

Working Together to Protect Children From Abuse



❖ **History of CAC's**

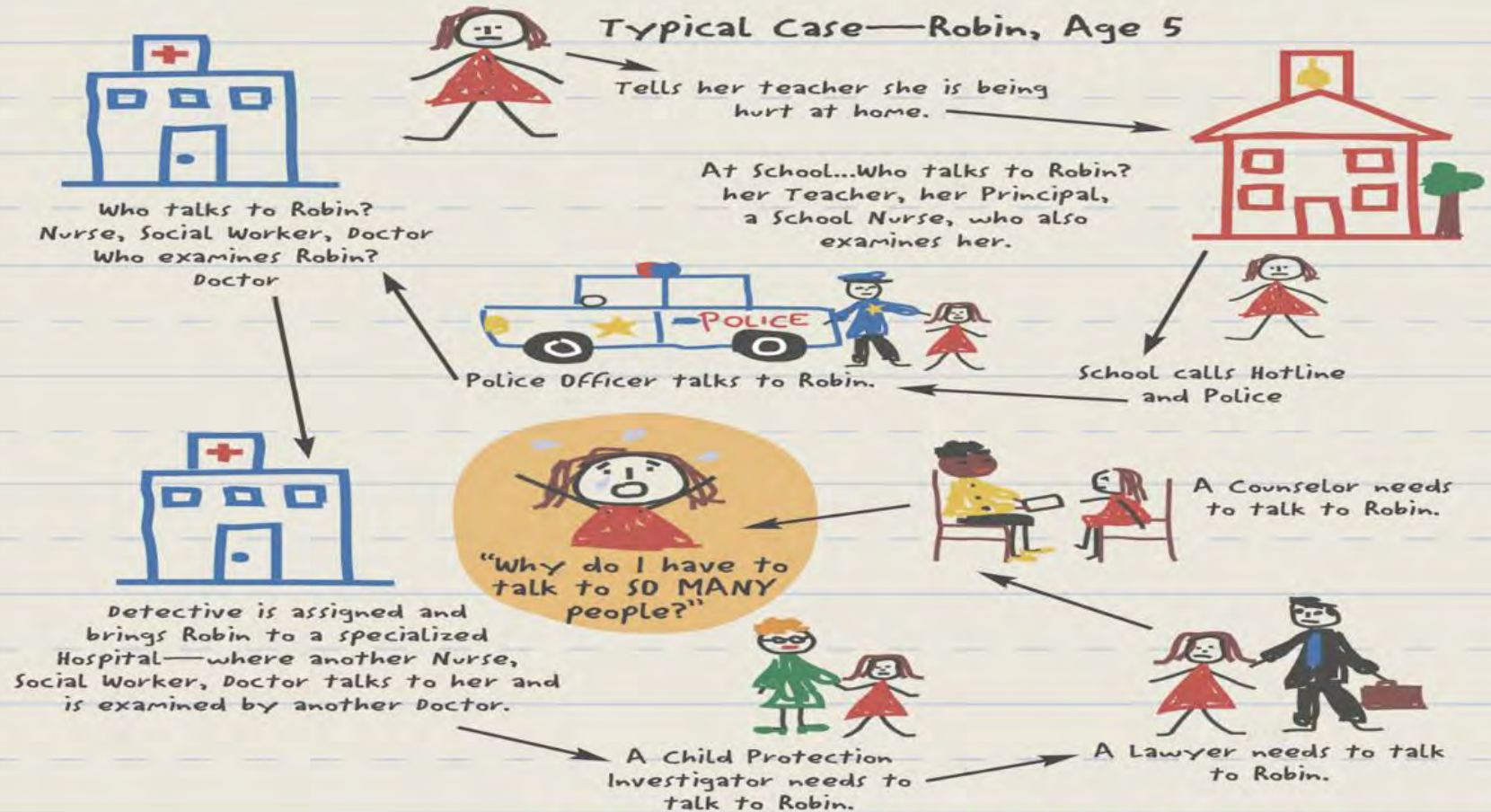
❖ CAC Services

❖ Talking to
Children

❖ Questions

Changing the Child Abuse System

WHAT USED TO HAPPEN WHEN KIDS NEEDED HELP FOR ABUSE



Robin had to talk to 15 people, but now . . .
(turn over)

Changing the Child Abuse System

WHAT HAPPENS TODAY WHEN KIDS NEED HELP FOR ABUSE

Robin tells her story, while a detective, CPS worker, and District Attorney listen as a team.



"This Place is Great"

Robin can see a doctor.



Robin is referred to a counselor, who will help her heal.



Robin's mom talks to an advocate to help her understand the system.



Robin comes to the Advocacy Center with her mom.



Tells her teacher that she is being hurt by her mom's new boyfriend at home.



Start Here

... Robin talks to 3 people

What is the MDT?

- ❖ MDT stands for the multidisciplinary team
- ❖ The MDT is a collaborative team of professionals who work both together and independently to investigate crimes involving children. The team works together to prevent redundancy, overlap and confusion for the child victims and their families, and for the overall success of their investigation.

Who is part of the MDT?

❖ Who is part of the MDT?

- **Children's Division**
- Law Enforcement
- Prosecutor's Office
- Victim Advocates
- Juvenile Office
- CAC Forensic Interviewers
- Mental Health Professionals
- Medical Professionals

Missouri CACs

- ❖ Missouri has 15 CACs with 23 sites serving 115 counties.
- ❖ Missouri is the ONLY state to have all CACs nationally accredited.
- ❖ The Child Advocacy Center, Inc. began serving children in 1995.

Child Advocacy Center Services

- ❖ Forensic Interviews
- ❖ Child and Family Advocacy
- ❖ Mental Health Therapy
- ❖ Education and Training
- ❖ Forensic Medical Exams

Forensic Interviews

- ❖ A forensic interview is a neutral, fact-finding interaction conducted by a specially trained interviewer using a multi-disciplinary approach in response to allegations of maltreatment.
- ❖ A structured conversation with a child/individual intended to elicit detailed information about a possible event(s) that the child/individual may have witnessed or experienced.
 - Objective
 - Developmentally appropriate
 - Neutral
 - Person led

Child and Family Advocacy

- ❖ Child abuse can impact the whole family, which is why our Child and Family Advocacy Program offers support to caregivers during and after the forensic interview and/or medical exam.
- ❖ The goal is to ensure that the adult(s) caring for the child are receiving the information and tools they need in order to move forward and heal.

Mental Health

- ❖ Evidenced-based treatments and other practices with strong empirical support reduce the impact of trauma and the risk of future abuse.
- ❖ CACs may provide mental health services on site or may refer to outside partner agencies.
- ❖ Trauma-focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based, short-term treatment model for children and youth impacted by trauma. TF-CBT includes parents or caregivers for portions of the therapy. Research shows that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple, and complex trauma experiences.

Education and Training

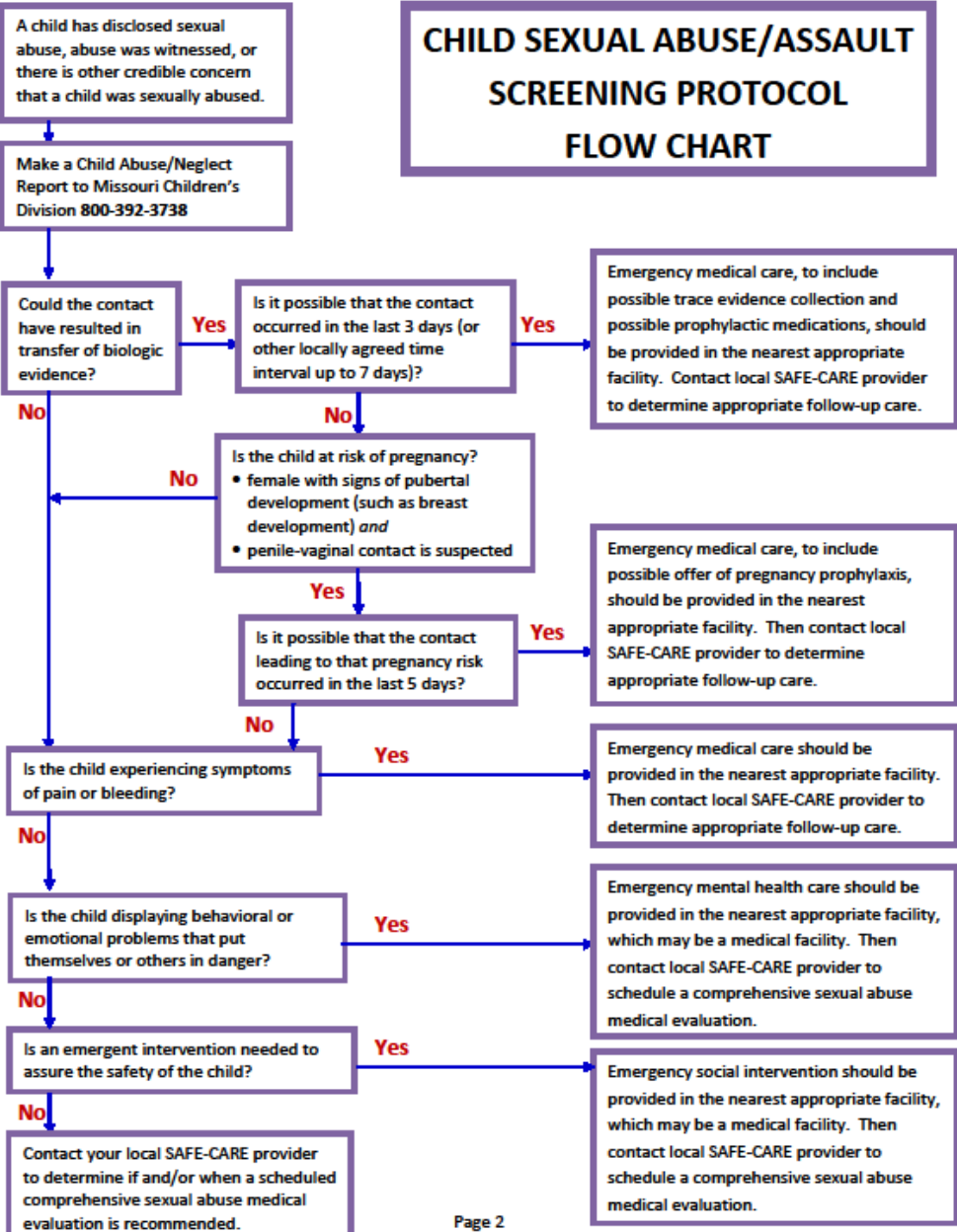
❖ CACs may provide education and training on various topics including:

- Mandated Reporting
- Cursory Interviewing
- MDT Response to Child Abuse Investigations
- Child Abuse Prevention (Stewards of Children)
- Online Safety for Teens and Children

Forensic Medical Exams

- ❖ The Missouri Sexual Assault Forensic Examination-Child Abuse Resource and Education (SAFE-CARE) Network is a network of medical providers who have received specialized training in the medical evaluation of child maltreatment.
- ❖ **SAFE-CARE** providers can provide **comprehensive, state-of-the-art medical evaluations** to alleged child victims in a **child-friendly setting and will frequently collaborate** with local agencies responsible for child maltreatment investigations.

CHILD SEXUAL ABUSE/ASSAULT SCREENING PROTOCOL FLOW CHART



More about talking to a child...



Blocks to Disclosure

❖ Institutional-blocks and barriers that are generated by the systemic or institutional response to allegations of abuse. Also includes environmental factors.

- Systematic failure
- Inappropriate systemic response
- Appearance of authority
- Distrust of authority
- Inappropriate interview setting

Blocks to Disclosure

❖ Motivational-factors, traits or incidents that **may inhibit or impact a child's willingness to disclose.**

- Poor interviewer skills-not specially trained
- Guilt, shame, fear
- Severity of abuse
- Family privacy
- Culture/religion
- Relationship with perpetrator
- Protect perpetrator
- Protect family and self
- Lack of support

Blocks to Disclosure

❖ Developmental/Linguistic-traits and/or characteristics that impact the child's ability

- Developmentally inappropriate questioning
- Disabilities
- Lack of understanding that abuse has occurred
- Language facilitation
- Attention span
- Mental health issues
- Lack of language skills to describe abuse
- Interviewer assumptions of what child is saying

Question Types

❖ Open Ended-Open Invitation-encourages narrative from child, requires more than one word answer.

- “Tell me how come you are here today”
- “Tell me about what happened”
- “Tell me more about that”

❖ Cued Recall-focuses child on something they have already said for additional information—includes WH questions.

- “You said, ____ happened, tell me more about how”
- “You said your uncle touched you, where on your body did he touch you”
- “What happened to your arm?”
- “You said Bob did something yucky, what was yucky?”

Question Types

- ❖ Option Posing-a question that presents the child with a number of alternative responses from which to choose.
 - “You said he touched your pee pee, was that on top of your clothes, under your clothes or something else?”
 - “You said it happened in your house, did it happen in the living room, bedroom, or somewhere else?”

Question Types

❖ Yes/No-a question that limits the child to answering only yes or no.

- “Did you tell mom about what happened?”
- “Do you remember how old you were when he touched you?”

Be cautious of adding “can you” to the beginning of a question!

Question Types

- ❖ Suggestive or Leading-statements asking for confirmation when the information is not accurate.
 - “Your dad touched you, didn’t he?”
 - “Your uncle was the one who did something to you, right?”

We want to avoid using these types of questions!!

Use open questions as much as possible!!

How to Be Successful

- ❖ Build rapport with child
- ❖ Use developmentally appropriate language
- ❖ Give child time to process question and provide answer
- ❖ Be aware who is present when interacting with child and limit-especially non-supportive people if possible
- ❖ **Don't re**-question child if can attain information from others

Concerns-Caution!!

- ❖ Poor questions due to lack of training which may lead to inaccurate information
 - **Avoid asking young children “when” questions-** developmentally difficult
- ❖ May re-traumatize child from repeated questioning from several people
- ❖ Multiple people questioning child may result in inconsistent information

Keep within Scope

- ❖ What do I need to complete my part of the process?
- ❖ Can I attain this information from alternate sources other than the child?
- ❖ If not, exercise caution and be mindful of potential problems.

Documentation



- ❖ What was asked and how
- ❖ Child's verbatim response-use child's words!
- ❖ Child's emotions, behaviors, and excited utterances

Remember



- ❖ Keep questions simple and concrete
- ❖ Use developmentally appropriate language
- ❖ Not all children can provide all details due to age, development, trauma, blocks to disclosure
- ❖ Do not repeat questions-children may feel first response was wrong and change their answer.
- ❖ Use child's words for their body parts if given

Remember



❖ REPORT all suspected abuse according to state law

Missouri Child Abuse and Neglect Hotline:
1-800-392-3738

Arkansas Child Abuse and Neglect Hotline:
1-800-482-5964

Questions???

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