

# MDT Quarterly

Because this is work that matters

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## Karly's Law 3 Years Later

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### What, exactly, is a suspicious physical injury?

By Kerri Hecox, MD, MPH  
Children's Advocacy Center  
of Jackson County

"I'm just covering my bases on this one." "I hope I'm not wasting your time." As the designated medical provider for Jackson and Josephine Counties, I hear comments like this all the time from caseworkers who bring cases to me under Karly's Law. Are the injuries suspicious? In my view, if the possibility of child abuse crosses the case worker or police officer's mind, no matter how minor the injury, it's suspicious enough to warrant evaluation.

A case in point came through our office a few months ago. DHS was called to investigate concerns of parental drug use in a home with three small children, boys aged 6, 4, and 9 months. While evaluating the family the caseworker noted that the 9 month old, we'll call him Ray, had two small bruises on his face, one at the corner of his mouth and the other on his opposite temple. The caseworker asked the parents what had happened, and the boy's mother said that Ray had been lying on a bed where the other boys were jumping and she thought that was where the bruises came from, but she wasn't sure. Although the bruises were small and Ray

### Karly's Law 3 Years Later

By Representative Sara Gelsler, Assistant Majority Leader Chair,  
House Education Committee House District 16  
(Corvallis/Philomath)

When 3 year old Karly Sheehan was murdered in Corvallis in 2005, our community was devastated. While the violent death of a child is always a heartbreaking tragedy, our community was deeply troubled to learn that Karly's cries for help had gone unheard. Despite contact with DHS, suspicions of domestic violence, pleas for help from her biological father, and law enforcement involvement with the family, Karly's devastating injuries were determined "unfounded" for abuse. At sentencing, the judge in the murder case acknowledged that our system had failed Karly. She challenged our community to look hard at Karly's experience, and find ways to improve safety for other children. That is why so many people came together to work on Karly's Law.

I'm deeply grateful to the hundreds of people who continue working diligently on the implementation of Karly's Law. When the new law was passed it went into effect immediately, creating significant challenges in rulemaking, development of interagency agreements, and staff training. While many of us expected those challenges, I think the surprise was in the depth and scope of the capacity issues. Far more injured children were coming in for assessments than anticipated. This strained financial, human and logistical resources--- but it also provided desperately needed services to children.

Karly's Law did not create injured children. It only put a spotlight on child physical abuse, and challenged our state to improve its efforts to meet the need. During the 2009 session, I was pleased to work with Speaker Hunt, Representative Buckley and the Department of Justice to successfully secure the allocation of \$1 million in new, ongoing funds to address the increased demand for medical examinations for child abuse victims. I know this is still not enough to meet the need, and we have more work to do to improve our capacity to provide timely, convenient and non-invasive access to kids in need.

It is one thing to pass a bill. However, the success of a new law is dependent upon the spirit, commitment and energy that is put

seemed to be acting normally, the caseworker was concerned—the history didn't seem to fit. Could Ray have been struck in the face hard enough to bruise, twice, without crying and getting someone's attention? The caseworker, rightly, wanted to be sure.

Ray was seen by his primary care provider within 48 hours, in compliance with Karly's Law. Ray's primary care provider felt that the findings on Ray's face were minor, not enough to warrant further work-up. In his exam that day Ray had no other bruises or concerning findings noted by the primary provider.

Ray's photos and medical report were forwarded to me within 72 hours. When I saw the photos of Ray's face I was more concerned. The bruises were small, about 1 cm, but they were on the face of a minimally mobile child and in distinctly differently planes. Also, the bruise at the corner of Ray's mouth was circular and the one at his temple more linear, suggesting to me that it could be a pattern injury, as would be left by a hand gripping Ray's face. I ordered x-rays.

Ray's films were done the following day, and came back with two complex skull fractures. Ray was in foster care at this point secondary to his parent's substance use, and the foster care provider reported that Ray had been acting completely normally the whole time in her care. The only clue to Ray's significant injuries had been the small bruises on his face. Ray's caseworker had been suspicious, and her suspicions proved correct.

### **Karly's Law: Adjustments Law Enforcement Has Made and Encountered Along the Way.**

**By Tracy Burleson Portland Police Officer  
CARES NW / CAT**

Since Karly's Law came into effect, law enforcement agencies in Oregon have adapted their operating procedures and training to continue to meet the requirements of protecting the children in their communities.

The Portland Police Bureau's School Police Division, which responds to the majority of child abuse calls in Portland, conducts annual in-service training. Its focus is to keep updated on Karly's Law and child abuse response. Sergeant Perkins of the Portland

into implementing it. When it comes to Karly's Law, all of the partners have exceeded expectations in this regard.

Karly's Law has strengthened partnerships between agencies, law enforcement, child protective services, advocates and the medical community. MDTs report that partners who previously declined to come to the table are now regularly participating in meetings and community planning. Nurses and doctors have redoubled their efforts to train themselves to recognize the signs of child abuse. CARES NW and other intervention centers have stepped up to provide statewide training. The Department of Justice has invested significant time and resources training MDTs about the requirements and DPSST has included a debrief of Karly's Case and the implementation of Karly's Law as part of their training process. These efforts are beyond the mandates of the law, and these activities have perhaps made a greater difference than the law itself.

Doctors, nurses, child center staff, advocates, law enforcement officers, CPS workers and others step up to do gut wrenching work every day because of their commitment to making the world safer for vulnerable children. The successful implementation of Karly's Law--- a demanding mandate--- is simply one small example of the capacity of passion driven people to do big things with small resources.

### **A Prosecutors Perspective on Karly's Law An Interview with Erik Hasselman, Lane County Deputy District Attorney**

**How long have you been with the DA's office and prosecuting child abuse cases?**

I started my career as an assistant district attorney in July 1995, and have worked in that capacity for 15 years. As an entry-level prosecutor, I predominantly handled misdemeanor offenses. Early on, however, I was exposed to what we consider "low-level" crimes involving child victims. These included child neglect, endangering the welfare of minors, and recklessly endangering. As my time in the office increased, so did the seriousness of the crimes I prosecuted. For the last several years, I have been assigned to our Major Crimes Division team, which handles most of the Ballot Measure 11 offenses in Lane County. More than half of my caseload currently includes the sexual abuse and exploitation of children, assaults resulting in serious physical injury to children, and even the murder of children.

**What impact has Karly's Law had on the DA's office?**

Having participated on Lane County's MDT for the last couple years, I have been involved with the protocol development and implementation of Karly's Law in our jurisdiction. The implementation of this set of laws included the input of several of our lawyers responsible for the evaluation and prosecution of child physical and sexual abuse cases. Once the protocol was developed and adopted by our MDT and the Lane County District Attorney, with the legal input of our staff lawyers, the main responsibility of its day-to-day implementation fell to our local medical providers, the Department of Human Services (Child Protective Services), law enforcement, our designated medical professional (DMP), and Kids FIRST (our child advocacy center). The actual impact on the day-to-day operations of our DA's office is fairly minimal, and is limited to regular case reviews during the MDT process.

Police Bureau's School Police Division explained: "Our annual in-service meeting with our School Resource Officers is to make sure we continue to meet the requirements of Karly's Law and ensure the safety of our kids." During this in-service training, Department of Human Services (DHS) and Multnomah County Child Abuse Team (CAT) supervisors have attended to review how child abuse calls are responded to.

The Dallas Oregon Police Department also has added Karly's Law training to their in-service last June for all their sworn personnel, acknowledging the importance of keeping informed on child abuse response procedures.

Some of the best information that law enforcement reports receiving in Karly's Law cases is the email address for sending photos to their Designated Medical Professional (DMP). Officers respond to abuse calls at all hours and knowing where to send photos electronically so they can be provided to the DMP within the required 48 hours is invaluable. (Contact your DMPs for their secure email addresses for sending photos).

Law enforcement has also examined how it manages photographs and evidence in Karly's Law cases. Some Police Departments collect the camera's memory card as evidence after photos are taken, printed and downloaded. The photos are then sent by email to their DMPs.

Police officers and DHS caseworkers have recognized that calls can include child physical abuse, though the initial response was for other concerns such as domestic violence or child neglect. In some cases the Karly's Law requirements are nearly missed because the focus is on the immediate problem or taking the child into protective custody, placing the child, and photographing the living environment.

In February of 2008, an incident of physical abuse was reported to Portland Police regarding a child being hit by her father. Upon arriving, the mother reported a history of domestic violence. The responding officer gave information on restraining orders and contacted DHS, CAT and the Domestic Violence Reduction Unit (DVRU). The mother also reported that her daughter had been slapped on the forearm by the father and the child showed a visible mark. The incident was a Karly's Law case but photographing the injury was

## What impact has Karly's Law had on your local MDT?

The impact of Karly's Law on our local MDT has been more profound. Not only has it required extensive planning in developing protocols for each partner agency to follow, but it also added significant case review and training components, as well.

In addition to the almost 600 child interviews individually reviewed by our MDT in 2009, the responsibility of the case review partners of the MDT was dramatically increased by the addition of almost 300 cases preliminarily identified as falling under Karly's Law. However, no one felt the increase of workload and responsibility more significantly than the medical director of Kids FIRST, Dr. Elizabeth Heskett. As our designated medical professional, she has the primary responsibility of compiling and reviewing the information regarding each child identified as a "Karly's" case, then reporting her findings. Like so many unfunded mandates, Karly's Law has caused a significant increase in workload without the addition of corresponding resources to accomplish the law's intent. Lane County has been fortunate to have a medical director at our advocacy center who has agreed to take on that roll for the benefit of the children we serve.

The additional training necessary to meet the mandates of Karly's Law has also created an increase in work for the MDT and its members. Not only did the initial education of the affected disciplines require significant effort, but as problems with reviewed cases surface, we have seen a noticeable increase in the time devoted by MDT partners to remind and re-train agency partners regarding the necessity of following the adopted protocols, as well as training individuals who are new to agencies and disciplines involved in treating and investigating suspicious injuries to children. This recurring training is necessary to fulfill both the letter and intent of the law.

Finally, the reporting requirement to Oregon's Department of Justice caused a significant increase in the workload of the staff at Kids FIRST. As new cases come in each week, this is an additional and recurring obligation to an MDT partner: an obligation that was not there before Karly's Law was put into effect. Our center, however, has responded well and absorbed the workload to comply with the law.

## What is different now than before Karly's Law in the DA's efforts to prosecute and try cases?

I'd have to say very little about Karly's Law has impacted the way in which my office reviews cases for prosecution. However, when the Karly's Law protocol is followed, the results provide an obvious advantage for our lawyers in the collection of evidence early on in the process, often before a formal investigation has even commenced. The requirement that injuries be documented by photograph has given prosecutors an increase in useable evidence collected by DHS and our local medical providers at the outset. The fact that DHS and law enforcement are involved early on also ensures that interviews are conducted while matters are still fresh in witnesses' and victims' memories, and provides fewer opportunities for witnesses and victims to be tampered with before providing statements.

## Does local MDT protocol involving Karly's law drive any elements of case prosecution?

overlooked. The call's focus was on domestic violence and obtaining a restraining order. The responding DHS caseworker then contacted CARES NW for an evaluation and photos were taken.

As law enforcement agencies continue training and working closely with multidisciplinary team members, the response to child abuse and Karly's Law becomes more efficient in protecting children.

### **Welcome Mike Maryanov, CAMI Coordinator!**

Mike Maryanov became the CAMI Coordinator at the Department of Justice on April 1. He came to CAMI after almost nine years working for the Oregon Judicial Department, where he coordinated three different drug courts for the Marion County Juvenile Court. As the drug court coordinator, Mike worked closely with adolescents who were on probation and struggling with extreme substance abuse behaviors, and with pregnant women already involved with child welfare and struggling with addiction. He also helped create an early childhood-focused family drug court for parents of infants and toddlers involved with child welfare. Mike worked along side families, judges, juvenile and adult probation officers, DHS caseworkers, prosecutors, defense attorneys, treatment counselors, family support specialists, Relief Nursery interventionists, therapists, and program administrators as well as county commissioners, state officials, county, state and federal grant funders, and other drug court programs across Oregon. While substance abuse and addiction was the key factor leading to enrollment into the drug courts, the behaviors and risk factors associated with the addiction certainly transcend the drug court and flow into child abuse intervention. Also, drug court teams are quite similar to child abuse MDTs and the experiences Mike had as a coordinator and grant recipient should help pave the way for a smooth transition into CAMI.

Mike earned his MSW from the University of Maryland at Baltimore in 1996. Upon graduating, Mike worked in Boston for a network of eight child abuse residential service providers located across the state. Mike coordinated acute and long term residential care for children aged 3-12, working with the state Department of Social Services, Department of Mental Health, and

The decision and effort to prosecute a case is affected very little by the protocols put in place by Karly's Law. Prosecution is dependent on the availability of credible, persuasive, and admissible evidence. As noted above, Karly's Law actually encourages the timely collection of such evidence. To date, I have not heard of any defense attacks on Karly's Law protocols. When it comes to the creativity of criminal defense attorneys, there is always the potential for such an attack. However, there is nothing about our local protocols which causes me any concern that we are obtaining evidence or witnesses statements, in actual abuse cases, in a way which infringes on any constitutional or statutory rights held by a criminal defendant. We have much experience in defending against "protocol" attacks made by defendants under the Oregon Child Interview Guidelines, and my expectation is that we will continue to have such success in defending the protocols established to comply with this set of laws.

**In your opinion, is Karly's Law successful in identifying child abuse and protecting children who otherwise would have been missed?**

Although law enforcement and DHS generally do an effective job protecting children who have been the subject of a report of abuse, we have experienced cases in which a child was not protected because the abuse was not brought to its attention. Karly's Law has had an impact in these cases. Because medical professionals are now required to involve these agencies in cases where there is suspicion of abuse of a child, more attention is being directed toward children who previously would not have had an outside pair of eyes looking at their circumstances to determine whether they appear safe. Many of these situations have ended up with the child ultimately being safer than if there had been no investigation.

Additionally, we have seen cases referred to our designated medical professional which have been mislabeled or identified as accidental. Due to the compilation of materials and evidence required to be presented to our DMP, the original opinions of local medical practitioners have been modified by additional investigation which has established the existence of child abuse where none had been suspected before. This "second opinion," usually with more information than the original provider had access to, has resulted in a safer environment and disposition for children in those circumstances.

**Do you have any additional thoughts you would like to add on the effect that Karly's Law has had on Oregon's victims of child abuse, or on the work you do as a prosecutor?**

As noted above, Kids FIRST in Lane County has been very fortunate to land a medical director who is so dedicated to issues of child safety that she has been willing to take on a significantly increased work load caused by Karly's Law without any corresponding increase in compensation for her time spent evaluating these cases. Timely compliance with the requirements of Karly's Law has also caused an increase in the required dedication of resources for already overburdened DHS and law enforcement in our jurisdiction. Sadly, these mandates have come without extra funding to assure that there is adequate staffing to meet the admirable goals of the law.

Overall, I think the law has caused us to be even more vigilant

the state's major managed care provider to ensure appropriate levels of care and ongoing support for children surviving the most horrific of abuse cases.

Although he grew up near Chicago in northern Illinois, Mike's family hails from Vancouver. Mike has also spent time living in Boston, Baltimore, Washington DC and New Orleans. It has taken a while for him to reestablish roots in this area, but he's happy to be here and here to stay.

Mike can be reached in Salem at the Crime Victims' Services Division of DOJ. His phone is 503-378-5307 and email is [mike.v.maryanov@doj.state.or.us](mailto:mike.v.maryanov@doj.state.or.us).



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Do you have an idea for an article you would like to contribute to the MDT Quarterly? If so, please contact [Patty Terzian](#), Statewide Coordinator for the Oregon Network of Child Abuse Intervention Centers.

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971-506-2555

than we already were in identifying and helping children in need of protection. Although the group of endangered children who would not have been served in our jurisdiction without Karly's Law is relatively small, the purpose of the law in allowing fewer children to "escape through the cracks" has undoubtedly been served at times by the extra efforts made by medical providers and other partners within the MDT community. As we move forward, we will need to continue to pass on our experiential knowledge to new participants in the process, and will need to continue to educate the medical community on passing on information, to those whose job it is to protect children, when children present with injuries of a suspicious nature or injuries which appear to defy the explanations provided by adults charged with the care of these children.

#### NCA Standards for Accredited Members Standard of the Quarter: Multidisciplinary Team

STANDARD: A MULTIDISCIPLINARY TEAM FOR RESPONSE TO CHILD ABUSE ALLEGATIONS INCLUDES REPRESENTATION FROM THE FOLLOWING:

- LAW ENFORCEMENT
- CHILD PROTECTIVE SERVICES
- PROSECUTION
- MEDICAL
- MENTAL HEALTH
- VICTIM ADVOCACY
- CHILDREN'S ADVOCACY CENTER

#### Rationale

A functioning and effective multidisciplinary team approach (MDT) is the foundation of a CAC. An MDT is a group of professionals who represent various disciplines and work collaboratively from the point of report to assure the most effective coordinated response possible for every child. The purpose of interagency collaboration is to coordinate intervention so as to reduce potential trauma to children and families and improve services, while preserving and respecting the rights and obligations of each agency to pursue their respective mandates. This interagency collaboration is based on a system response and not just on the facility. Collaborative response begins with case initiation and is promoted through understanding and exploring case issues. Insight from each MDT representative provides the environment for a coordinated, comprehensive, compassionate professional response. Quality assurance is a necessary component of this joint response to review the effectiveness of the collaborative efforts.

Six disciplines; law enforcement, child protective services, prosecution, medical, mental health, victim advocacy, together with CAC staff, comprise the core MDT. Some CACs, including those in small, rural communities, may employ one person to fill multiple roles. For example, the CAC Director may also serve as the Victim Advocate or a CPS worker may function as an interviewer and a case worker. Community resources may limit personnel and require some to wear multiple hats. What is important is that each of the above-mentioned functions be performed by a member of the MDT while maintaining clear boundaries for each function. MDT's may also expand to include other professionals, such as guardians ad litem, adult and juvenile probation, dependency (civil) attorneys, out-of-home care licensing personnel, federal investigators, school personnel,

domestic violence providers and others, as needed and appropriate for that community.

Generally, a coordinated, MDT approach facilitates efficient gathering and sharing of information, broadens the knowledge base with which decisions are made by including information from many sources, and improves communication among agencies. From each agency's perspective, there are also benefits to working on an MDT. More thorough and shared information, improved and timely evidence gathering, and the involvement of the prosecutor from the beginning stages of the case may contribute to a more successful outcome. An MDT response also fosters needed education, support and treatment for children and families that may enhance their willingness to participate and their ability to be effective witnesses. MDT interventions, particularly when provided in a neutral, child-focused CAC setting, are associated with less anxiety, fewer interviews, increased support, and more appropriate and timely referrals for needed services.

In addition, non-offending parents are empowered to protect and support their children throughout the investigation and prosecution and beyond. Law enforcement personnel find that a suspect may be more likely to cooperate when confronted with the strength of the evidence generated by a coordinated MDT approach. Law enforcement personnel also appreciate that support and advocacy functions are attended to, leaving them more time to focus on other aspects of the investigation. They work more effectively with CPS on child protection issues and benefit from other MDT members' training and expertise in communicating with children and understanding family dynamics. As a result of effective information sharing, CPS workers are often in a better position to make recommendations regarding placement, visitation and can assist the MDT by monitoring the child's safety and parental support, and evaluating non-offending parents. Medical providers benefit from the MDT's complete history taking and, in turn, are available to consult about the advisability of a specialized medical evaluation and the interpretation of medical findings and reports. Mental health professionals can provide the MDT with valuable information regarding the child's emotional state and treatment needs and ability to participate in the criminal justice process. A mental health professional on the MDT helps ensure that assessment and treatment and related services are more routinely offered and made available to children and families. Victim advocacy personnel are available to provide needed crisis intervention, support, information and case updates, and advocacy in a timely fashion. This helps the MDT anticipate and respond to the needs of children and their families more effectively, lessens the stress of the court process, and increases access to resources needed by the family which may include access to victims of crime funding.

## CRITERIA

### Essential Components

A. The CAC/MDT has a written interagency agreement signed by authorized representatives of all MDT components that clearly commits the signed parties to the CAC model for its multidisciplinary child abuse intervention response.

Written agreements formalize interagency cooperation and commitment to MDT/CAC practice and policy ensuring continuity of practice even when personnel, heads of departments, and elected officials change. Written agreements may be in different

forms such as memoranda of understanding (MOUs), protocols and/or guidelines, and are signed by the leadership of participating agencies (e.g. police chiefs, prosecuting attorney, agency department heads, supervisors, etc.) or their designees. These documents should be developed with input from the MDT, reviewed annually and updated as needed to reflect current practice and current agency leadership.

B. All members of the MDT including appropriate CAC staff, as defined by the needs of the case, are routinely involved in investigations and/or MDT interventions. The purpose of multidisciplinary involvement for all interventions is to assure that the unique needs of children are recognized and met. This means that informed decision-making occurs at all stages of the case so that children and families benefit optimally from a coordinated response. Multidisciplinary intervention begins at initial outcry or report and includes, but is not limited to, first response, pre- and post- interview debriefings, forensic interviews, consultations, advocacy, evaluation, treatment, case reviews, and prosecution. The CAC/MDT follows an agreed upon process for collaborative intervention across the continuum of the case.

C. The CAC/MDT's written documents address information sharing that ensures the timely exchange of relevant information among MDT members, staff, and volunteers and is consistent with legal, ethical and professional standards of practice. Effective communication and information sharing happen at many points in a case. Both are key dynamics for MDTs in order to minimize duplicative efforts, enhance decision making, and maximize the opportunity for children and caretakers to receive the services they need. The CAC/MDT's written documents must delineate how pertinent information is communicated and how confidential information is protected. Most professions represented on the MDT have legal, ethical and professional standards of practice with regard to confidentiality, but they may differ among disciplines. States may have laws such as the Health Information Portability and Accountability Act (HIPAA) that govern this practice. The CAC/MDT must create written confidentiality and information sharing policies that specifically apply to the MDT, staff and volunteers.

#### Rated Criteria

D. The CAC provides routine opportunities for MDT members to provide feedback and suggestions regarding procedures/operations of the CAC/MDT. CACs should have both formal and informal mechanisms allowing MDT members to regularly provide feedback regarding the operations of the CAC, addressing both practical, operational/administrative matters (e.g., transportation for clients, use of the facility, equipment upgrades) and multidisciplinary teaming issues (e.g., communication, case decision making, documentation and record keeping, "turf" issues, etc.). CACs should strive to create an atmosphere of trust and respect that fosters opportunities for open communication and enables MDT members to share ideas and raise concerns.

E. The CAC/MDT participates in ongoing and relevant training and educational opportunities, including cross-discipline, MDT, peer review and skills-based learning. Ongoing learning is critical to the successful operation of CACs/MDTs. The CAC identifies and/or provides relevant educational opportunities. These should include

topics that are cross-discipline in nature, are MDT focused, and/or enhance the skills of the MDT members.

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