

Working With Children's Advocacy Centers

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Introduction:

Child sexual abuse cases pose challenges to the systems charged with the investigation and prosecution of these cases. Historically, there was public denial that child sexual abuse even existed except in the rarest of circumstances. If reports of child sexual abuse were made to law enforcement or treatment providers at all, the reports were discounted and defined as fabrications or fantasy on the part of the child. During the late 1970s, this perception began to change. Around the same time, state mandatory reporting laws for child abuse became common.

In 1985, a new way to approach child sexual abuse cases developed in Huntsville, Alabama – the Children's Advocacy Center (CAC). This model brought the disciplines involved in the investigation and prosecution of child sexual abuse cases together at one table to share information and recommendations for the best interest of the child. According to the National Children's Alliance (NCA) website (www.nationalchildrensalliance.org), there are over 800 Children's Advocacy Centers nationwide.

The first CAC in South Carolina started in 1989 in Charleston. In 2004, South Carolina legislation passed recognizing CACs as a model for child abuse investigation (South Carolina Code of Laws Title 63 Chapter 11 Article 310). Seventeen Children's Advocacy Centers are located in South Carolina. As of February 2017, fifteen of these CACs are accredited by NCA.

There is much variation on the actual structure, size, and service provision for individual CACs. As part of the accreditation process, NCA set minimum standards for a Children's Advocacy Center. The CAC may be an independent 501(c)(3), a program under an umbrella organization with 501(c)(3) status, or a program within a hospital or government agency. Initially, CACs dealt with the investigative aspects of child sexual abuse with a focus on law enforcement, child protective services, and forensic medical exams. Today, most CACs provide services for all types of child maltreatment including sexual abuse, physical abuse, neglect, exposure to domestic violence, witness to violent crime, commercial sexual exploitation of children/human trafficking, and exposure to dangerous drugs. CACs have also expanded their focus to include the on-site provision of or the referral out for evidence-based trauma-focused mental health treatment necessary to overcome the negative effects of identified abuse/risk. NCA standards provide guidance for this programmatic expansion.

NCA Standards of Accreditation (2017):¹

All CACs that are accredited by NCA must meet the following minimum standards:

¹ National Children's Alliance. (2017) *Standards for Accredited Members: 2017 Edition*. Retrieved from <http://www.nationalchildrensalliance.org/members/nca-center-accreditation>.

1. Multidisciplinary Team (MDT): A multidisciplinary team for response to child abuse allegations includes representation from the following:
 - Law enforcement
 - Child protective service
 - Prosecution
 - Mental health
 - Medical
 - Victim advocacy
 - Children’s Advocacy Center
2. Cultural Competency and Diversity: The Children’s Advocacy Center provides culturally competent services for all CAC clients throughout the duration of the case.
3. Forensic Interview: Forensic interviews are coordinated to avoid duplicative interviewing and are conducted in a manner that is legally sound and of a neutral, fact finding nature.
4. Victim Support and Advocacy: Victim support and advocacy services are provided to all CAC clients and their caregivers as part of the Multidisciplinary Team response.
5. Medical Evaluation: Specialized medical evaluation and treatment services are available to all CAC clients and are coordinated as part of the Multidisciplinary Team response.
6. Mental Health: Evidence-based, trauma-focused mental health services, designed to meet the unique needs of the children and caregivers, are consistently available as part of the Multidisciplinary Team response.
7. Case Review: A formal process in which multidisciplinary discussion and information sharing regarding the investigation, case status, and services needed by the child and family must occur on a routine basis.
8. Case Tracking: Children’s Advocacy Centers must develop and implement a system for monitoring case progress and tracking case outcomes for all Multidisciplinary Team components.
9. Organizational Capacity: A designated legal entity responsible for program and fiscal operations has been established and implements basic sound administrative policies and procedures.
10. Child-Focused Setting: The child-focused setting is comfortable, private, and both physically and psychologically safe for diverse populations of children and their family members.

CACs develop within a community based on the input and needs of that community. The development of a CAC requires the collaboration of the many organizations and agencies involved in the issue of child abuse and child well-being. The strength of any CAC is based on the “buy in” of the whole community and the willingness to create a coordinated and collaborative response to allegations of child abuse. Because of the individual nature of CACs, many offer services that go beyond the standards set forth by NCA. The best way to understand what the CAC serving your community offers is by taking a tour of the CAC and talking to its staff. Establish a relationship with your local CAC by developing a Memorandum of

Understanding (MOU) that defines the role and responsibilities of the CAC and your role in working with the CAC. A protocol outlining the roles and responsibilities of each agency within the community's response to the issue of child abuse may be part of the MOU or may be contained in a separate document. Familiarity with the MOU and the protocol is helpful in working with your local CAC.

What is the benefit of using CACs?

Since CACs specialize in child maltreatment, the CAC staff members are experts in this field. As experts, they can provide education on the dynamics, identification and response to child maltreatment. Some CACs have prevention programs to reduce the incidence and/or recurrence of abuse. Because sexual abuse was the initial focus of CACs, their staff can provide information and training on the many issues that make this type of child abuse so complicated. Often, CAC staff members serve as expert witnesses regarding delayed disclosure, recantation and the effects of sexual abuse on the child. Because the outcome for child victims is very dependent on how their non-offending caregivers respond to their disclosure of abuse, some CACs work specifically with non-offending caregivers to educate them about child abuse and its ramifications; to encourage their full participation in the legal/child protection systems; and to strengthen their ability to be a protective resource for their child.

Additionally, there is an economic benefit for using CACs. In a cost-benefit analysis conducted by Formby, Shadoin, Shao, Magnuson, & Overman (2006),² traditional investigations cost 36% more than CAC-collaborative investigations. Walsh, W.A., Lippert, T., Cross, T.E., Maurice, D.M., & Davison, K.S. (2008)³ assert that "CACs can save as much as \$1,000 per child abuse case by streamlining the process, creating efficiencies and providing effective services."

Why should I refer a child to a CAC instead of doing the interview myself?

Carter, Bottom, & Levine (1996)⁴ found that children are less likely to tell about their abuse when the interviewer is perceived to be authoritarian, a view that they may have of police officers or child protective workers. Also, children need to be in a safe environment, away from the alleged offender and the site where the abuse may have occurred. Children's Advocacy Centers are designed to be a child-friendly, neutral environment to provide a safe and comfortable site for this difficult work.

CACs offer a model for child abuse investigations that includes access to a forensic interview, medical evaluation, and trauma-focused mental health services, all of which help in the investigation of child abuse and increase the likelihood of the case progressing through the criminal justice system.

² Formby, J., Shadoin, A. L., Shao, L., Magnuson, S. N., & Overman, L. B. (2006). Cost-benefit Analysis of Community Responses to Child Maltreatment: A Comparison of Communities with and without Child Advocacy Centers. (Research Report No. 06-3). Huntsville, AL: National Children's Advocacy Center.

³ Walsh, W.A., Lippert, T., Cross, T.E., Maurice, D.M., & Davison, K.S. (2008). How long to prosecute child sexual abuse for a community using a children's advocacy center and two comparison communities? *Child Maltreatment*, 13(1), 3-13.

⁴ Carter, C. A., Bottoms, B. L., & Levine, M. (1996). Linguistic and socioemotional influences on the accuracy of children's reports. *Law & Human Behavior*, 20, 335-358.

Forensic interviewers within the CAC have received training in a legally defensible child interviewing protocol. There are several nationally recognized forensic interview models including American Professional Society on the Abuse of Children Child Forensic Interview Model (APSAC), the CornerHouse Forensic Interview Protocol, ChildFirst Forensic Interviewing Protocol, National Children’s Advocacy Center Child Forensic Interview Structure (NCAC), and the National Institute of Child Health and Human Development Protocol (NICHD). The Office of Juvenile Justice and Delinquency Prevention's White Paper "Child Forensic Interviewing: Best Practices"⁵ addresses that these models have basic components in common including:

1. **Rapport-Building Phase:** Interview instructions; “Truth Versus Lies” discussion; Narrative practice/episodic memory training
2. **Substantive Phase:** Narrative and detail gathering; Alternate hypotheses; and Consultation with the multidisciplinary team (MDT)
3. **Closure Phase:** Transition to non-substantive topic; Allowing for questions; Safety message

Trained forensic interviewers have also received instruction in child development. Children are not miniature adults, and their ability to understand and answer questions is based on the developmental stage of that child. Questions must be framed in a way that is developmentally appropriate for that child. In addition, the child’s responses must be evaluated based on the child’s developmental level; otherwise, the information may be misinterpreted or misunderstood.

CAC employed forensic interviewers are trained to be neutral and objective. Trained interviewers approach the interview with an open mind and with multiple hypotheses to account for the allegation of abuse. Although the CAC interviewer may conduct the actual interview, the child protective services and/or law enforcement investigators should be present to observe the interview and to provide input into the process. By observing the interview in-person, the investigative professionals can hear the child’s statements, observe the child’s body language, and be present to provide additional feedback to the forensic interviewer during the real-time interview in order to gain corroborative evidence or further clarification important to the investigation.

Another important reason to use CACs for forensic interviews is Jessie’s Law (S.C Code Ann. § 17-23-175), which outlines the circumstance for the use of an electronically recorded forensic interview conducted by a specially trained forensic interviewer to be introduced by the prosecution in child sexual abuse cases.

⁵ Newlin, C. Steele, L. C., Chamberlin, A., Anderson, J., Kenniston, J., Russell, A., Stewart, H., & Vaughan-Eden, V. (2015). Child Forensic Interviewing: Best Practices. *Juvenile Justice Bulletin, NCJ 248749*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Programs.

Does this mean that an investigator should not have any contact with the child before the forensic interview?

No. In fact, in some cases, it is mandated that contact be initiated to determine whether the child is in immediate danger. An initial first responder minimal facts interview can be conducted with the non-offending caregiver away from the child victim to establish basic information regarding the allegation of abuse. The child victim should only be questioned on the scene if a non-offending adult is not available to provide information. The minimal facts interview is vital in determining whether the child is in a safe environment or if there is a need for emergency protective custody by law enforcement and whether medical attention is needed for the child. The minimal facts interview includes:

1. **WHO**-names, DOB, and current location of victim(s) and suspect(s)
2. **WHAT** happened?
3. **WHERE** did it happen (jurisdiction)?
4. **WHEN** did it happen?
5. Are there **WITNESSES**?

If I refer for the forensic interview, why do I have to be there to observe?

The CAC model is multidisciplinary in nature and brings the community disciplines together for the best interest of the child. Each discipline has a role and information. The goal of the CAC model is to bring all of those roles and all of that information together and to utilize those pieces to develop a whole picture.

By attending the forensic interview, you bring your knowledge of the case, the family, and the alleged crime scene with you to the interview. The forensic interviewer will not have this information. Additionally, you know the requirements for criminal charges or for child protective services involvement in the case. If clarification of what a child discloses during the interview is needed, you can ask for it during the interview which prevents someone from having to reinterview the child or miss an important part of the case. The interview may reveal information that leads to additional, unexpected charges or areas of concern including the disclosure of additional perpetrators or victims. Information from the forensic interview may indicate the need to take the child into emergency protective custody. Sometimes during the forensic interview, a child reveals the existence of evidence. By being present at the forensic interview, you will be able to respond immediately and establish probable cause for a search warrant to collect evidence which may be lost if there is a delay.

Why is the MDT case review important?

The MDT case review brings together the different disciplines to discuss aspects of the case. By sharing information, the whole team can get the big picture of what is going on with the child/family. Families often share information in bits and pieces. When the disciplines convene regularly to discuss the case, all information which has been gleaned from various sources can be shared, resulting in better recommendations for the child/family. Also, many times there is agreement that something needs to be done for a family, but the disciplines may be unclear or have misinformation as to what agency has the ability to intervene. By meeting regularly, each

team member gets a better understanding of the role and limitations of the other team members. Instead of having an environment where fingers are pointed but no action occurs, there is an environment of working together to aid the child. The case reviews serve as a vehicle for communication, collaboration, and cooperation in support of the best outcome for the child. Knowing each other and knowing the mandates, roles, and limitations of the individual disciplines reduces the potential for blame and strengthens motivation and the capacity to work together to improve the community's systems response to victims of child abuse.

What are the roles of the different disciplines on the MDT?

Child Protective Services – involved when a parent or caregiver is accused of the abuse of a child or when a parent or caregiver has not protected a child from abuse. These cases go through the family court system. The focus of Child Protective Services is child protection and family preservation when possible.

Law Enforcement – involved when a report of a crime is made. The perpetrator of the crime can be anybody. The focus of Law Enforcement is to determine if a crime has been committed and to gather the information and evidence necessary to hold an offender accountable for his/her behavior.

Prosecution – involved in the case after Law Enforcement initiates criminal charges. Assesses whether or not there is sufficient evidence to try the case in criminal court. Brings the case to trial or negotiates a plea.

Mental Health – involved in providing evidenced-based, trauma-focused treatment for the mental well-being of the children and caregivers.

Medical – involved in providing a medical exam and medical interventions to the child.

Victim Advocacy – provides support to the victim and non-offending family members throughout the process and makes referrals to appropriate resources.

Children's Advocacy Center – coordinates collaborative efforts in the investigation, prosecution, and treatment of child abuse.

Since they are called Children's Advocacy Centers, can they really be objective?

Many people are familiar with the advocacy work done on behalf of other groups and think that there is an immediate bias toward seeing all children who enter the CAC as victims. However, CACs advocate for:

- changing systems to make the reporting, investigation, and prosecution of child abuse cases less traumatic for the children who are the subject of these cases
- creating an environment where the child can communicate her/his experience and investigation can occur in cases of suspected abuse
- ensuring the safety and well-being of a child identified as abused/maltreated
- identifying and reducing any negative effects when abuse is disclosed
- providing support to non-offending adults in the child's family to strengthen their role as protective resources for their child

All of these issues require objectivity, professionalism, specialized training, and a focus on a good outcome for the child. This type of advocacy does not impact the objectivity of the

forensic interview. There are avenues within the CAC to advocate for services that the child/family needs, but these are separate from the forensic interview itself.

Isn't the medical exam the most important part of sexual abuse cases?

There is a perception that investigators should wait for the medical exam to see if there is any evidence of sexual abuse. The medical exam is only one part of the process. There is physical evidence of sexual abuse in only 4% of cases where a medical exam is conducted.⁶ When you consider that many cases of sexual abuse consist of touches to the private area and oral activity or exposure to sexually graphic material, it is not surprising to have no physical evidence. In addition, with delayed disclosures of sexual abuse (which is common for child sexual abuse cases), the child's body has time to heal. A 2009 study found that most victims reporting repetitive perceived penetration "had no evidence of penetration on examination of the hymen."⁷ This does not mean that the medical exam is not important. The medical professionals involved with the exam can explain the results of the exam and why they can be normal. A normal exam does not mean no abuse occurred. If there is a need for treatment, appropriate referrals will be made. One of the most important reasons for a medical exam is to reassure the child and the non-offending caregivers that the child's body is okay. The medical exam offers the opportunity for fears regarding the physical impact of abuse to be addressed by the most appropriate person, the medical professional.

To learn more about Children's Advocacy Centers or to find a center near you, please visit the South Carolina Network of Children's Advocacy Centers' website at www.cac-sc.org.

⁶ Heger A, Ticson L, Velasquez O, Bernier R. Children referred for possible sexual abuse: medical findings in 2384 children. *Child Abuse Negl.* 2002 Jun; 26(6-7):645-59.

⁷ Anderst, J., Kellogg, N., Jun, I. (2009). Reports of Repetitive Penile-Genital Penetration Often Have No Definitive Evidence of Penetration, *Pediatrics*, 124 (3),e403-9.

**“Working with Children’s Advocacy Centers (CACs)”
Fact Sheet**

- Accredited, Associated/Developing, and Affiliate Members of the National Children’s Alliance abide by standards in operations and service provision.
- CAC staff members are highly knowledgeable and receive on-going training in the area of child abuse.
- The first responder for a child abuse report can conduct a minimal facts interview to assess the immediate safety of the child and then refer the child to a CAC for a forensic interview.
- Forensic Interviewers employed by CACs are objective professionals who have received formal and ongoing training in a nationally recognized forensic interviewing model that supports best practices. The Forensic Interviewer will conduct the interview in a way that is developmentally appropriate for the child.
- Law enforcement and child protective services workers can obtain valuable information by observing the forensic interview as it takes place. By being present, the investigator can ask for clarification of information disclosed in the forensic interview or can help direct a line of questions about specific information.
- Participation in the multidisciplinary case review allows for the sharing of information and expertise across disciplines as well as recommendations to aid the child involved.
- In sexual abuse cases, the medical exam is an intricate part of the investigative process. However, there is physical evidence of sexual abuse in only 4% of sexual abuse cases where a medical exam is conducted. A normal medical exam does not rule out sexual abuse of the child.
- To learn more about Children’s Advocacy Centers or to find a CAC near you, please visit the South Carolina Network of Children’s Advocacy Centers’ website at www.cac-sc.org.