



# Children, Families, and the Courts



## Ohio Bulletin

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### Children's Advocacy Centers in Ohio: An Effective Multidisciplinary Approach to Investigating Child Abuse

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This issue of the *Children, Families, and the Courts Ohio Bulletin* focuses on children's advocacy centers, each intended to overcome many of the typical challenges faced by investigators and other professionals involved in handling the most serious cases of child maltreatment. By improving interagency coordination, children's advocacy centers can strengthen the fact-gathering process, protect the rights of the accused, and boost the quality of information presented to criminal, juvenile, or family courts handling child abuse matters.

When a child protection or law enforcement agency receives a report alleging abuse of a child the ensuing investigation can take a number of paths. Which path it takes depends on the seriousness of the allegations, the reporting source, the location in which the report occurs, the experience and training of local authorities, the available resources including personnel and time, and most importantly, the ability of different authorities charged with investigating reports of child abuse to communicate and coordinate through all phases of an investigation.

In many jurisdictions, it is not uncommon for law enforcement and child protection agencies to launch independent investigations without consulting or working with their counterparts. This fragmented approach creates all sorts of problems, not the least of which is the probable contamination of evidence early in the course of an investigation and the re-traumatizing of child victims. This fragmentation often begins right after receipt of an initial report alleging abuse when "first responders" from law enforcement (most often, patrol officers) and child protection investigators appear at the investigation scene at different times duplicating, or worse, confounding each others efforts. Typically, these first responders, along with other well-meaning professionals connected to the case, each interview the same child; in effect, forcing the child to repeatedly describe traumatic experiences to the very authorities charged with protecting children. These multiple interviews may also make it much more difficult to discern what happened or why each interview produced disparate versions of events. The inability of professionals to coordinate their investigations is a key contributor to the development of children's advocacy centers.

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## *A Brief History*

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The first children’s advocacy center was established in 1985 in Huntsville, Alabama, by Bud Cramer, the District Attorney of Madison County. As the lead county prosecutor, he was increasingly frustrated with the community’s fragmented approach to investigations of child abuse and neglect. District Attorney Cramer’s remedy was to bring investigators from different agencies together under one roof in an environment that was more child-friendly. This child-focused approach since has been recognized as reflecting best investigative practices. Today, all advocacy centers share the same mission: to improve the coordination and quality of child abuse investigations while also ensuring that children are not further traumatized by the very system designed to protect them.<sup>1</sup>

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## *The National Context*

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The concept of the children’s advocacy center is one that quickly was adopted by communities throughout the United States. But, accompanying the growing number of facility-based child abuse intervention programs was a demand from these grassroots organizations for guidance and quality assurance. In 1987, Bud Cramer founded the National Children’s Alliance (the Alliance), a membership organization that today provides a wide range of services to children’s advocacy centers, multidisciplinary teams and professionals across the country. The Alliance also serves as the national accreditation and standard-setting organization for advocacy centers. It offers three levels of membership, each reflecting the level of a program’s implementation of standard components: Full, Associate, and Support. The membership process is three-phased, consisting of application, on-site assistance by the Alliance, and board review. The Alliance estimates that, today, there may be as many as 800 to 1,000 children’s advocacy centers at different stages of development or operation in the United States. Of these, 330 have achieved “full member” accreditation within the Alliance and 169 have met “associate member” status.

While Alliance members must meet the same standards for accreditation, the physical structures that house centers vary widely across different locales. This diversity reflects the uniqueness of communities. All advocacy centers are designed locally by professionals and volunteers responding to the needs and resources of their own neighborhood.

### ***Primary Goals of Children’s Advocacy Centers***

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While there may be some differences in structure or scope among individual centers, as a general rule, all advocacy centers share the following goals:

- To improve the coordination of investigations of child abuse and other crimes against children.
- To provide a “one-stop” location for coordinating investigations among the different agencies and professionals most often involved in investigating child abuse and other crimes against children.
- To improve the quality and timeliness of investigations while protecting the rights of the accused.
- To eliminate or minimize further trauma to children by reducing the frequency of repeated interviews, by improving the quality of forensic interviews, by improving the quality of forensic medical exams, and by providing or promptly referring victims and non-offending family members to appropriate crisis intervention/mental health/victim advocacy services.
- To improve prosecution of child abuse and other crimes against children, including the speedy exoneration of individuals who are falsely accused.

### ***Benefits to Juvenile and Family Courts***

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The vast majority of cases referred to children’s advocacy centers involve child physical and/or child sexual abuse. Because one function of advocacy centers is to improve the prosecution of crimes against children or, in turn, achieve prompt exoneration of those falsely accused of such crimes, centers tend to investigate the most severe instances of child maltreatment. But even though advocacy centers primarily focus on criminal investigations, they bring tangible benefits to dependency cases. In general, by establishing a community environment of coordinated services, advocacy centers

## NCA Full Membership Components

The following program components (standards) are necessary for full membership in the National Children's Alliance (NCA):<sup>2</sup>

1. *A Child-Appropriate/Child-Friendly Facility:* A center provides a comfortable, private, child-friendly setting that is both physically and psychologically safe for clients.
2. *Multidisciplinary Team:* A multidisciplinary team for response to child abuse allegations includes representation from the following agencies and professions:
  - Law enforcement
  - Child Protective Services
  - Prosecution
  - Mental Health
  - Medical
  - Victim Advocacy
  - Children's Advocacy Center
3. *Organizational Capacity:* A designated legal entity responsible for program and fiscal operations has been established and implements basic sound administrative practices.
4. *Cultural Competency and Diversity:* The center promotes policies, practices and procedures that are culturally competent. Cultural competency is defined as the capacity to function in more than one culture, requiring the ability to appreciate, understand and interact with members of diverse populations within the local community.
5. *Forensic Interviews:* Forensic interviews are conducted in a manner which is of a neutral, fact-finding nature, and coordinated to avoid duplicative interviewing.
6. *Medical Evaluation:* Specialized medical evaluation and treatment are to be made available to center clients as part of the team response, either at the center or through coordination and referral with other specialized medical providers.
7. *Therapeutic Intervention:* Specialized mental health services are to be made available (to children and non-offending caretakers) as part of the team response, either at the center or through coordination and referral with other appropriate treatment providers.
8. *Victim Support/Advocacy:* Victim support and advocacy are to be made available as part of the team response, either at the center or through coordination and referral with other appropriate treatment providers.
9. *Case Review:* Team discussion and information-sharing regarding the investigation, case status and services needed by the child and family occur on a routine basis.
10. *Case Tracking:* Centers must develop and implement a system for monitoring case progress and tracking case outcomes for team components.

<sup>2</sup> National Children's Alliance Standards Page: <http://www.nca-online.org/network.html>

raise the overall level of intervention. Investigations are more likely to follow best practices of collaboration and include properly conducted forensic interviews and, when appropriate, properly conducted forensic medical exams. In this milieu, the child protection agency is able to provide more complete and accurate information to the court. Because team members have developed specialized skills in assessing and treating child victims and their families, they also may offer the juvenile court additional access to expertise helpful in determination of various adjudicatory and dispositional issues.

Some centers have a multidisciplinary team that also considers post-investigative services for children and families, such as case plan development, treatment identification, and service coordination. In these communities, the juvenile court is likely to receive comprehensive case plans, assessments, and progress reports. These centers also may be viable sites for supervised visitation services.

The physical environment of a center tends to be more family-friendly than that of most public agencies and often is equipped with technological equipment that facilitates interactive visitation. In some cases, center team members also may provide necessary supervision relieving sole reliance on the child protection worker.

In some jurisdictions, juvenile courts have formed partnerships with centers to ensure that judicial handling of dependency matters minimizes risk of re-victimizing child victims. This has included using center-based victim-advocates, consulting with center medical personnel on judicial interactions with children in court, and even implementing structural changes to the court facility. Examples include using a center's mental health specialist to design a child-friendly waiting area, an important resource for those children and caretakers who must wait in crowded lobbies for hearings to commence, or the creation of a safe zone for children, where young people can be safely segregated from alleged perpetrators as they await hearings.

Collaboration with the juvenile court provides benefits also to the advocacy center. It is important that juvenile and family court judges ensure that professionals assigned to centers, including prosecutors, do not focus solely on the criminal aspects of a case. Interaction and cross-training can ensure that the best interests of children are kept in the forefront by being aware of how center activities affect dependency matters.

### *Location and Administration*

There is no prescription for the physical structure or administration of advocacy centers. In many jurisdictions, centers are created and administered by county or municipal agencies, most often the office of the prosecuting attorney. A growing number of centers are formed as private, non-profit 501.C.3 entities, each with a board of directors comprised of key community members. The physical facilities of advocacy centers can be found in hospitals and medical clinics, in renovated homes, in mental health centers, and a wide spectrum of other locations. There are even mobile advocacy centers in some states that provide on-site forensic medical and forensic interviewing services to remote regions that typically lack these important resources.<sup>3</sup> The location of a center is not linked to a specific type of site, but rather the nature created by the surroundings. Children's advocacy centers are intended to establish an environment that helps children feel safe while enhancing the abilities of specially-trained professionals to conduct timely and thorough investigations.

Advocacy centers are not merely urban phenomenon. The number of centers based in rural communities is growing steadily across the country. Many of these, including at least one in Ohio, involve cooperative multi-county agreements that enable communities to share the costs and benefits of these programs. Furthermore, while many centers operate 24 hours a day, seven days a week, others (particularly those in areas that do not have high numbers of child abuse reports) operate on a part-time or "call-in" basis. At these centers, teams of professionals are called in to specially equipped facilities to coordinate their activities. It also is not uncommon for authorities who do not have a local advocacy center or forensic resources to use a center in an adjoining region. The ability of many sites to serve child victims from multiple jurisdictions represents another important strength of the advocacy center approach.

### *Research on the Effects of Advocacy Centers*

While there has been a substantial amount of research on the benefits of coordinating investigations of child abuse, there has been little research on the actual impact of advocacy centers. However, the Crimes Against Children Research Center based at the University of New Hampshire, recently launched a multi-year, multi-site evaluation (the national evaluation) examining the efficacy of advocacy centers for improving investigations and reducing harmful effects on children and families.<sup>4</sup>

This comprehensive evaluation will compare large samples of cases investigated through centers to similar cases that are not handled by centers. The study will also examine the effects of different advocacy center components, such as multidisciplinary teams and child-friendly facilities, and different types of advocacy center models.

The national evaluation will be the first study to employ a prospective methodology, meaning actual advocacy center activities and outcomes will be analyzed as they occur. This prospective approach allows researchers to examine center activities in real-time, and track short and longer-term outcomes tied to those activities.

Several facilities have been selected to participate in the national evaluation. These include:

- The Dallas Children’s Advocacy Center in Dallas, Texas;
- The Family Intervention Center at Children’s Hospital in Pittsburgh, Pennsylvania;
- The Low Country Children’s Center in Charleston, South Carolina;
- The National Children’s Advocacy Center in Huntsville, Alabama; and
- The Collins County Children’s Advocacy Center in Plano, Texas.

The researchers have completed the “evaluability” phase of the study during which they confirmed each site’s readiness for evaluation, as well as a survey to more clearly define measurable objectives and outcomes. The Crimes Against Children’s Research Center website ([www.unh.edu/ccrc/](http://www.unh.edu/ccrc/)) contains more information on the multi-site evaluation, plus a very thorough annotated bibliography of the research literature relevant to the effects of coordinated investigations and other topics.

A preliminary study, sponsored by the Arizona Children’s Justice Task Force, examined the impact of one advocacy center in Arizona (the Mesa Center Against Family Violence or Mesa Center) on investigations of the most serious cases of child physical and sexual abuse.<sup>5</sup> This preliminary assessment examined small numbers of similar cases in three groups – cases that were investigated through the Mesa Center, cases that were investigated *before* the Mesa Center opened, and another group of cases that were investigated after the Mesa facility opened but were *not referred* to the center. While this study relied on archived case records, and had other

methodological limitations, there were a number of important findings that still are considered valid by leading Arizona authorities.<sup>6</sup> These findings included:

1. *Marked improvement in first responder protocol compliance for both Child Protective Services and law enforcement. Specifically, first responders were significantly more likely to follow agreed-upon procedures upon arrival at the reporting scene, including not interviewing children.*
2. *Sharp increase in the frequency of joint child protection and law enforcement investigations.*
3. *Dramatic decrease in the frequency of multiple or repeated interviews of child victims.*
4. *Significantly higher rate of child abuse forensic medical exams conducted by specially trained medical professionals versus high-cost exams conducted in hospital emergency rooms.*
5. *Substantial decrease in the number of cases that prosecutors declined to prosecute.<sup>7</sup>*

It is important to emphasize that the Arizona study was a preliminary analysis. It employed a retrospective approach, relied on relatively small sample sizes, and only examined cases in one jurisdiction. Preliminary analyses of these types are very limited, particularly in the ability to generalize findings to other locales. The national evaluation design addresses these methodological shortcomings.

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## *Ohio’s Advocacy Centers*

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Efforts to create the first advocacy center in Ohio were initiated in 1986 by the late Robert D. Horowitz, then County Prosecutor in Stark County. Prosecutor Horowitz was concerned about the often haphazard and inconsistent handling of child abuse cases, and the all too frequent re-traumatizing of children that occurred during the investigative process. Joining with Juvenile Judge W. Don Reader to forge the collaboration necessary for establishing a center, Prosecutor Horowitz and Judge

Reader demonstrated the impact of professional leadership in community development.

Prosecutor Horowitz worked closely with Bud Kramer during the early stages of developing Stark County's facility and soon became actively involved with the National Children's Alliance. Eventually, Prosecutor Horowitz became President of the Alliance's Board of Directors, as well as President of the Ohio Prosecuting Attorney's Association. He played a major role in the state's development of advocacy centers; today, there are 15 centers.

The Ohio Survey Results Map is the product of a telephone survey conducted by the Ohio Network of Children's Advocacy Centers in 2003. It shows the location of Ohio's centers and multidisciplinary teams as self-reported by the state's 88 counties.<sup>8</sup> Of the 15 centers, two are joint projects serving the tri-county regions of Trumbull, Mahoning, and Columbiana counties and Athens, Meigs, and Galia counties, respectively. A variety of structural models are evident in Ohio. While the majority of the centers are private, not-for-profit

organizations, Ohio also has several hospital-based programs and one center administratively based out of the county prosecutor's office. Most Ohio centers stay sufficiently busy to justify full-time directors. In total, there are 12 full-time center directors in Ohio, one has a part time director, and two are managed by a team rather than a designated director.

### *The Ohio Network of Children's Advocacy Centers*

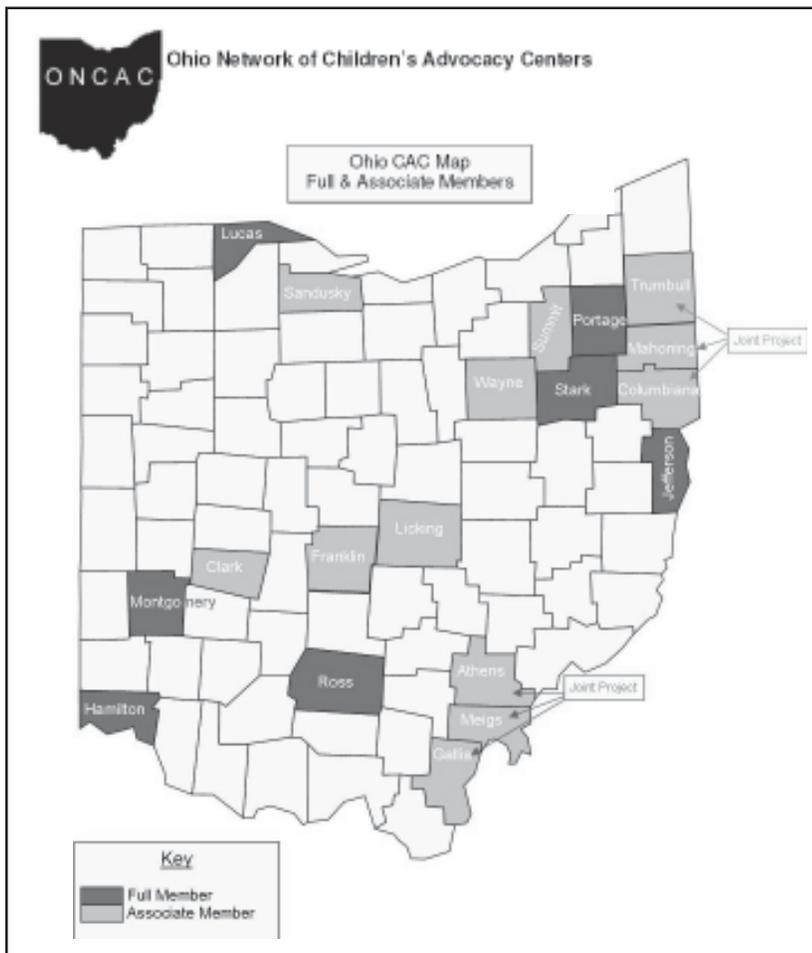
The national growth of children's advocacy centers has seen the rise of state-centered networks designed to support existing and emerging programs within their own state jurisdiction. The Ohio Network of Children's Advocacy Centers (the Ohio Network) was established on July 1, 2002, to promote and assist the establishment of centers throughout the state. The Ohio Network provides technical assistance, training, and other important services to existing and developing centers and multidisciplinary teams. Like the National Children's Alliance, the Ohio Network also has standards for full and associate membership. Ohio's standards are very similar to national standards. As of December 2003,

seven centers had joined as full members of the Ohio Network, seven as associate members, and four as developing programs.<sup>9</sup> Information regarding Ohio's standards and advocacy centers, descriptions of each advocacy center, as well as the various programs of the Ohio Network, can be found on the network's website, [www.oncac.org](http://www.oncac.org).

### *Cases Referred to Ohio's Centers*

The majority of cases handled at children's advocacy centers derive from reports made to local law enforcement and/or local child protective services agencies. In some counties, schools may also make child abuse reports directly to advocacy centers, though when direct reports occur, center staff immediately refer them to the appropriate law enforcement and child protection authorities.

Child sexual abuse cases make up approximately 65 to 70 percent of all cases investigated through Ohio's centers. Cases of serious physical abuse represent the second most common case



*Numbers of Children Seen by Children's Advocacy Centers in Ohio. <sup>11</sup>*

<b>City</b>	<b>County</b>	<b>ONCAC Member Type</b>	<b>Children Served 2002</b>	<b>Children Served Jan.-June 2003</b>
Canton	Stark	Full Member	504	223
Chillicothe	Ross	Full Member	80	33
Cincinnati	Hamilton	Full Member	1,544	793
Dayton	Montgomery	Full Member	488	271
Ravenna	Portage	Full Member	163	89
Steubenville	Jefferson	Full Member	84	71
Toldeo	Lucas	Full Member	255	145
Akron	Summit	Associate Member	71	112
Athens	Athens, Gallia, Meigs	Associate Member	No Data Available	No Data Available
Columbus	Franklin	Associate Member	No 2002 Data	
Fremont	Sandusky	Associate Member	No Data Available	No Data Available
Springfield	Clark	Associate Member	148	149
Wooster	Wayne	Associate Member	No Data Available	No Data Available
Youngstown	Mahoning, Trumbull, Columbiana	Associate Member	402	174
Newark	Licking	Pending	94	78
Overall Totals			3,833	2,715

type, and in a few counties, centers also may handle very serious neglect cases.

Data presented in the table above reflect the number of *children* seen by advocacy centers in Ohio during calendar year 2002, and the first six months of 2003. In 2002, eleven sites that provided data to the Ohio Network saw 3,833 children come through their doors. In the first six months of 2003, 12 centers saw 2,715 children.<sup>10</sup> These figures indicate that the number of alleged victims seen at Ohio's centers may be significantly increasing.

State Statutes and  
Advocacy Centers

A number of states have or are considering specific statutes that either authorize or allow the use of advocacy centers to coordinate investigations of child maltreatment. In Ohio, Senate Bill 66 is being reviewed by the Judiciary Committee on Criminal Justice. The most important components of SB 66 include establishing a statutory framework that clarifies the roles and responsibilities of

advocacy centers and sets state standards for centers, in statute, that reflect nationally-recognized standards.

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## *Forensic Interviews*

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The forensic interview constitutes what may be the most important aspect of the investigation of alleged maltreatment. In many cases of child abuse, there is not clear-cut medical or physical evidence and initial disclosure may be hazy at best. These cases rely heavily on the content of interviews, the manner in which they are conducted, and the credibility and training of professionals assigned this challenging task.

Both the competence of forensic interviewers and the content of forensic interviews set them apart from standard investigative interviews that are performed everyday by credible child protection and law enforcement investigators. While both types of interviews are or should be fact-based, forensic interviews are conducted by specially trained individuals. Competent forensic interviewers typically complete a minimum of eight hours of introductory training followed by at least 40 hours of advanced training, and subsequent peer reviews. This intensive training is specifically geared to interviewing children who allege maltreatment, and covers a wide range of topics including child development issues, proper questioning techniques, and related areas that are generally not covered in standard investigative interview training. The content of and methods used during forensic interviews, while still reflecting some flexibility, is becoming more and more consistent across the country as different jurisdictions adopt nationally-recognized training curriculum.

The ability of highly trained forensic interviewers to conduct fact-based and unbiased child interviews, as differentiated from clinical or therapeutic interviews, can enhance the collection of critical evidence and eliminate or minimize subsequent trauma for victims. Research in Michigan that compared the trauma levels of a group of child sex abuse victims who did not experience multiple interviews to similar victims who experienced repeated interviews found significantly higher standardized measures of trauma levels in the group exposed to multiple interviews.<sup>12</sup> Historically, it has not been unusual for child victims to be interviewed multiple times in different

locales at different stages of an investigation. Competent and experienced forensic interviewers, who have completed appropriate training, can prevent repeated and unnecessary interviews. And, advocacy centers with well-equipped, child-friendly interview rooms often offer the best settings for these critical interactions. Furthermore, competently conducted interviews that do not contain leading questions and other, ill-advised practices are more likely to lead to clear-cut resolution of whether or not maltreatment occurred, reducing the chances of erroneous or false accusations.

### *Forensic Interview Training in Ohio*

In some Ohio jurisdictions there are full-time forensic interviewers based at advocacy centers. These professionals have completed extensive training with stringent completion requirements and maintain their expertise through ongoing experience. It is probably safe to say, however, that most Ohio children are interviewed by child protection and law enforcement professionals without formal forensic interview training. The experience and skill level of these interviewers and the types of training programs they have completed vary greatly.

While there are still some disagreements as to what comprises best practices in forensic interviews, there is growing recognition that all persons who conduct these inquiries should complete specialized training (initial, advanced, and ongoing) and should participate in regular peer reviews to assess performance. There are a number of nationally-recognized forensic interviewer training programs. These include programs offered by the American Prosecutors Research Institute's National Center for Prosecution of Child Abuse, the American Professional Society on the Abuse of Children, the National Children's Advocacy Center in Huntsville, and the Childhood Trust based at the University of Cincinnati.<sup>13</sup> Some states have elected to initiate state-developed forensic interview training programs, based on the premise that in-state programs can combine the best of nationally-recognized training content with the unique aspects and needs of individual states.

Ohio is fortunate to have concurrent efforts to provide initial and advanced forensic interview training programs: the *Finding Words* program presented by the American Prosecutor's Research Institute, and an emerging in-state program developed cooperatively by the Ohio Network, Childhood Trust, and the University of Cincinnati. Both programs intend to employ a "train the trainers" model

to allow for ongoing training beyond the initial training sessions.

### ***Finding Words***

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*Finding Words* is an important component of “*Half A Nation*,” the American Prosecutor’s Research Institute’s ambitious effort to expand the numbers of trained forensic interviewers across the country. The goal of *Half A Nation* is “to establish in half of the states a high quality, five-day forensic interviewing course modeled after *Finding Words*.” The concept is patterned after a large-scale training program in Minnesota where 85 out of 87 counties received training through CornerHouse, a children’s advocacy center in Minneapolis.<sup>14</sup> *Finding Words* in Ohio is spearheaded by the Office of the Ohio Attorney General, Jim Petro.

### ***Developing a Community Network of Forensic Interviewers***

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Coinciding with *Finding Words* in Ohio is the launch of a state-based forensic interview training program developed by the Ohio Network, Childhood Trust, the University of Cincinnati, and other Ohio experts. The Ohio Network is the administrator of this new program, and like *Finding Words*, is employing a *train-the-trainer* modality. The Ohio Network’s goal is similar to that of *Finding Words*, making state-of-the-art forensic interview training geographically and financially accessible to all of Ohio’s communities. The program differs by being a three-day, rather than five-day program, and, as a state-based program, having its content specifically tailored to Ohio circumstances. The Ohio training program also incorporates a system for ongoing support and mentorship that is unique. Interviewers completing the Ohio Network’s training will be assigned Ohio mentors, if requested. The Ohio Network also is developing a plan for ongoing peer review and interface that will include video conferencing and other electronic means of communication for professionals in outlying areas. All participants will be invited to take part in an annual symposium intended to encourage networking, hear latest research, and update skills.

In January 2004, the first teams of experienced forensic interviewers received instruction on curriculum presentation of the state-based program from Dr. Erna Olafson, an assistant professor with the University of Cincinnati’s Department of Psychiatry and Co-director of the Program on Child Victimization and the Law. Dr. Olafson also serves as the training curriculum

development consultant. The Ohio Network hopes to utilize these teams of instructors to offer between five and eight sessions throughout the state during 2004.

Ohio is not the first state to utilize a state-specific approach. Approximately five years ago, the state of Arizona developed its own beginning and advanced forensic interview training programs. Since that time, over 1,000 investigators have received initial and/or advanced training in various regions of the Grand Canyon State. The Arizona approach uses an experienced training team that provides beginning, advanced, and post-advanced training seminars. Arizona’s curriculum contains many key aspects of the *Finding Words* program and, in fact, the Arizona curriculum has been reviewed and commended by the American Prosecutor’s Research Institute. Arizona’s experience to date reveals that a well-trained, in-state training team can tailor instruction to the needs of county prosecutors and local investigators (from law enforcement agencies and child protection) including up-to-date content that addresses ever-evolving state statutes and legal processes.

Arizona’s decision to combine components of *Finding Words* with key elements emphasized by in-state authorities seems to be working. Ongoing trainee surveys and a one-year follow-up evaluation of the advanced seminar conducted by the Arizona Children’s Justice Task Force, reveal marked improvement in interviewing skills.<sup>15</sup> More recently, Arizona officials initiated post-advanced follow up training using standardized criteria in a guided peer review format. This approach allows the instructors of the advanced seminar to review actual videotaped interviews conducted by trainees, with trainees present, *after* the advanced training has been completed. To date, two guided peer review sessions have been conducted. Preliminary reports from these guided reviews indicate ongoing improvements in the quality of forensic interviews.<sup>16</sup>

The simultaneous implementation of two forensic interview training programs in Ohio – *Finding Words* and the Ohio Network – offers an exciting opportunity for authorities throughout the state who wish to ensure that staff has necessary interviewing skills. Program developers from the Office of the Attorney General and the Ohio Network have been meeting to foster a coordinated approach that results in complimentary training efforts. Each of these programs offers unique benefits. The real winners from Ohio’s heightened training activity are the interviewers throughout the state who now have a greatly expanded likelihood of accessing

instruction that fits their individual needs, and, of course, the children and families they serve.

### **Videotaping Forensic Interviews**

Most children's advocacy centers in the United States, including all full and associate Ohio Network members, have child-friendly interview rooms with the capacity to videotape forensic interviews of children. The ability to videotape a forensic interview is an important aspect of the investigative process. It is critical to note, however, that *videotaping in itself is meaningless*. The value of an interview videotaped or not, is dependent upon the skills of the interviewer and the conditions under which the interview is conducted. These skills are obtained through exceptional training (initial, advanced and ongoing), appropriate experience, and, when possible, regular peer review that includes feedback from county prosecutors and other forensic interviewers.<sup>17</sup>

The reasons to videotape *competently conducted* forensic interviews include:

- To preserve what happens during an interview.
- To ensure that investigators do not lose a significant amount of information by relying solely on note-taking as a means of documentation. A study by Michael Lamb, for example, revealed that investigators lost 60 percent of salient information by relying on hand-written notes.<sup>18</sup>
- To appropriately impeach child victims who recant or forget aspects of disclosure.
- To reduce the likelihood that a child will have to be interviewed multiple times.
- To address concerns that the interview might have been conducted in an inappropriate or suggestive manner.

### **Forensic Medical Exams**

The availability of prompt forensic medical exams performed by specially trained professionals represents another important benefit of advocacy centers. A timely exam that results in the proper acquisition of evidence can make the difference in whether or not a case is prosecuted. Having competent physicians or qualified nursing professionals perform exams at centers, or in nearby child-friendly settings, prevents children from experiencing unnecessary trauma, including long waits in intimidating hospital emergency rooms. Additionally, the highly trained medical professionals who serve

advocacy centers tend to have the availability and expertise to appear as expert witnesses in court when called upon to do so.

Not all advocacy centers offer forensic medical exams around the clock, although nine of Ohio's centers have 24-hour availability because of their close affiliation with children's hospitals. Exams conducted at or near all fifteen centers can always be done within 72 hours for sexual abuse cases; and, in most jurisdictions, within 24 hours of reports. Prior to advocacy centers, children alleging abuse were most often taken to emergency rooms where waiting times were substantially longer, expenses substantially higher, and exams were rarely performed by specially trained professionals.

All Ohio Network members either have child-friendly exam rooms on site or easy access to nearby facilities. The seven full member centers, as well as four of the seven associate members, have their own colposcopes, a critical piece of medical equipment used to conduct forensic medical exams.

### **Ohio's Network of Teaching Hospitals: An Important Training Resource**

Ohio benefits from an exceptional network of children's hospitals that offer high-quality forensic medical exams. This network is arguably one of the best in the country, for it is rare to find so many children's hospitals with specially trained professionals and child-friendly exam facilities in one state.

There are three teaching hospitals in Ohio, some offering fellowships for professionals interested in conducting child abuse forensic exams. Specially trained pediatricians from these teaching hospitals offer ongoing training for physicians. The capacity to regularly train doctors throughout the state is a valuable resource that minimizes the chances that exams will be performed by insufficiently trained physicians.

To ensure that forensic examiners continue to keep their skills at the highest levels, many medical specialists in Ohio participate in regular medical peer reviews. Doctors in the forensic child abuse exam field are closely affiliated with the medical academy at the Midwest Region Children's Advocacy Center located in St. Paul, Minnesota.<sup>19</sup> A number of Ohio physicians provide and receive training at the medical academy, sharing information on best practices and developments in the field with peers throughout the Midwest.

## Sexual Assault Nurse Examiners (SANE)

The presence of highly trained sexual assault nurse examiners (SANE) in Ohio represents another important resource that benefits children. There are more than 800 SANE programs throughout the United States today, according to the American Nurses Association.<sup>20</sup> SANE nurses are particularly valuable in communities that do not have specially trained physicians able or willing to conduct sexual assault forensic exams, and in communities that do not have the fiscal capabilities to meet physician-related costs. Nurse examiners are also widely recognized as expert witnesses and their credibility with juries appears to be no less than that of doctors.

Ohio centers with SANE programs include Licking, Portage and Summit counties. The Summit County (Akron) program is hospital-based and, as another reflection of multiple jurisdictions sharing limited resources, SANE nurses from Akron also provide forensic exams in neighboring Stark County. Franklin County (Columbus) is developing a SANE program to further enhance the services provided at its facility. There is a SANE program in Allen County, although there is no advocacy center there yet. Guernsey and Wayne counties are developing advocacy centers and already have SANE programs. Other counties, including Richland, are developing pediatric SANE programs. Most of the nurse examiners in Ohio are trained by medical professionals from the Children's Hospital of Cincinnati.

## Funding for Ohio's Centers

There is no dedicated source of funding for Ohio advocacy centers. A number of Ohio centers receive some funding support from the hospitals in which they are based. Most of the state's advocacy centers receive federal Victims of Crime Act grant funds for some of the services they provide and some centers have received development grants from the National Children's Alliance. In addition to short-term grant funding, most centers are dependent on local fund raisers.

## Long-term Considerations

When an investigation of child abuse goes awry, children are placed at substantial risk of further maltreatment, producing severe repercussions for child victims, their families, and their communities. While the immediate risks faced by these children are easily understood, the longer-term consequences of poorly orchestrated investigations are not.

Over the past decade, a growing body of research has emerged that consistently demonstrates the deleterious long-term effects of multiple incidents of childhood maltreatment.<sup>21</sup> In brief, research conducted in multiple sites across the country confirms that children who have been abused and neglected on multiple occasions over time are significantly more likely to:

- Become chronic juvenile and/or adult criminal offenders,
- Commit violent crimes,
- Present serious mental health problems,
- Experience teenage pregnancy,
- Fail in schools, and
- Engage in serious substance abuse.

Preventing prolonged maltreatment through the properly conducted investigations and prompt interventions that are the hallmarks of children's advocacy centers not only protect children in the short-term, but may also serve our communities in the longer-term.

## Conclusion

There are fifteen children's advocacy centers in Ohio, with programs developing in a number of counties. The growth of centers reflects a national movement to coordinate investigations of child abuse in one-stop, child-friendly locations specifically designed to promote sound investigations and reduce subsequent trauma for children.

State and local authorities have accomplished a number of key objectives intended to strengthen advocacy

centers and the coordination of child abuse investigations in Ohio. These include:

- The development and implementation of forensic interview training programs designed to promote state-of-the-art practices throughout Ohio.
- Exceptional forensic medical exam resources and training programs for medical professionals.
- Children’s advocacy centers and multidisciplinary teams that serve or are capable of serving multiple jurisdictions.
- Strong support of advocacy centers by prosecutors and other professionals who handle cases of child maltreatment.
- A variety of facilities and advocacy center models tailored to meet different community needs.
- A state network of advocacy centers dedicated to facilitating ongoing improvements.
- Standards promulgated by the state network that reflect national standards for children’s advocacy centers.

Not surprisingly, there are also a number of key challenges facing Ohio as it strives to improve investigatory practices. These include:

- Funding: Ohio advocacy centers do not receive any state funding; instead, advocacy centers are dependent on grants and other funding sources.
- Difficulties providing access to advocacy centers for all child victims: An ever-present challenge is to ensure that children receive commensurate services regardless of which of Ohio’s 88 counties they reside. With the diversity of demographics and scarcity of resources in many areas, it is critical that cooperation and coordination be strengthened.
- Efforts to continue to improve forensic interview training skills: the *Finding Words* and Ohio Network of Children’s Advocacy Center’s forensic interview training programs are very positive developments. Authorities involved with both programs will need to continue to coordinate their efforts to ensure ongoing positive outcomes.

The investigation of child abuse and neglect is the critical first stage that, when conducted competently, can prevent further harm to children and bring perpetrators of abuse and neglect to justice or quickly exonerate those falsely accused. At children’s advocacy centers, the multi-agency team approach, and the close working relationships between investigators and other professionals responsible for addressing the medical, mental health, and other needs of children, can significantly enhance the quality and timeliness of the investigative process. The team approach can also improve the provision of services during and after the investigation, enhance the quality of information presented to the courts, and significantly reduce subsequent trauma for these children and their non-offending caretakers.

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## Endnotes

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- <sup>1</sup> National Children's Alliance Welcome Page: <http://www.nca-online.org/welcome.html>
- <sup>2</sup> National Children's Alliance Standards Page: <http://www.nca-online.org/network.html>
- <sup>3</sup> For example, ChildHelp USA, a private non-profit organization, has sponsored mobile advocacy centers in Arizona and Tennessee.
- <sup>4</sup> For more information on the national children's advocacy center evaluation go to the Crimes Against Children Research Center's website ([www.unh.edu/ccrc/](http://www.unh.edu/ccrc/)).
- <sup>5</sup> See G. Siegel. *The Impact of the Mesa Center Against Family Violence on Child Abuse Investigations*. Prepared for the Arizona Children's Justice Task Force. November 1999. This study examined relatively small samples of the most severe cases of child physical and sexual abuse that were investigated in the Mesa area before and after the Mesa Center Against Family Violence opened in February 1996.
- <sup>6</sup> The Arizona Children's Justice Task Force (a multidisciplinary group comprised of county prosecutors, detectives, judges, assistant attorneys general, victim advocates, forensic interviewers, and others) and the Arizona Child and Family Advocacy Network (Arizona's state network of advocacy centers) still uses the findings of this preliminary study to build support for centers in that state.
- <sup>7</sup> The researchers only examined cases that were "submitted" for prosecution. However, it is important to note that, during the period of analysis, Mesa investigators did have some authority to "pre-screen" cases prior to submitting them to the county attorney's office for prosecution. A detailed analysis of this pre-screening process exceeded the scope of this preliminary study.
- <sup>8</sup> This map was prepared by the Ohio Network of Children's Advocacy Centers. It shows the status of advocacy centers and multidisciplinary teams in all 88 counties. Some of the counties with multidisciplinary teams are developing advocacy facilities to further enhance interagency coordination.
- <sup>9</sup> The Licking County (Newark) center is not yet a member of the state network. Other "developing programs" refer to sites that are in the process of creating new advocacy centers.
- <sup>10</sup> Most of the increase is due to the opening of the new Columbus facility in January 2003.
- <sup>11</sup> Data provided by the Ohio Network of Children's Advocacy Centers. For calendar year 2002, there were 11 centers reporting. For the first six months of 2003, there were 12 sites reporting.
- <sup>12</sup> See J. Henry. *System Intervention Trauma to Child Sexual Abuse Victims Following Disclosure*. *Journal of Interpersonal Violence*, Vol. 12 No. 4. August 1997.
- <sup>13</sup> The Childhood Trust is a program at the University of Cincinnati that conducts research and training in the child abuse field. It is affiliated with the School of Medicine's Department of Psychiatry.
- <sup>14</sup> See V. Vieth. *Half A Nation by 2010*. *National Center for Prosecution of Child Abuse Newsletter*, Vol. 14, Number 2, 2001.
- <sup>15</sup> For more information on the Arizona experience, contact Maureen Domogala, Program Administrator for Children's Justice in Arizona, at (602) 542-1705 or via email at [mdomogala@az.gov](mailto:mdomogala@az.gov).
- <sup>16</sup> The Arizona Children's Justice Task Force developed a guided peer review process that uses standardized performance criteria derived from its advanced five-day forensic interview training program. This process and the standardized criteria have been field tested and are now utilized in Yavapai County, the site of the Yavapai Family Advocacy Center.
- <sup>17</sup> The advocacy center in Hamilton County conducts regular forensic interview peer reviews. The Franklin County center is developing local protocols for this in the near future. The Ohio Network is examining options for promoting peer reviews in outlying regions of Ohio using teleconferencing or similar technology. This could be an important benefit in many counties where there is only one forensic interviewer and no one else to review videotaped interviews.
- <sup>18</sup> See M.E. Lamb, Y. Orbach, K. Sternberg, I. Hershkowitz, and D. Horowitz. *Accuracy of investigator's verbatim notes of their forensic interviews with alleged child abuse victims*. *Law and Human Behavior*. December 2000.
- <sup>19</sup> The National Children's Alliance operates regional advocacy centers in different sections of the country, including the Midwest Region CAC.
- <sup>20</sup> See S. Trossman. *Making a difference: Oklahoma nurse program recognized for assisting community*. *The American Nurse*. American Nurses Association, September/October 2002.
- <sup>21</sup> See J. Wiig, C.S. Widom, & J.A. Tuell, *Understanding Child Maltreatment & Delinquency: From Research to Effective Program, Practice, and Systemic Solutions*. Child Welfare League of America (2003). This monograph presents an excellent overview of the powerful link between abuse and neglect and subsequent juvenile delinquency, elements of effective programs, and the need for an integrated approach to practices, programs, and services.

## *Mayerson Center Awarded National Grant to Examine Difference in Interviewers*

The National Children's Alliance has awarded The Mayerson Center for Safe and Healthy Children (Cincinnati) a one year Special Emphasis Grant to conduct a rigorous scientific investigation of the relative strengths and weaknesses of forensic interviews conducted by three distinct groups of interviewers: dedicated child advocacy center social workers, public children services agency caseworkers, and law enforcement officers. Using a system derived from extensive experience training forensic interviewers, the project will code previously recorded interviews. An analysis of the legal outcomes of any interview dating at least one year earlier will be used to determine if there is a greater rate for the substantiation of abuse, acceptance for prosecution, and/or conviction among the three groups. Further analyses also will examine a number of moderating variables which may influence the quality and outcomes of forensic interviews.

The project will be implemented in four stages:

1. **Start-up:** This phase will involve hiring and training graduate student coders. Concurrently, eligible interviewers will be contacted to authorize the study's use of their previously recorded interviews. When the informed consents are completed, the total pool of eligible interviews will be identified using the database and a randomly selected sample of 120 interviews will be constructed. A research database will be developed encompassing the variables involved in this study.
2. **Coding:** Independent coding of each interview will be conducted by two raters who will be blind to each other's scoring until the consensus process assigns a final score for each interview variable.
3. **Analysis:** Analysis will begin when the coding and consensus scoring are completed and resultant data are entered and cleaned.
4. **Presentation:** This phase will involve the preparation of publications and the submission of professional presentations to national conferences attended by child maltreatment professionals. The coding system will be available for replication and a separate article on its reliability and validity will be prepared for submission to a peer-reviewed child abuse publication.

The implementation plan is a straight forward process that carries the study through a series of easily identified steps that allow project progress to be readily tracked. The final products include a peer-reviewed research study that is presented in a self-explanatory format that can be widely distributed, and a validated coding system in an easily disseminated format. The findings should provide valuable insight into the variables that promote effective interviewing of child victims of crime.

## *Ohio's Children Advocacy Centers to Gain Electronic Case Management and Data Collection System*

Full membership in the National Children's Alliance requires children's advocacy centers to establish a system for monitoring case progress and tracking case outcomes for team components. Effective team collaboration requires a degree of information sharing that exceeds the level to which community professionals generally are accustomed. To assist Ohio's children's advocacy centers with both of these issues, as well as construct its own system for gathering statewide planning data, the Ohio Network of Children's Advocacy Centers (Ohio Network) has contracted with Chicago-based *Network NINJA Inc.* to develop software to track and manage child abuse cases.

Using a committee comprised of representatives of member agencies and various disciplines represented on center teams, the Ohio Network outlined its goals for the system and selected a project consultant. *Network NINJA* was chosen from a variety of potential vendors because of its extensive background in working with social service agencies. Its web-based solution will enable the Ohio Network and member agencies to perform case management functions on a standard platform and allow workers to execute their team responsibilities without the burden of untimely and redundant paper documentation and record-keeping.

The software allows for information-sharing and task coordination between all associated parties, including law enforcement, prosecution, mental health, medical, and public children services agency staff. Features include automated checklists and prompts to ensure that all tasks are completed for each case, as well as automated generation of reports for federal and state grantors. In addition to the case management, reporting and data analysis functions, the new system also has capacity to assist in local planning and resource allocation efforts. Through the use of *Network Ninja's Geometrics* module, case information can be used to create geographical reports detailing case and offender information specific to identified locales.

The Ohio Network and five Ohio member agencies are participating in biweekly web-based sessions to refine the system. Beginning in March, these five centers, The Mayerson Center for Safe and Healthy Children (Cincinnati); The Child Protection Center of Ross County (Chillicothe); CARE House (Dayton); Children's Advocacy Center (Toledo); and Clark County Child Advocacy Center, (Springfield), will participate in a short field test. At conclusion, the system will be available to all Ohio Network member agencies.

When implemented, the system will enable the Ohio Network to assimilate valuable aggregate data for research and program development purposes. Professionals who have access to this system through a children's advocacy center will benefit from technology that encourages both interdisciplinary accountability and collaboration. For additional information, contact James Landon, [jameslandon@oncac.org](mailto:jameslandon@oncac.org), or Matt Bochneak, [mbochneak@networkninja.com](mailto:mbochneak@networkninja.com).

*Update:*  
*Supreme Court Advisory Committee on Children, Families, and the Court*

The Supreme Court Advisory Committee on Children, Families and the Court has established a new subcommittee to study if Ohio’s statutory guidelines for the investigation and prosecution of child abuse and neglect properly serve children and families in need of government intervention; and, to make statutory and administrative recommendations to improve Ohio’s system for accepting and investigating reports of child abuse and neglect. Disparity in the provision of child protection services between geographical jurisdictions long has been acknowledged as an inevitable struggle within Ohio’s county-based system; however, two recent documents prompted the creation of this subcommittee:

- In its January 2003 Child and Family Services Review Final Report, the U.S. Department of Health and Human Services charged that “Ohio is not consistent in its efforts to protect children from abuse or neglect” and expressed concern regarding “...the absence of clear and consistent statewide criteria for making (this) initial screening decision.”
- A report authored by Howard Davidson, Director, American Bar Association Center on Children and the Law asserted that:
  - “The fragmentation of child maltreatment definitions among various sections of Ohio law and the lack of comprehensive statewide policies to guide counties in taking uniform action in screening reports of maltreatment, are major factors in the discrepancy among county responses...”
  - “...flaws in the definitional framework for case determination labels contribute to inconsistencies among counties in investigative decision-making and follow-up responses.”

The subcommittee is charged with preparing a final report that:

- proposes statutory changes, including specific language, to address items identified in the Study.
- proposes administrative code or rule of superintendence changes to address items addressed in the study.
- proposes practice and/or administrative changes that address items identified in the study.
- makes recommendation regarding experimental, model and/or demonstration programs.
- identifies a fiscal impact analysis of proposed recommendations, including both direct and indirect cost benefits and costs.
- may set forth a plan for an evaluative pilot site phase to follow.
- sets forth necessary steps for implementation of recommendations, including any training needs.

For additional information, contact Doug Stephens at [stephend@sconet.state.oh.us](mailto:stephend@sconet.state.oh.us)

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## *Family Assessment and Planning Model: Update*

The Winter 2003 edition of *Children, Families and the Courts* discussed the Ohio Department of Job and Family Services' efforts to develop a safety assessment protocol to guide child protection investigators in assessing immediate threats to children's safety. As reported, the integration of safety assessment and the Family Decision Making Model currently utilized by Ohio's public children services workers began in January 2002 with ongoing facilitation from consultants from the National Resource Center on Child Maltreatment and the Child Welfare Institute. The new process that has evolved, ***Family Assessment and Planning Model***, will affect how caseworkers document and present information in court with respect to the public child welfare agency's recommendations for services, removal, placement and reunification of children, as well as case closures.

The new Family Assessment and Planning Model includes three new instruments and revision of two Family Decision Making Model tools:

- **Safety Assessment** (new): Development of safety plans and requests for court orders to remove a child or another party from the home is based on the results of information (e.g., immediate safety threats, child vulnerability, family's ability to protect) gathered through the use of this tool.
- **Safety Plan** (revised): This tool is used to outline the specific activities necessary to keep children safe and to identify the parties responsible for ensuring the activities are implemented. Specific language that advises parent(s) of legal rights regarding their safety plan also has been added.
- **Family Assessment** (formerly the Family Risk Assessment Matrix): Information documented in this tool is used to identify families in need of ongoing protective services from the public agency and to support motions for protective supervision and court-ordered services.
- **90-Day Case Review** (new): This instrument guides the caseworker through a comprehensive review of the impact and effectiveness of services being provided the family. Conducted every three months, it provides an ongoing picture of the family's progress towards case plan goals. It also is designed to serve as framework for the six-month Semi-annual Administrative Review and prior to case closure.
- **Reunification Assessment** (new): This instrument recognizes the non-static nature of the family and directs the child protection worker through both a re-evaluation of the initial reasons the child was removed and a re-assessment of family dynamics. This tool is to be used to make recommendations regarding reunification and to identify any services that might be needed to support reunification in light of the family's current needs.

The Department now is working with Greene, Hancock, Muskingum and Lorain counties to field test the Family Assessment and Planning Model. The formal pilot is scheduled to conclude in March 2004, with a pilot evaluation completed by June 2004. Outcome indicators for the evaluation include: number of incidents of repeat maltreatment, number of children placed in out-of-home care, number of children entering out-of-home care during the pilot, and the number of children re-entering foster care during the pilot. A process evaluation to determine the efficacy of the model in every day practice and identify potential implementation issues also is a component of the pilot analysis. Recommendations for revisions to the Family Assessment Planning Model based on the pilot evaluation are expected, after which the Family Assessment Planning Model will be finalized and statewide training will begin. The anticipated effective date for Ohio's implementation of the Family Assessment Planning Model is January 2006.

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The National Center for Juvenile Justice (NCJJ) is a non-profit organization that conducts research (statistical, legal, and applied) on a broad range of juvenile justice topics and provides technical assistance to the field. NCJJ is the research division of the National Council of Juvenile and Family Court Judges.

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