Child Abuse Multidisciplinary Teams and Sexual Assault Response Teams Fact Sheet

As two types of coordinated community response teams, child abuse Multidisciplinary Teams and Sexual Assault Response Teams have numerous similarities and differences. In an effort to clarify these, this Fact Sheet provides information about both types of teams and the importance of each.

CHILD ABUSE MULTIDISCIPLINARY TEAMS[1]

- A child abuse Multidisciplinary Team or MDT is a group of professionals who represent various disciplines and work collaboratively from the point of initial report of abuse to assure the most effective coordinated response possible for every child.
- The core child abuse MDT is comprised of representation from the following disciplines: law enforcement, child protective services, prosecution, medical, mental health, victim advocacy, together with Child Advocacy Center (CAC) staff (where available). Other members may be added as deemed necessary and appropriate by the team.
- The purpose of the MDT is to implement a child-centered approach to investigation and prosecution of child abuse that minimizes trauma to the victim, assures child safety, facilitates efficient information gathering and sharing, and coordinates service needs.
- MDTs formalize interagency cooperation and commitment with written agreements (such as Memoranda of Understanding) to ensure continuity of practice when department heads, personnel, and elected officials change. Together the MDT develops a written protocol addressing intervention which begins at initial report and includes, but is not limited to, first response, pre and post interview debriefings, forensic interviews, confidentiality, consultations, advocacy, evaluation, treatment, case reviews and prosecution. The protocol is reviewed annually and updated to reflect current practice and leadership.

SEXUAL ASSAULT RESPONSE TEAMS

- A Sexual Assault Response Team or SART is a coordinated team of professionals who serve adult victims of sexual assault.
- Core members of a SART include community-based sexual assault crisis center advocates, law enforcement, and forensic/sexual assault nurse examiners.
- Additional SART members may include the Commonwealth's Attorney or prosecutor, system-based sexual assault advocates (victim/witness), and other relevant stakeholders.
- The two primary purposes of a SART are coordination and action. Coordination is the process by which the SART collaborates to develop their community response to adult sexual assault victims. This process is formalized with written interagency agreements, which often include the roles and responsibilities of all member agencies and a multi-pronged response protocol. Action is the process by which the SART initiates intervention with adult victims of sexual assault, based on the team's coordination and written procedures.
- The goal of the SART is to establish a process by which a consistent, appropriate, and trauma-informed response to a sexual assault victim is obtained, regardless of the time of day or who is responding.

HOW ARE THESE TEAMS DIFFERENT?

While these teams may seem similar at first glance, it is strongly recommended that a MDT and SART function as separate teams in your community. Although many team members may overlap, the mission, focus, and function of each team are significantly different.

	MDT	SART
Responds to:	Reports of child abuse according to protocol. *Protocol identifies types of reports for a team response, such as sexual abuse and serious physical abuse or neglect.*	Victims of sexual assault who are adults, or who are post-pubescent youth (assaulted outside of a child abuse context).
Primary focus on:	The continuum of response from initial report of abuse through services and prosecution. *At referral, the MDT initiates immediate communication and collaboration for a child-centered investigation as set out in protocol.*	Coordinating a consistent "first response" among advocates, law enforcement, and medical personnel. *Ongoing case management often transitions to community- or system-based advocates and other professionals who are not typically part of the first response.*
The team's response:	Occurs immediately depending on details of the report such as imminent child safety issues or injury. *Protocol addresses coordination of that response to ensure child safety. Team roles and responsibilities outline who is available in crisis or emergency response and at what point other team members become involved..*	Occurs immediately for acute sexual assault reports. The team often responds to a hospital emergency department.
Case review:	Occurs on a routine basis. *Case review is a formal process in which discussion and information sharing among the team regarding the investigation, case status and services occur on a routine basis during an active case. Case review is intended to monitor current cases and is not meant as a retrospective review.*	Occurs rarely. *When case review occurs, specific cases are not typically discussed. Instead, general themes and recurring issues are shared in order to modify the process and streamline the response.*

[1]This general overview of MDTs is based on the National Children's Alliance® Standards for Accredited Child Advocacy Centers (CACs) and is not meant to replace the Standards for CACs. While not every locality in Virginia is served by a CAC, the standards ensure effective, efficient, and consistent delivery of services when responding to child abuse.

For the complete NCA Standards visit: http://www.nationalchildrensalliance.org/index.php?s=76 .

For information on developing a CAC in your community contact Children's Advocacy Centers of Virginia: http://173.254.28.17/~cacvaorg/about-us/.

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