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§ 20301. Findings

The Congress finds that—

- (1) over 3,300,000 reports of suspected child abuse and neglect are made each year, and drug abuse is associated with a significant portion of these;
- (2) the investigation and prosecution of child abuse cases is extremely complex, involving numerous agencies and dozens of personnel;
- (3) traditionally, community agencies and professionals have different roles in the prevention, investigation, and intervention process;
- (4) in such cases, too often the system does not pay sufficient attention to the needs and welfare of the child victim, aggravating the trauma that the child victim has already experienced;
- (5) there is a national need to enhance coordination among community agencies and professionals involved in the intervention system;
- (6) multidisciplinary child abuse investigation and prosecution programs have been developed that increase the reporting of child abuse cases, reduce the trauma to the child victim, improve positive outcomes for the child, and increase the successful prosecution of child abuse offenders;
- (7) such programs have proven effective, and with targeted Federal assistance, have expanded dramatically throughout the United States; and
- (8) State chapters of children's advocacy center networks are needed to—
 - (A) assist local communities in coordinating their multidisciplinary child abuse

investigation, prosecution, and intervention services; and

(B) provide oversight of, and training and technical assistance in, the effective delivery of evidence-informed programming.

(Pub. L. 101-647, title II, §211, Nov. 29, 1990, 104 Stat. 4792; Pub. L. 102-586, §6(a), Nov. 4, 1992, 106 Stat. 5029; Pub. L. 115-424, §2(a), Jan. 7, 2019, 132 Stat. 5465.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 13001 of Title 42, The Public Health and Welfare, prior to editorial reclassification and renumbering as this section.

AMENDMENTS

2019—Par. (1). Pub. L. 115-424, §2(a)(1), substituted “3,300,000” for “2,000,000”.

Par. (6). Pub. L. 115-424, §2(a)(2), inserted “improve positive outcomes for the child,” before “and increase” and substituted semicolon for “; and” at end.

Par. (7). Pub. L. 115-424, §2(a)(3), substituted “have expanded dramatically throughout the United States; and” for “could be duplicated in many jurisdictions throughout the country.”

Par. (8). Pub. L. 115-424, §2(a)(4), added par. (8).

1992—Pars. (3) to (7). Pub. L. 102-586 added pars. (3) and (5) and redesignated former pars. (3), (4), and (5) as (4), (6), and (7), respectively.

§ 20302. Definitions

For purposes of this subchapter—

- (1) the term “Administrator” means the agency head designated under section 11111(b) of this title;
- (2) the term “applicant” means a child protective service, law enforcement, legal, medical and mental health agency or other agency that responds to child abuse cases;
- (3) the term “census region” means 1 of the 4 census regions (northeast, south, midwest, and west) that are designated as census regions by the Bureau of the Census as of November 4, 1992;
- (4) the term “child abuse” means physical or sexual abuse or neglect of a child, including human trafficking and the production of child pornography;
- (5) the term “multidisciplinary response to child abuse” means a response to child abuse that is based on mutually agreed upon procedures among the community agencies and professionals involved in the intervention, prevention, prosecution, and investigation systems that best meets the needs of child victims and their nonoffending family members;
- (6) the term “nonoffending family member” means a member of the family of a victim of child abuse other than a member who has been convicted or accused of committing an act of child abuse;
- (7) the term “regional children's advocacy program” means the children's advocacy program established under section 20303(a) of this title; and
- (8) the term “State chapter” means a membership organization that provides technical assistance, training, coordination, grant administration, oversight, and support to local children's advocacy centers, multidisciplinary

teams, and communities working to implement a multidisciplinary response to child abuse in the provision of evidence-informed initiatives, including mental health counseling, forensic interviewing, multidisciplinary team coordination, and victim advocacy.

(Pub. L. 101-647, title II, §212, as added Pub. L. 102-586, §6(b)(2), Nov. 4, 1992, 106 Stat. 5029; amended Pub. L. 114-22, title I, §104(1), May 29, 2015, 129 Stat. 236; Pub. L. 115-424, §2(b), (h)(1), Jan. 7, 2019, 132 Stat. 5465, 5470.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 13001a of Title 42, The Public Health and Welfare, prior to editorial reclassification and renumbering as this section.

PRIOR PROVISIONS

A prior section 212 of Pub. L. 101-647 was renumbered section 214 and is classified to section 20304 of this title.

AMENDMENTS

2019—Par. (1). Pub. L. 115-424, §2(h)(1), made technical amendment to reference in original act which appears in text as reference to section 11111(b) of this title.

Pars. (3) to (9). Pub. L. 115-424, §2(b), redesignated pars. (4), (5), and (7) to (9) as (3) to (7), respectively, added par. (8), and struck out former pars. (3) and (6) which defined the terms “board” and “Director”, respectively.

2015—Par. (5). Pub. L. 114-22 inserted “, including human trafficking and the production of child pornography” before semicolon at end.

§ 20303. Regional children’s advocacy centers

(a) Establishment of regional children’s advocacy program

The Administrator, in coordination with the Director of the Office of Victims of Crime, shall establish a children’s advocacy program to—

(1) focus attention on child victims by assisting communities in developing child-focused, community-oriented, facility-based programs designed to improve the resources available to children and families;

(2) enhance coordination among community agencies and professionals involved in the intervention, prevention, prosecution, and investigation systems that respond to child abuse cases;

(3) train physicians and other health care and mental health care professionals, law enforcement officers, child protective service workers, forensic interviewers, prosecutors, and victim advocates, in the multidisciplinary approach to child abuse so that trained personnel will be available to provide support to community agencies and professionals involved in the intervention, prevention, prosecution, and investigation systems that respond to child abuse cases; and

(4) collaborate with State chapters to provide training, technical assistance, coordination, and oversight to—

(A) local children’s advocacy centers; and

(B) communities that want to develop local children’s advocacy centers.

(b) Activities of regional children’s advocacy program

(1) Administrator

The Administrator shall—

(A) establish regional children’s advocacy program centers; and

(B) fund existing regional centers with expertise in multidisciplinary team investigation, trauma-informed interventions, and evidence-informed treatment,

for the purpose of enabling grant recipients to provide information, services, and technical assistance to aid communities in establishing multidisciplinary programs that respond to child abuse.

(2) Grant recipients

A grant recipient under this section shall—

(A) assist communities, local children’s advocacy centers, multidisciplinary teams, and State chapters—

(i) in developing and expanding a comprehensive, multidisciplinary response to child abuse that is designed to meet the needs of child victims and their families;

(ii) in promoting the effective delivery of the evidence-informed Children’s Advocacy Model and the multidisciplinary response to child abuse, including best practices in—

(I) organizational support and development;

(II) programmatic evaluation; and

(III) financial oversight of Federal funding;

(iii) in establishing child-friendly facilities for the investigation of, assessment of, and intervention in abuse;

(iv) in preventing or reducing trauma to children caused by duplicative contacts with community professionals;

(v) in providing families with needed services and assisting them in regaining maximum functioning;

(vi) in maintaining open communication and case coordination among community professionals and agencies involved in child protection efforts;

(vii) in coordinating and tracking investigative, preventive, prosecutorial, and treatment efforts;

(viii) in obtaining information useful for criminal and civil proceedings;

(ix) in holding offenders accountable through improved prosecution of child abuse cases;

(x) in enhancing professional skills necessary to effectively respond to cases of child abuse through training; and

(xi) in enhancing community understanding of child abuse; and

(B) provide training and technical assistance to local children’s advocacy centers and interested communities in its census region that are grant recipients under section 20304 of this title.