advocacy coordinates services to ensure a consistent and comprehensive network of support for the child and family. Children and families in crisis need assistance in navigating through the systems’ response. While more than one team member will perform victims advocacy functions at different points in time, coordination that ensure continuity and consistency will be secured through the Child Advocacy Center (CAC).

The CAC provides education about the multi-disciplinary response, assist in procuring concrete services, and secures mental health and medical treatment as part of its victim advocacy services. CAC staff also follows each case throughout the investigation and prosecution, and provided clients with ongoing information about the progress of their case through the juvenile and/or criminal justice systems. The CAC notifies clients of the filing of criminal charges and is available to attend court hearings with family members, if requested. The CAC also assists victims in obtaining financial compensation through the Victim of Crimes Assistance Program and other available programs. Such assistance may include identifying and notifying crime victims of the availability of compensation, assist them with application forms and procedures, obtaining necessary documentation, and/or checking on the status of claims.

All cases resulting in criminal prosecution also receive services through the CAC and/or the Office of the District Attorney General. Meetings are scheduled to familiarize the victim with the criminal court process in order to make court proceedings more understandable and less frightening to children and their families. These meetings can be held at the CAC and may also include tours of the courthouse facilities, including the courtroom where the child may be called upon to testify. The CAC staff also accompanies children and their families to court and provide support and advocacy throughout all consequent legal proceedings. For information on the Victim’s Compensation forms, please visit http://treasury.tn.gov/injury/
Sample Protocol for DA’s Office: Prosecution of Child Abuse and Child sexual Abuse

Statement of Purpose

Responding to child abuse and child sexual abuse is a profound challenge for every community. Prosecutors, law enforcement, children’s protective services, and other professionals recognize the special needs of child victims and are committed to working together to respond to the problem.

Specifically, The Office of the District Attorney recognizes the need for prompt and effective prosecution of all types of child abuse cases.

Tennessee Code Annotated 37-1-607 provides for the Office of the District Attorney to participate in the Child Protective Investigative Team and to take a central role in ensuring the prosecution of cases.

Goals

The overriding philosophy of this model protocol is to consider first and foremost what is best for the child/victim while ensuring the rights of the accused.

The following goals are the basis for this policy:

A. To ensure that child abuse cases are properly and effectively investigated and prosecuted.

B. To reduce trauma and provide protection and continued support for abuse victims and their families.

C. To improve cooperation among professionals and agencies that furthers the development of common goals and methodologies for better management of child abuse cases, including limiting the number of times a child is interviewed.

D. To encourage open communication among all parties to resolve difficulties that may arise in the case.

E. To increase awareness and reporting of child abuse cases.

F. To ensure proper training for all professionals within the scope of this protocol.
G. To encourage early and continued coordination between Children’s Protective Services (CPS) and law enforcement to make investigations more timely and inclusive.

H. To urge consideration of the opinions and advice of all agencies involved in protecting the child before any final decisions are made.

I. To support the video recording of investigative forensic interviews of children at child advocacy centers.

**Prosecutors**

A. Prosecutors should take a leadership role with the Child Protective Investigative Team.

B. Prosecutors should provide legal counsel on issues relative to the investigation, preparation for and prosecution of child abuse cases.

C. Prosecutors should pursue consistent practices in charging, negotiating pleas and disposing of child abuse cases.

D. Prosecutors should minimize trauma to the child victim throughout all legal proceedings, and ensure the rights of the accused.

E. Prosecutors should enhance the advocacy for child abuse victims by working closely with the Victim Witness Coordinator assigned to the case, and by ensuring that the office policy and the court proceedings accommodate the special needs of the child abuse victims during their exposure to the criminal justice system.

F. During the entire prosecution, and through the final disposition of a criminal case, the prosecuting attorney shall keep the victim, their supervisor and the Child Protective Investigative Team informed.

**Handling of Cases**

A. Direct indictment shall be the preferred method of initiating prosecution of felony child abuse cases, particularly when the child victim is likely to be called as a witness (due to the trauma for the child associated with the court experience).

B. If adequate personnel are available, each prosecutor’s office shall have a child abuse specialist.

C. If adequate personnel are available, each office shall provide for one prosecutor to handle the child abuse case from inception to completion to reduce the number of people involved in the case. This will provide
for vertical prosecution and consistent support, by one prosecutor, of the child victim and their family.

D. The prosecutor shall request bond conditions deemed necessary to protect the welfare of the victim, such as a no contact person between the alleged perpetrator and the victim or the victim’s family.

E. Upon initiation of formal charges by the prosecutor’s office, the prosecutor, victim, witness coordinator or a member of the prosecutor’s staff shall contact the victim and prepare them for the court process.

F. The prosecutor shall minimize the involvement of the child in the legal proceedings whenever possible.

G. All cases to be prosecuted shall be presented to the grand jury in a timely manner.

H. When interviewing the child, the prosecutor shall be sensitive to the needs of the child and shall strive to lessen the trauma of the court experience for the child.

I. It is the duty of the each prosecutor to explain any decision not to prosecute a case to the family or guardian of the child and to the child, when appropriate.

J. The prosecutor and the victim witness coordinator shall take an active part in working with the child and family. To the extent practicable and when it is in the child’s best interests, these interviews and meetings should be conducted at the child advocacy center.

K. When children will be required to testify, they shall be prepared for the courtroom experience prior to trial and the courtroom, to the extent possible, shall be re-arranged to ensure that the child feel safe in the courtroom.

L. All victims and witnesses who are required to attend court proceedings shall be promptly notified of any scheduling changes. Victims will be asked to keep their contact information up to date, so that the prosecution team can keep them so informed.

M. The victim witness coordinator or another support person shall be present at court any time the victim or victim’s family is in court.

N. The victim witness coordinator or another member of the prosecution team shall make appropriate referrals for counseling, private legal services, and other services to ensure the protection of the child and to assist the victim and their family whether or not the case is prosecuted.

O. The prosecutor and members of their team shall routinely update the Child Protective Investigative Team as to the status of the criminal case
and shall participate in any formal or informal consultations with the team member on an as-needed basis.

Conclusion

All investigations and prosecutions pertaining to child abuse and neglect shall follow these procedures for assessing risk to children, for the communication of information between multi-disciplinary team member agencies, and for the completion of prosecutor’s responsibilities to ensure the effective and efficient prosecution of child abuse cases.
Forensic Methods

Tennessee Code Annotated 24-7-123 requires protocols to include the use of forensic methods in determining the occurrence of child abuse and neglect.

Forensic methods refer to:

- Sound methods and techniques of evidence gathering that lead to reliable and credible evidence; and
- Then conducting and analysis of the evidence as it applies to the facts of the case in order to reach an objective conclusion.

Some examples of forensic methods are:

- Forensic interview of a child victim;
- Medical exam of child;
- Critical analysis of a child’s injuries and the explanation of those injuries;
- DNA evidence that corroborates the victim’s statement;
- Sexual Assault Nurse Examiner exam;
- Suspect/perpetrator statements;
- Witness statements;
- Photograph of crime scene; and
- Photograph of injury.

In 2014, the Tennessee Supreme Court Issued an Opinion Concerning Forensic Interviews, which allowed the state to introduce evidence of a child victim’s recorded video statement. For more information about this landmark case, please visit https://www.tncourts.gov/sites/default/files/mccoybarryopn.pdf

Additionally, for information on the statute regarding admission of video recording of interview of child describing sexual misconduct, please visit http://law.justia.com/codes/tennessee/2014/title-24/chapter-7
Cases Involving Trafficking and Internet Crimes Against Children

Protocol for handling special cases involving trafficking and internet crimes against children may include the following:

- General Background (living conditions, relatives, schools)
- What Happened (number of persons involved, victim’s terminology)
- Venue and Timeframe (when and where did it happen)
- What If (the fear factors)
- Gang Activity Association (was the victim tattooed or marked by the pimp)
- Debts (did everyone have to pay for sex, debts related to drugs or services)
- Advertisements (how customer learned about services, were pictures taken)
- PIMP Preferences (relationship to trafficker, weapons used or displayed, other persons involved)
- Access (was victim allowed to keep any of the money, how was victim transported, did pimp provide drugs or alcohol)
- Follow the Money (what happened to the money, did the pimp owe money to someone else)
- Investigative Leads (what phones were used, any text apps or phone apps used to communicate, any encounter with the police during this timeframe, medical attention, hotels or drug stores where they might have been a surveillance camera)