

**The Bill Blackwood  
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**Children's Advocacy: Investigating Child Abuse Using the  
Multidisciplinary Approach**

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**An Administrative Research Paper  
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## **ABSTRACT**

This research paper is constructed using meta-analysis methods to examine the use of multidisciplinary teams under the Children's Advocacy Center concept in child abuse investigations. For the purposes of this research, child abuse is identified as sexual, physical, emotional, and neglectful abuse of children. In order to accomplish a meta-analytical investigation, numerous peer reviewed articles, statistical studies, and books on the subject were reviewed and applied to this research. The findings of this research suggested that there is a positive effect on the experiences of children who go through the legal and investigative processes following the discovery of child abuse using Children's Advocacy Center methods.

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## INTRODUCTION

A child is physically abused at home, and her teacher notices she has multiple bruises the next day at school. The child makes an outcry of severe physical abuse at the hands of her mother and father when she is behind closed doors in her home. She tells the teacher her younger brother is physically abused at home as well when her mother and father are drinking. Soon after making this disclosure, the child and her brother are asked to tell their story repeatedly, first to the nurse, who documents their injuries, then to the principal of the school, who is trying to determine how to proceed, and again to the police officer, who responds to the child abuse report call. Finally, the children recount their story to a protective services worker who is trying to determine whether the children should be removed from the home. Each time the children are asked to tell an adult what happened to them, they must relive the traumatic experience and violence and are forced to provide information against their parents, who represent their primary support system.

Over the years, many children have been abandoned to the mercy of those who abuse them. Ironically, the history of the fight against child abuse is predated by the prevention of cruelty to animals. The Society to Prevent Cruelty to Animals was founded in 1865, but the Society to Prevent Cruelty to Children was not established until 1874 (Shull, 1999). Physicians began to recognize child abuse as a widespread phenomenon around 1962, following the publication of Henry Kempe's "Battered Child Syndrome." All fifty states, by 1967, had passed legislation against child abuse, and by the 1980s, the number of child abuse cases brought to court increased dramatically (Vieth, 2006). This rapid increase is illustrated by the fact that in 1996 alone, there were

more than 1,500 appellate opinions from courts addressing child sexual abuse. There were only 500 total appellate opinions addressing child sexual abuse in the 50 years from 1900 to 1950. Prosecutors and investigators pursued the new wave of child abuse cases ineffectively and incompetently in many instances.

In response to the inadequate systems in place in the 1980s, the first Children's Advocacy Centers (CACs) were established; fundamentally changing the way law enforcement, children's protective services, and prosecutors addressed the protection of children and the punishment of the offender. The first Children's Advocacy Centers brought a multidisciplinary team together under one roof, reducing the suffering of child abuse victims by using coordinated and shared investigative responsibility (Chandler, 2006). The benefits to the child using the Children's Advocacy Center and the multidisciplinary team (MDT) concept are numerous. This paper will document the many advantages of the practice of the multidisciplinary team investigation under the Children's Advocacy Center model.

## **HISTORY**

Physical, sexual, emotional, and neglectful child abuse was recognized as being widespread phenomena in the 1970s. Child abuse cases are among the most gut-wrenching investigations law enforcement professionals will ever encounter. Law enforcement professionals, child protection specialists, the medical community, and prosecutors realized in the 1980s that their uncoordinated and redundant investigations often traumatized the victims each time they were questioned about their abuse (Jones, Cross, Walsh, & Simone, 2005). A disjointed approach by first responders to the child abuse investigation can cause the serious problem of contaminating the evidence a

child might provide by offering the defense that the child was led in his or her testimony by numerous interrogatories. Another problem to multiple simultaneous investigations is that the child may recount the events in different ways to one investigator or another, making it look like the child is confused or not telling the truth. For these and other reasons explained in this research, Bud Cramer established Children's Advocacy Center in 1987, in Huntsville, Alabama (Siegel, 2004). Bud Cramer was the District Attorney of Madison County Alabama and became frustrated with the fragmented approach to child abuse investigations. Cramer's concept of focusing on the child victim by combining the investigations of different agencies in a singular child-friendly location, conducting peer reviews, and offering victim services is now the widely accepted best practice in child abuse investigations.

Today, all fifty states in this country, including Texas, employ the Children's Advocacy Centers concept (CACs), hoping to detect and investigate the maximum possible number of cases thoroughly by bringing law enforcement, children's protective services, prosecutors, medical, and psychological aftercare services together under the same roof. Multidisciplinary child abuse investigations offer results to professionals in various disciplines, so professionals might learn new methods or processes in child abuse investigations from which all may benefit (Russell, Wilson, Meister, & Lloyd, 1993). The CAC approach has been demonstrated to minimize the number of individuals involved in child abuse cases and decrease the number of interviews the child must provide concerning the incident. The practice of the multidisciplinary investigation has been shown to improve the quality of evidence. It provides important information to child protective services, and investigating agencies are less likely to

experience conflict when the members are a part of the same investigative team. Shared information among interested parties in child abuse investigations offers the smallest victims of violence and abuse the least traumatic inquiry process available (Siegel, 2004).

The first law requiring the report of child abuse was enacted in California in 1963 (Pence & Wilson, 1994). As a condition of eligibility to receive federal funds under the Child Abuse Prevention Act, every state today has laws that require reporting child abuse. Many states have criminal penalties associated with the failure to report sexual, physical, emotional, or neglectful abuse. By 1986, the incidence of reports of child abuse had risen significantly, from approximately 7% of all reports in the 1970s to 16%. The increase in the incidence of reporting might be partially attributed to the new laws that were enacted, but it may also be attributed to intense media attention that forced the issue into public awareness in the late 1980s (Pence & Wilson, 1994).

## **CONCEPT**

The CAC's conceptual approach to child abuse investigations is to minimize repeated trauma to children, obtain the evidence needed for prosecution of the perpetrator, and provide aftercare for the victim. An important step in this process is effective and humane forensic interviews by a trained professional interviewer who has the sensitivity and skill required to interview children (Jones et al., 2005). A good forensic interview will minimize defense counsel objections to witness or victim's statements on the grounds that the interview was suggestive or misleading. It is highly unlikely that police or child protective services investigators who interview children will obtain the skills of a full time forensic interviewer. The best practice is for the

multidisciplinary team to use full-time forensic interviewers who devote most of their time to interviewing child victims of abuse in a child-friendly environment. A child's positive outlook on the investigation increases when the child is interviewed in a warm and compassionate way and when the interviewer takes care to help the child feel he or she is emotionally supported (Jones et al., 2005).

The forensic interview consists of five areas of the semi-structured interview process: rapport building, truth and lie, introduction into the topic of concern, detail gathering, and the conclusion (McConnell, 2009). Rapport building is the part of the interview where the interviewer and the child develop a relationship of trust and understanding. In this phase, the interviewer is able to determine the developmental level of the child. In the truth and lie portion, the interviewer determines if the child has the ability to tell the difference between a truth and a lie and if the child will agree to tell only the truth during the interview. The introduction to the topic of concern portion of the interview is dominated by open ended questions such as, "tell me what happened from beginning to end," hopefully producing responses with more detail than focused questions (Jones et al., 2005). In detail gathering, the interviewer repeats what the child stated in the topic of concern and asks the child, using open ended questions, to give details of the events he or she spoke about previously. The conclusion portion of the interview simply restates the facts given by the child victim and reassures the child that he or she did nothing wrong.

Though most jurisdictions videotape forensic interviews, there is some debate about whether the interviews should be videotaped or not (Jones et al., 2005). Advocates of the videotaped interview believe the video will provide a more accurate



and credible rendering of the alleged abuse and more accurately depict the demeanor of the children when they disclose. Videotapes may be used to hold interviewers accountable, help families overcome denial, and help convince perpetrators of the strength of the case against them. Opponents of videotaping argue that defense attorneys are able to attack details of the interview by focusing on the children's inconsistencies and interviewer mistakes rather than the children's stories. Others argue the child may become embarrassed, frightened, or react behaviorally to being videotaped. Studies have found that videotaping is more accurate than notes, children do not experience significant embarrassment when being videotaped, and children who are videotaped are interviewed fewer times (Jones et al., 2005). Videotaping is also important because keeping a permanent record of the interview is essential (Warman, 2003).

Children who are victims of physical and sexual abuse are often offered forensic medical examinations either contracted or provided by local CACs or by law enforcement as part of a MDT investigation. Forensic medical examinations help to identify medical evidence used for prosecution, recognize injuries and medical conditions that are the result of abuse, and provide immediate treatment. A timely medical assessment also offers the parents of the victim reassurance of the child's physical wellbeing (Jones et al., 2005). Even if there is no medical evidence found during a forensic medical exam, the exam tends to preempt potential defense claims that exculpatory evidence was overlooked.

Under the CAC concept, forensic medical examiners should be experienced in child abuse assessments to provide a higher quality of exam than those with less

experience, such as pediatricians and family practice physicians (Walsh, Cross, Jones, Simone, & Kolko, 2007). The forensic medical examiner should be well versed in providing photographic evidence, using a colposcope that provides magnification for the photographs, and the preservation of medical evidence. Medical personnel who perform forensic examinations must be willing to work with law enforcement and child protective services as well as be willing to serve as an expert witness in court. Recent developments in child abuse medical examinations include the evolution of the Sexual Assault Nurse Examiner (SANE) practitioners, with nearly 100 SANE programs nationwide (Walsh, et al., 2007). The nurses are trained to conduct examinations of child sexual and physical abuse victims. Most forensic medical examinations are conducted within the first 72 hours following an assault, but some states now conduct medical examinations as late as 96 hours following an assault.

Another important part of a useful MDT is the court appointed special advocate (CASA), which provides someone to speak for the child during judicial proceedings. They also advocate that the child be placed in a safe home. The Child Abuse Prevention and Treatment Act of 1976 required a court appointed guardian ad litem to sponsor an abused child through judicial proceedings, but juvenile court judges in King County, Washington were not satisfied with the cost and effectiveness of using attorneys. The CASA movement was originated, and by 1998, there were CASA programs operating nationwide (Litzelfelner, 2000). CASAs are usually manned by community volunteers that are trained to provide meaningful representation for children during the judicial processes following the discovery of child abuse. The volunteers make a commitment to the child's case for the entire time the child is involved with the

court system or child protective services. CASA volunteers are more able to give adequate time and attention to the needs of an abused child than an attorney or child welfare worker because they are assigned only a few cases. The practice of a single volunteer assisting an abused child through the court system adds a sense of permanency for children who have been abused or neglected (Litzelfelner, 2000).

## **BUILDING A MULTIDISCIPLINARY TEAM**

Because no single local jurisdiction or investigative agency possesses the comprehensive resources necessary to adequately respond to an allegation of child abuse, MDT's under the CAC concept have been identified as the most effective response to child abuse investigations (Ells, 2000). For jurisdictions wishing to initiate a CAC and MDT program, several steps are involved: identifying members and recruiting them, developing protocol and a mission statement, establishing good working relationships among team members and maintaining them, and conducting follow-up self assessments to evaluate the team's performance.

In some states, the membership of the MDT is defined by statute, but generally, MDT participation requires the involvement of law enforcement, child protection or family services, and the district attorney or prosecutors. Other potential members include mental health professionals, crime victim advocates, court appointed special advocates (CASA), educators, and medical professionals (Ells, 2000). In order to be effective, everyone on the team must be committed to the idea that a coordinated and collaborative investigation and aftercare for the victim are required for a successful resolution in reported instances of child abuse. Although commitment to the team investigation concept might not be readily apparent when the team is first formed, the

leadership of the team member's organizations must be committed to support the idea of the MDT approach in order for it to be a viable instrument.

## **PROGRAM EVALUATION**

It is essential to determine periodically if the team is operating effectively in the interests of abused children. Honest and constructive self-assessment of the investigation and services provided the child victim and his or her family are typically reviewed during a Case Review Team (CRT) meeting (Chandler, 2004).

Comprehensive team participation, constructive criticism of team performance, and regular feedback from team members on a regular basis is vital in to determining whether the team is providing the necessary services to the victim and the family. The CRT meeting should be held periodically, as determined by established protocol, to conduct an honest and open self-analysis of the function and maintenance of the MDT. In these meetings, the team should review each case individually, and members of the various disciplines should offer suggestions on how to best proceed with a case or how to best provide services for the victim (Ells, 2000). Identifying weaknesses or mistakes may be a MDT's greatest strength (Lashley, 2005). Recognizing weaknesses in the function of the MDT can lead to the development of plans for improvement in the function of the team and lead to a plan to avoid similar mistakes in the future.

## **CONCLUSION**

One of the difficulties in evaluating the effectiveness of CACs using the multidisciplinary investigation model is that the concept is relatively new, and there is no comparison or precursor study. For the purposes of funding, however, efforts are being made nationally to evaluate the effectiveness of CACs. Funding for CACs ranges from

strictly private sources to various forms of government funding, including state and local agencies (Snell, 2003). To justify this funding, CACs across the nation have held themselves accountable by using certain performance measures, including statistical reports on caseloads, client demographics, and types of abuse. CACs typically keep information on the effectiveness of the services they deliver, including counseling aftercare, medical examinations, and the disposition of cases against perpetrators. CACs must track the satisfaction their clients and MDT cohesiveness by conducting follow-up questionnaires for parents, children, and all the professionals involved in the investigation and prosecution process.

Data suggested that CACs and multidisciplinary investigations offer a higher quality of service to abuse victims, cost savings during child abuse intervention, less intrusive and well structured investigations, and improved accountability and data management (Snell, 2003). CACs offer a neutral site where partner agencies may collaborate in the best interests of the child victim and provide a centralized method for delivering comprehensive services to children and families. Precision of evaluation, better calculation of potential jeopardy to the child, and better intervention approaches are other benefits of the CAC and MDT practice.

In 1994, shortly after Bud Cramer, founder of the CAC movement, became a US Congressman, the “National Children’s Advocacy Program Act” became law (Faller, 2007). This act provided funding for Children’s Advocacy Centers through the National Children’s Alliance, which now sets accreditation standards for CACs. By 2006, the number of CAC agencies had grown from 23 loosely affiliated organizations to more than 700 accredited agencies, and there are many more “Associate” centers. The

associate centers are in the process of becoming accredited by complying with the standards set by the National Children's Alliance (Faller, 2007).

Much of the newest research into the efficacy of CAC's and MDT's is being conducted at the Crimes Against Children Research Center at The University of New Hampshire (Jones, et. al., 2007). Although the use of the CAC concept is widely accepted across the nation, this research suggested that CAC's and MDT's are not used universally. The latest research of the Crimes Against Children Research Center compared 229 cases of sexual abuse that were investigated using the CAC concept against 55 cases of abuse investigated in jurisdictions with no access to a CAC. Linear regression analysis of the survey results in the latest research indicated superior satisfaction among the MDT members as compared to the satisfaction of the areas without CAC's. A striking result of the study showed very little difference in the satisfaction of children treated using the CAC method over the comparison samples (Jones, et. al., 2007). Although the research mentioned here collected data from four major CAC sites around the country, there has been no comprehensive study of CAC effectiveness nationwide. More research in this area is needed.

From the time a report of child abuse is received to the time the victim of abuse participates in the criminal process, the multidisciplinary investigation and the children's advocacy concept have proven to provide the safest, least traumatic, and most reliable method for investigating and prosecuting child abuse cases (Russell et al., 1993). As the smallest victims of crime, children are the most vulnerable. Children have not yet learned the best way to communicate to others the trauma they have experienced. Many may not realize they are a victim but believe their abuse is a normal development

of their life. Additional research into multidisciplinary child abuse investigations and the CAC concept should prove beneficial to law enforcement professionals and others.

Most importantly, it should benefit the victims of child abuse.

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