Joint Investigation: A Multidisciplinary Approach

The dramatic rise in severity and number of child abuse cases requires a coordinated effort on the part of the community. In response, community multidiscipline (MD) teams have been formed. Separate from these larger community MD teams, joint investigation teams of law enforcement officers and child protective services (CPS) workers have been established for certain child abuse complaints. Joint investigation is most likely to occur in cases of child sexual abuse, child fatalities, and sometimes in cases of severe physical abuse/neglect. While such cases are a small percentage of the reports to CPS, their complexity and the potential of criminal charges cause these cases to be particularly time consuming and difficult.

History of the MD Team Approach

The first multidiscipline teams were hospital-based. At least three (Pittsburgh, Los Angeles and Denver) date from 1958 or earlier (Pence & Wilson, 1994). Hospital teams centered on the goal of identifying suspended cases, diagnosis of abuse, neglect and/or sexual abuse, and crisis intervention. Community treatment teams began to form soon after the hospital teams. These teams include providers, schools, mandated reporters and groups such as Parents Anonymous (Roth, 1978).

The purpose of the early community teams was to review cases, assist in diagnosis and treatment planning, and provide support for social services. Public education, case finding and advocacy were also goals of the community teams (Schmitt, 1978). For more background about MD teams, see VCPN, volume 5.

In Virginia, the UVA Medical Center, due to the leadership of Dr. Anthony Shaw, established, in 1971, the first MD team in the commonwealth. This team predates the 1975 comprehensive child abuse reporting act. Shaw and his team members were active in lobbying for the 1975 legislation.

Virginia's legislation specifically encourages the fostering of community and hospital MD teams for the purpose of identifying abuse, coordinating services and developing prevention programs. The Governor's Advisory Board formed a sub-committee on MD teams, prepared team guidelines, and with assistance from the Virginia Department of Social Services, fostered team development.

Research in the 1970's by the American Public Welfare Association found that, nationally, nearly 37 percent of CPS agencies had a functioning community MD team in their locality (Selinske, 1981). By the mid-1980's, Virginia had 73 teams and ranked third in the nation for team development.

In the late summer of 1992, the Virginia Department of Social Services surveyed the 124 local departments of social services. Responses indicated that 73 percent (90 localities) have MD teams. Three localities have more than one team: Arlington has 2, Fairfax has 5 and Chesapeake has 5. Ten teams are shared between two or more communities.

For some communities, the teams mandated by the Comprehensive Services Act (see VCPN, vol 38) have integrated with the child abuse and neglect MD teams. Other communities have retained the child abuse and neglect MD teams intact.

Police/social worker investigation teams have evolved separately from community MD teams. A recent national study by the Police Foundation surveyed 606 sheriff's and police departments. Approximately 94 percent conduct at least occasional joint investigations with CPS (Sheppard, 1992, reported in Pence and Wilson, 1994). At least 33 states (including Virginia and the District of Columbia) have laws requiring cooperation or joint investigations between agencies in certain child abuse cases (U.S. Dept. of Justice, 1993).

The Rational For Joint Investigation

Joint investigation is not necessary for most child abuse reports. However in those cases where both law enforcement and CPS are mandated to do an investigation, teamwork offers several potential benefits, both to the child victim and to the professionals involved in the case. Coordinated response can reduce the number of interviews a child undergoes. It can minimize the number of people involved in a case and avoid duplication of efforts. Teamwork can enhance the quality of evidence needed for trial. The transition from investigation to intervention can also be smoother (Findley, 1991; National Institute of Justice, 1991; Pence & Wilson, 1992). Other benefits of multidiscipline investigation teams include direct communication and exchange of information and skill improvement of
Prevent Child Abuse, Virginia

Prevention Month Agenda Includes "Healthy Baby Week"

"Research indicates that the best way to promote healthy child development, to strengthen families, and to prevent child abuse is to provide parents with education and support beginning with the birth of their first baby, ideally by means of a voluntary program of home visits."


The national program that is providing this type of assistance to new parents, Healthy Families America, is up and running in Virginia! In order to bring attention to the efforts of the Healthy Families Virginia initiative, Healthy Baby Week, April 9 - 15, 1995 has been planned. During the week prevention programs will be highlighted by communities across the state choosing one or more days on which to honor every newborn baby and its family. This special week comes during April, which is Child Abuse Prevention Month nationwide. It is hoped that observance of Healthy Baby Week will help communities bring attention to the need to work together for the welfare of families.

Groups that wish to participate are asked to coordinate a choice of date with the hospital in their community. Literature from the Prevention Month packet may be used as background material with which to approach potential sponsors. Local businesses that sell baby items may be asked if they will add a line to their April newspaper ads about their support for Healthy Baby Week and the Healthy Families Virginia program. It can be suggested that they help with the printing and distribution of informational literature in their stores or to have a "parenting corner" with information for parents and a place for children to play while the parents are browsing.

It can also be rewarding to do something fun to promote awareness of Healthy Baby Week. Local officials can be asked to deliver some of the gifts, or television or radio stations asked to send celebrities to help with the distribution.

Other handouts and information sheets in the Prevention Month packet include current statistics for Virginia, as well as reproducible handouts on the subjects of substance abuse and child abuse, children and television, emotional abuse, the need for prevention and ways to cope when parents mistreat their children in public. The complete packet is generally mailed in January, although they are available through April. To receive a packet, please write to Prevent Child Abuse, Virginia, P. O. Box 12308, Richmond, VA 23241 or call (804) 775-1777 or (800) 257-8227. Fax (804) 775-0019.

Kidwise: An Awareness Program for Everyone

Kidwise, Prevent Child Abuse, Virginia's monthly parenting tips column is entering its second year, with circulation building across the Commonwealth. The reproducible article plus graphics is mailed quarterly, three months at a time to nearly 400 organizations that use it in newsletters, church bulletins and even commercial publications.

Prevent Child Abuse found that creating awareness literature presented several problems - for instance, if tips are in a brochure form, how will they get to people who may not realize (or want to admit) that they need them. If they are in a mailer, who will pay to mail it? And to whom will it be mailed? To solve the problem, an idea was borrowed from the Prevention Month packet concept - to produce something that could be used in a variety of ways by a variety of organizations that reach parents. Mail back surveys have informed Prevent Child Abuse that the recipients were being creative: the columns have appeared as bookmarks, decorations for meeting agenda sheets, bulletin board items and fax cover sheet inserts.

Plans for 1994-95 include several "hot" topics:
December ....................More Holiday Tips
January .....................Child Abuse/Substance Abuse
February .....................When Kids Fight
March ...................Tips for Quieting a Crying Baby
April .........................The Resilient Child/Prevention Month
May ....................What Do We Owe Our Kids?/Children Grow in All Kinds of Families

June ...................................Kids and TV
July ..........................Productive Summer Activities
August .......................Parent Involvement in Education
September ....................Kids and Sports
October .........................Family Violence
November ....................What To Do If You See Children Mistrusted in Public

This year's Kidwise series is funded through a grant from the Circuit City Foundation. It is available free of charge from Prevent Child Abuse, Virginia.
team members because of sharing different perspectives (Skaff, 1988).

For currently functioning Virginia teams, these goals are a reality. Vic Ingram, Criminal Investigator for the Pittsylvania County Sheriff's Office, describes one benefit of their team. "Teamwork minimizes the trauma for the victim and family because the system is streamlined. We minimize the number of interviews for the victim," says Ingram. Gloria Wilson, social work supervisor in Isle of Wight, mentions preserving evidence as a positive feature of teamwork. She states, "working as a team preserves the purity of the evidence. Everyone hears the interview at the same time."

Efficiency is enhanced through joint investigation, according to some team members. "Teamwork cuts down on duplication," notes Wilson. One of her team mates is W. Parker Council, commonwealth attorney. He concurs with Wilson. "One of our goals," he emphasizes, "is to obtain information as quickly as possible."

A joint investigation team can also expedite treatment. Robert Moore, Master Police Officer from Chesapeake City comments, "Before the team was formed, we identified problems but did not treat them."

**Role of Law Enforcement**

Law enforcement officers tend to view child abuse and neglect, not as a social problem, but rather as a crime (Munson, 1991; Pence & Wilson, 1992; Pence & Wilson, 1994). Therefore, efforts of law enforcement traditionally have been on investigation and gathering, preserving and collecting evidence with the aim of prosecution and incarceration of the offender. Family preservation is not generally a goal of law enforcement.

Law enforcement plays several roles in community response to child abuse and neglect. Officers may assist in raising community awareness through prevention and advocacy programs, such as the DARE program offered in many Virginia schools. Officers may be in a position to detect and report suspected child abuse. For example, while making an arrest for drug use or possession, the officer may see evidence of harm to a child. Police in Virginia and 46 other states are legally mandated to report child abuse and neglect. Nationally, law enforcement make about 16 percent of all reports to CPS of suspected maltreatment (Pence & Wilson, 1992).

Police or sheriff deputies may offer support to CPS if the worker is visiting an isolated or dangerous location or dealing with an alleged abuser who is known to be dangerous, mentally unstable, or substance-controlled. CPS workers do not generally have weapons, on-site communication systems or special training in self-protection, as do law enforcement officers. Law enforcement may accompany CPS based on the location of the investigation, the time of night, or the history of the family. Nationally, failure to have proper backup has resulted in the death of several CPS caseworkers and injuries to many others. If removal of children is required, families are less likely to react violently if police accompany CPS (Pence & Wilson, 1992).

Law enforcement is available 24 hours a day while in some states the CPS after-hours response is limited. Thus, law enforcement is often able to react to emergency situations more quickly than is CPS (Fein & Knaut, 1986). In Virginia, however, CPS is available to respond 24 hours a day in emergency cases.

A primary duty of law enforcement is to perform investigations of possible criminal activity. In many communities this involves a parallel investigation in cases of child abuse or child sexual abuse. To avoid working at cross purposes, some communities have formed the joint investigation teams discussed in this article. In some child abuse cases, however, law enforcement works alone or takes a leading role. These situations include child homicides, non-caretaker cases, commercial child pornography (which may involve FBI and postal inspectors) and organized sexual exploitation of minors (which can involve FBI for state lines are crossed).

Law enforcement has also traditionally offered victim support in terms of preparing children for trial. This may include a visit to the courtroom prior to the trial and an explanation of court proceedings. Many areas have victim witness services available through the prosecutor's office or CASA volunteers (Court Appointed Special Advocates) who perform this service.

---

© Commonwealth of Virginia

Department of Social Services

VCPS is copyrighted but may be reproduced or reprinted with permission. Write for "Request to Reprint" forms. Request or inquiry is addressed to: Joan Miller, P.O. Box 197, Department of Psychology, James Madison University, Harrisonburg, VA 22807, or call (703) 568-5642. When requesting an address change, please include a copy of your old mailing label.

---

**The Role of Child Protective Services**

CPS is the primary agency to receive and investigate reports of suspected abuse, neglect or sexual abuse of children. CPS is non-punitve in approach and is directed towards assisting families in providing adequate care and nurturance for their children. The focus of CPS is identification, assessment and service provision in an effort to protect children, preserve families whenever possible and prevent further maltreatment.

CPS workers also have many roles in community response to child abuse and neglect. Workers assist with prevention and advocacy efforts by community education, development and support of prevention programs, and service on local or statewide prevention committees. CPS workers are mandated to report certain cases to law enforcement. These include child deaths, severe physical abuse or physical neglect that violates statutes, and sexual abuse cases. However the majority of cases investigated by CPS do not require law enforcement intervention.

A primary responsibility of CPS is to investigate suspected cases and make a determination of unfounded, reason to suspect or founded. CPS can offer services to families in need, whether or not the case is founded. For founded cases, CPS develops where appropriate an intervention plan and offers case management services to ensure that the intervention is accomplished. As part of the plan, CPS may make referrals to other community agencies and services. CPS can also obtain assessments, medical evaluations and further studies as part of the investigation and intervention.

**Problems in Working Together**

The differences in goals and orientation can pose difficulties in team investigations. Law enforcement officers may see permanent removal of the child, termination of parental rights and adoption as the only route likely to offer an acceptable environment for the child. Officers may not understand or appreciate the CPS mandate to preserve families. CPS, in contrast, views crime as a social problem (U.S. Dept. of Justice, 1993).

Thus, the desired outcome of investigation and intervention in child abuse cases may differ for CPS and law enforcement. Most officers judge success by the number of successful prosecutions whereas CPS workers judge success by the rehabilitation of the family (Pence & Wilson, 1992).

There are more differences between CPS and law enforcement than philosophy and
Joint Investigation
Continued from page 3

goals. The organization and decision-making process of the two systems is frequently different. Law enforcement officers are accustomed to making rapid "life-and-death" decisions in the field without supervisory consultation or approval. CPS typically works on a model of shared decision-making for crucial issues such as removal of a child. Police may find the need to consult frustrating and inefficient, especially if the supervisor over-rides the decision of the on-site personnel. CPS finds that consultation avoids or reduces over-reactions and over-reliance on emotions of the moment (Pence & Wilson, 1992; Pence & Wilson, 1994).

Issues such as visitation of the child and family may be in dispute between law enforcement and social work. Police may view visitation as an opportunity for parents to influence a child's testimony, and underestimating the goal of prosecution. Police and prosecutors may prefer to suspend visitation until after the trial. CPS, on the other hand, responds to court decisions and agency procedures which encourage visitation, even if supervised, in order to maintain the child's contact with the family and reduce the trauma of removal.

Traditionally, law enforcement and social work have not worked cooperatively (Fein & Knaut, 1986). Added to the differences in philosophy, goals, organization and decision-making are disputes within each profession. There is not yet agreement either within the criminal justice system or within social services about just what is the best response in complex intra-family abuse cases (Chapman & Smith, 1987). All professionals struggle with conceptualizing intervention simply because outcome studies and long-term data is just beginning to be collected. (VCNP will report on recidivism and outcome studies in volumes 46 and 47 in Fall and Winter, 1995).

Helping Teams Work

All sources agree that a key to success of joint investigation is that each party becomes educated about the other discipline (see especially, U.S. Dept. of Justice, 1993). Debbie Parker, CPS worker, stresses this when discussing the Bedford County Team (see Spotlight). "It is important to educate yourself about the roles of the other people on the team and learn about the goals of each member," she asserts. Notes Betty Bryan, CPS supervisor from Norfolk, "Social workers tend to prefer treatment while police officers tend to prefer punishment. When working as a team, both groups move towards a common point and realize that therapy and punishment are most effective when used together."

Kitty Hoover, CPS supervisor for Lynchburg's Department of Social Services notes that team members need to respect each other. She says, "The 'I'm more important than you' mentality must be left behind. Team members need to be open to constantly learning from each other." Barry Anders, Social Worker Supervisor for Grayson County, adds, "Team work builds understanding and camaraderie. As we learn about each other we learn to care and work towards mutual goals."

Interagency collaboration is not intended to blend disciplines into a homogenous mix where police are indistinguishable from caseworkers. Rather, the strengths of each team member should be utilized to create a better system (Pence & Wilson, 1992). Virginia teams reflect this philosophy.

Karen Barnet, investigator with King George County Sheriff's office, sees strengths in joining forces with social work. "Each agency has different powers," she comments. "Social services may have more leverage to enter the home in some cases." Sharon Fisher, Director of Social Services for Northumberland notes, "It is helpful to have police involved. Safety issues are a concern. The team members can also increase efficiency by splitting up to interview family members."

Open communication is essential. In a study of police-social work investigation teams, Fielding & Conroy (1992) found two elements essential to effective teamwork. These were flexibility and open communication. Regular team meetings can help keep communication open (Smith, 1989). It is also important that team members be willing to disagree. According to Vic Ingram, investigator for Pittsylvania County Sheriff's Department, the team structure supports open communication. "In years past," states Ingram, "we experienced breakdown in communication. Now the joint teamwork means there is a free flow of communication."

Team member David Grimes, commonwealth attorney, adds, "If there are conflicts, the joint meetings try to work them out. Victims' interests always come first." Carl Johnson, Social Work Supervisor from Portsmouth, comments, "Any group of people will have some differences of opinion, but we have more agreements than disagreements."

Such sentiments were echoed by nearly every team. For example, W. Parker Council, commonwealth attorney for Isle of Wight, notes, "Although there are differences of opinion, it is rare that we do not agree on a common goal or disposition." Bedford County Assistant Commonwealth Attorney, Randy Krantz adds, "If there is a problem, it is aired. People are free to speak up and advocate their position."

Team training appears to be another factor in team success. The best model is to have teams train together (Hunter, Yuille & Harvey, 1990; Smith, 1989). Multidisciplinary training is offered in Virginia by the Department of Criminal Justice Services (DCJS) through the Children's Justice Act project. DCJS contracts with the American Prosecutors Research Institute (APRI), part of the National Center for the Prosecution of Child Abuse, to provide the Virginia training (see separate article, this issue). Wayne Middleton, Sheriff of Northumberland, is highly supportive of extensive training. He advises new teams to obtain as much training as possible and to attend the DCJS training.

In addition to the multidisciplinary skills training, DCJS provides a two-day team development conference. Interagency teams identify and address issues specific to their jurisdictions that affect handling of cases and develop strategies to improve performance.

Teams who have attended the team development conference are enthusiastic. The Montgomery County workers attended the DCJS training together. Representatives from the Christiansburg Police Department, the Blacksburg Police Department, the Montgomery County Sheriff's Department, the Prosecutor's office and the Montgomery County Department of Social Services jointly participated in the three day training by APRI and DCJS. Peggy Frank, assistant commonwealth attorney, supports the joint training model. She says, "Attending the seminar definitely helps to establish team work."

Teams who train together seem to develop bonding and positive working relationships. It can be a challenge to the team when a veteran departs and a new member is introduced. The newcomer may question the status quo. Also, personalities are likely to differ.

Virginia team members frequently cite personal qualities of team mates when asked why the team works well. John Oliver, City Attorney for Chesapeake, is very enthusiastic about his team mates.

"We are fortunate to have committed and resourceful team members." Rick Gardner, investigator for the Bedford County Sheriff's Office, describes his team mates in a similar fashion. "We have skilled and dedicated people on our team," he notes.
To some degree, structure can overcome personal differences when they occur. Thus, it is not surprising that the existence of a protocol is frequently mentioned as a reason for good team work. Joan Rowe, Social Work Supervisor for Montgomery County Department of Social Services supports having a formal protocol. "A protocol promotes good working relations, respect and communication among the different departments. The key to an effective team is communication and it is facilitated by the protocol."

Barry Anders, social work supervisor in Grayson County, is a strong supporter of creating a formal protocol for investigations. "The protocol states who is involved and who has what responsibility," notes Anders.

Available literature supports the use of formal, written protocols (Hunter, Yuille & Harvey, 1996). Protocols are of two types. One type is the interagency agreement. Interagency agreements delineate the purpose of the teams, which cases will be accepted for joint investigation and address issues such as the frequency of team meetings. These protocols also specify when the agencies can act independently, for example, if one agency is unable to respond in a timely fashion (Pence & Wilson, 1994).

The other type of protocol details the investigative steps and process. This protocol must balance the need for structure with a necessity to allow flexibility. It should provide a framework for the team, outlining issues such as standards for report taking, background checks, the order for interviews, evidentiary procedures and team decision-making.

Not every team has a formal protocol. For example, Lynchburg does not use a standard protocol, according to Kitty Hoover, CPS supervisor for Lynchburg Department of Social Services. She comments, "Even informal teamwork can enhance court preparation and provide effective intervention on behalf of victims."

Teams face several ongoing difficulties. These include challenges such as maintaining energy over time, integrating new supervisors or management staff, and coping with changes in agency policy or priority. However, the most frequent ongoing difficulty cited by Virginia team members is scheduling. Scheduling difficulties related to problems with high caseloads, to high turnover, and to the large amount of time needed to perform a proper investigation. Scheduling was also difficult because few departments of social services provide 24 hour our after-hour coverage, except for emergencies, whereas police and sheriff departments work 24 hours a day.

### Composition of Teams

Most of the Virginia investigation teams interviewed by VCPN involve only three key players: the CPS worker, law enforcement and the Commonwealth attorney. There may be several individuals in each office who are trained, as in cities such as Lynchburg or Portsmouth or there may be only a core of trained individuals in smaller areas such as Northumberland or Isle of Wight.

Other teams expand their investigation unit. For example, the Norfolk investigation team includes CASA (the court-appointed special advocate for the child), physicians, and the victim-witness coordinator. The Chesapeake Team (see Spotlight) also includes members additional to the three key positions. The Grayson County team has seven members, including the State Police, juvenile probation, and law enforcement representatives from nearby Galax City.

### How Teams Operate

Virginia teams demonstrate much variety in how each team organizes work. Some teams seem quite structured. Other teams, while organized and structured, make decisions about teamwork as they go.

In Virginia, reports can be received by either CPS or by the police. Most teams interviewed indicated that the majority of reports come through CPS.

Regardless of who takes the initial report, contact with the other team member is made. A criminal record check is performed by law enforcement while CPS does an internal check with the child abuse registry for the existence of prior reports.

The team typically interviews the child first. The investigators do the interview together, although one takes the lead. Often the CPS worker, because of more experience relating to children and greater training in child development, is designated as the lead person. Pittsylvania County follows this procedure. David Grimes, Commonwealth attorney, explains, "When interviewing the child, the social services worker generally does the interview while the law enforcement officer observes." Other times, the team watches to see which person the child relates to best and that individual takes the major role. The Chesapeake team uses this procedure. Robert Moore, Master Police Officer from Chesapeake City, explains, "We interview the child together. We watch to see who the child takes to, who the child looks at and responds to. Then that person takes the lead while the other one observes and takes notes."

Most team members find it very helpful to have the other in attendance. Karen Barnet, investigator with King George County, expresses a common sentiment, "Each person can help the other. One person is observing, recording and thinking while the other focuses on the interview. There are many benefits in having two trained people from differing perspectives examining the data."

Procedures vary after this point. Some teams, such as Chesapeake, continue joint work, interviewing the parents as well as the alleged perpetrator together. Vic Ingram, investigator for Pittsylvania County Sheriff's Department, notes, "It is a joint interview. We collaborate on all the interviewing."

Other teams split the rest of the investigation. In this case, law enforcement typ-
Are Teams Effective?

VCNP interviewed 22 members of 12 Virginia joint police/CPS investigation teams. Staff asked the teams several questions aimed at self-evaluation of their work.

Teams were asked whether or not the team effort had reduced both the number of interviews and the number of investigators who interacted with children. The response of Barry Anders was typical: "Before the protocol team the child would be interviewed by perhaps a school counselor, then social services, then the police and often times the interviewers would speak to the child more than once. Now we have joint interviews where one person acts as a record keeper while the other does the interviewing." All but one team reported a reduction in the number of times victims were interviewed. The team not reporting "don't know", as team members were new and not well acquainted with what was typical prior to the team formation.

VCNP staff also asked teams if the success rate for prosecution had changed since forming the team. Two teams reported "don't know", one team reported no increase in convictions, while nine teams reported definite improvements in legal outcomes. In areas such as Chesapeake which offer families incentives for treatment, it is not unusual for offenders to plead guilty, sparing the child the stress of a trial.

According to Beth Felt, Senior Social Worker and facilitator for the Fairfax Child Sex Abuse Unit, the presence of the Commonwealth's attorney on the team is a key factor in conviction rates. The Fairfax investigation team meets twice a month and is an expanded team with representatives from the schools, the court, mental health, the victim witness program, and CASA as well as law enforcement and CPS. However the Commonwealth's attorney is not a team member. Says Felt, "Although the Commonwealth's attorney really cares, it is difficult for them to prosecute the child abuse cases because of time constraints."

Team members felt that trauma was reduced for child victims since team formation. Nancy Cherry, assistant city attorney for Portsmouth, speaks of their success in protecting victims. "We are very effective. We take this seriously. Our social workers are dedicated. The safety of the child is on everybody's mind," relates Cherry.

Felt mentions an additional benefit. "When law enforcement and CPS work together, the family receives the same message from each. The communication is consistent," says Felt.

Not all problems are solved, however. Teams had many suggestions for improvements. Manpower was the most frequent request. Lack of trained investigators affects both response time and the quality of the investigations. High case loads and low pay were mentioned as reasons for turnover. Many teams requested continued and updated training.

Support from outside the team was also important. The needs for treatment and more support for spouses and child victims were frequently mentioned. In some areas better cooperation is needed from schools in providing both prompt referrals and being sensitive to the importance of immediate interviewing of the child. Some team members felt that news coverage should be limited in child abuse cases. Prosecutors saw a need for more leverage to introduce evidence to the court on behalf of the child.

While addressing problems is an ongoing process, communities with joint investigation teams at least have a forum and a structure for change. VCNP contacted communities without functioning teams. Most refused interviews. Those who responded did so anonymously. Some had functioning teams which dissolved. Others had not ever had a joint team, but did cooperate in investigation. The primary unifying theme for those without teams was "hurts issues" or inability of the agencies to work together and share.

Current Practice Nationally

At least 33 states and the District of Columbia have laws requiring joint investigation and cooperation between law enforcement and child protection agencies in child abuse cases (U.S. Dept. of Justice, 1993). Most localities have some form of cooperation between the two agencies. Preliminary findings of a survey by the Police Foundation and National Center on Child Abuse and Neglect (NCCAN) indicate that 94 percent of the more than 800 police and sheriffs' departments contacted conduct some form of joint investigation with CPS agencies. Of the more than 400 county and state CPS agencies contacted, 89 percent have a written or unwritten agreement with their respective local law enforcement agency (U.S. Dept. of Justice, 1993).

Just over half (55 percent) of the law enforcement agencies surveyed have a special unit dedicated to child abuse investigations. Such units are typical of large agencies (89 percent) rather than smaller ones (10 percent). Of the CPS agencies, approximately half (51 percent) had held inservice training in joint investigation over the prior year.

Virginia's Picture

The Virginia Department of Criminal Justice Services (DCJS) has for the past 5 years contracted with the American Prosecutors Research Institute (APRI) to provide training and technical assistance.
Spotlight: Chesapeake

The Chesapeake Family Sexual Trauma program was represented by John Oliver, City Attorney, Robert Moore, Master Police Officer, Jill Baker, Senior Child Protective Service Worker and program coordinator, Dianna Hack.

The Chesapeake team is 13 years old. “Prior to the program, abused children were coming into foster care and then going back into unsafe homes because of retractions and our inability to successfully intervene,” states Hack. “This approach was not successful so we looked to other communities such as Norfolk and Virginia Beach for ideas.”

The investigation team includes the Chesapeake Department of Social Services (CPS) and the Chesapeake Police Department. The commonwealth and city attorneys offices, the victim-witness program, the Community Diversion Incentive (CDI) program, Adult Probation, Parents United and Daughters United, the Navy Family Advocacy Program and the Chesapeake Office of Youth Services serve as support to the investigation team and as follow up intervention.

When a report is received, it is assigned to one of three senior social workers who acts as the case manager. The CPS worker and detective jointly interview the victim, the alleged offender and the non-offending caretaker. The CPS worker is responsible to obtain protection orders, if these are needed.

Decisions for criminal prosecution are made jointly by CPS, the detective and the commonwealth attorney. The victim-witness program, the probation office, Parents United and Daughters United do not become involved until after the interviews are completed. The victim-witness program works with victims, witnesses and their families. Parents United is a volunteer organization open to all who have experienced child sexual molestation within their family. The program seeks to develop healthy, appropriate lifestyles. Daughters United is open to girls 12 to 18 who have experienced intra-familial sexual abuse.

The Chesapeake team publishes a brochure “Child Sexual Abuse: Questions and Answers for Those Who are Concerned”. The brochure answers commonly asked questions about child sexual abuse. It also outlines a very structured approach to prosecution of offenders. The brochure explains the investigation process and details what happens in court.

The brochure stresses that offenders are expected to confess and obtain treatment. Offenders are also expected to do their part to spare the child unnecessary trauma in court. For example, the Chesapeake program expects a cooperating offender to waive the preliminary hearing to spare the child the need to testify. Those offenders who do not waive the preliminary hearing are regarded as intentionally traumatizing the child and deemed ineligible for any assistance or support from the program.

The team has experienced a high rate of confessions and convictions. “Our group is committed and the investigators are outstanding,” comments Oliver. Baker adds, “It is a tremendous challenge to find the truth, as cases are becoming much more complicated.”

The team offers advice to those who are just getting started. Moore stresses the need for training in interviewing. “The first thing investigators need to learn is not to second-guess the child. If the interviewer takes the time to establish rapport, children will confide.” To obtain training, Oliver urges prospective teams to contact the Department of Criminal Justice Services. Baker suggests that new teams make efforts to “clearly define the roles and responsibilities of the members and always operate with clear boundaries. I highly recommend a well-developed victim-witness program, as well.” Baker notes that teamwork requires commitment and a basic agreement about the philosophy of the team.

Moore, Baker, Hack and Oliver agree on the importance of teamwork. Baker summarizes, “To investigate cases of child sexual abuse effectively and reduce the emotional trauma to the child, it is important to work cooperatively as a team.”

More information about Chesapeake’s team is available from:

Dianna Hack, Chesapeake Family Sexual Trauma Program Coordinator, Department of Social Services, P.O. Box 15098, Chesapeake, VA 23328 (804) 543-9211, FAX (804) 543-1644.

Joint Investigation
continued from page 6

to Virginia professionals. A major objective is to support joint investigation models for child abuse and child sexual abuse cases. The technical assistant training component (the protocol development project) has assisted 54 localities over the past 5 years.

The 54 localities are geographically distributed across the commonwealth and are both rural and urban. Localities were selected to participate due to a high or low incidence of child sexual abuse in addition to a commitment to interagency team effort by three core agencies, law enforcement, social services and the commonwealth attorney.

Technical assistance has taken a number of forms. Each year for the first 3 years, 6 sites (a total of 18) were selected for a 6 month technical assistance project. In most jurisdictions this involved a two day workshop to identify local issues,

continued on page 16

Children’s Justice Act: Training and Technical Assistance Program

This program is designed to provide jurisdictions in Virginia with the information, tools and training necessary to enhance the investigation and prosecution of child abuse and child sexual abuse cases. Since 1989, the Virginia Department of Criminal Justice Services (DCJS) has contracted with the American Prosecutors Research Institute, National Center for the Prosecution of Child Abuse, (APRI) to help local jurisdictions develop more effective methods for handling sexual abuse cases. Through this project, the following services are provided to Virginia professionals working in the field of child sexual abuse.

TRAINING - Generalized training focuses on issues related to case investigations and prosecution with a multidisciplinary focus (e.g., current issues in child abuse prosecution, interviewing children, child maltreatment fatalities, and preparing children for court). Professional specific training is also provided with specialized curricula for law enforcement, commonwealth’s attorney, judges, physicians and mental health treatment providers.

TECHNICAL ASSISTANCE - A toll free number has been established at APRI (800-765-6560) to respond to questions from Virginia professionals about child sexual abuse investigation and prosecution. Experienced trial lawyers can answer questions about specific cases and about legal, medical and social service-related issues.

TEAM DEVELOPMENT CONFERENCE - Each year multidisciplinary teams from localities within Virginia apply to attend a state-wide conference designed to sharpen skills as well as improve team work, interagency communication, and coordination. Inter-agency teams identify and address issues specific to their jurisdiction affecting the handling of cases, and develop strategies on how to improve handling of these concerns.

LOCAL TECHNICAL ASSISTANCE - Sites selected by DCJS for participation in the team development process receive on-site assistance from APRI. Locality specific work sessions with representatives from core agencies develop written protocols and interagency agreements to improve case investigation, prosecution and handling. Regional “Team Tune-Up” work sessions are held annually for teams to examine their goals, missions, and protocols for the purpose of generating renewed interest and strength in the team approach for child abuse cases.

For additional information contact: Dorothy Hollahan, Coordinator, Children’s Justice Act Program, DCJS, 805 East Broad St., Richmond, VA 23219, 804-371-0634; FAX 804 371-9881.
What can professionals do to facilitate the process of learning the truth from a child as well as minimize the stress and trauma a child experiences through the investigation and trial? The literature offers many possibilities.

Investigation

Virginia professionals had a number of suggestions for investigators. Alan Black, assistant commonwealth attorney in Stuart, comments, "While it is important to build trust and rapport with the child so that he or she will share difficult or embarrassing information, it is also important not to lead the child by asking inappropriate questions or to emphasize with a child to the degree that the interviewer loses objectivity." Barbara Smith, a therapist with Hanover Mental Health in Ashland stressed the importance of training. "Anyone interviewing children needs training in developmental issues and the best techniques for insuring accurate information," she emphasizes. Smith also recommends the use of a multidisciplinary approach, coordinating CPS and law enforcement.

Investigators have available a variety of interviewing aids, protocols, and interview approaches. Some of the better known techniques are reviewed in this article.

The Cognitive Interview

Saywitz (1992) outlines an interview technique he believes enhances the chances of obtaining accurate information. The "cognitive interview" is a technique developed by Ronald P. Fisher and R. Edward Geiselman to aid forensic questioning of adult crime victims (see review, this issue, of "Memory-Enhancing Techniques for Investigative Interviewing: The Cognitive Interview").

The interview technique is based on research in cognitive therapy demonstrating that memory is best "jogged" by matching as closely as possible retrieval cues to the acquisition codes. Also, there may be several avenues for memory retrieval, so all should be explored. Information not accessible by one technique may be accessible with a different technique. A mental record of an event is not an exact replica but "an intricate web of interactions between the event, the surrounding context, the observer's mood and thoughts at the time, general knowledge of related experiences, and a host of other factors" (Fisher & Geiselman, 1992, p.13).

Fisher and Geiselman, therefore, developed four retrieval aids: 1) Mentally reconstruct the environment and personal context that existed at the time of the crime before narrating the event; 2) report everything, even partial information, regardless of perceived importance; 3) recount the events in a variety of orders; and 4) report the events from a variety of perspectives" (Saywitz, 1991, p.9).

Saywitz reports on a modification of this technique for use with children. The first modification creates a set of instructions to introduce children to the demands of the interview process. Saywitz tells children that they may not know all the answers to questions, and that's "okay". If children don't want to answer questions, it is "okay to say so. Children are invited to say they don't know what a question means. And, interviewers tell children that they may be asked questions more than once, and that they don't have to change their answer because of that.

The second modification involves revisions to the four retrieval aids: 1) Children are encouraged to give a narrative account of the environment and personal context related to the crime. However, before doing so they are asked to "picture that time when...as if you were right there now. Think about what it was like" (Saywitz, 1992, p.10). Interviewers then prompt with questions such as "What did the room look like? "What was in the room?" "Who was there?" Words like "imagine" or "pretend" are avoided. 2) Next, the children are told to relate the incident from beginning to middle to end. They are encouraged to relate everything they can remember, even little things they don't think are important. 3) Interviewers then ask any questions for clarification. Then children relate the story backwards, from the end to the middle to the beginning. 4) When the child's memory appears to be exhausted, they are asked to put themselves in the body of the perpetrator or victim (if the victim is not the child) and tell what that person saw. Yuille et al (1993) report that compared to un instructed children, those receiving the instructions in these cognitive strategies recalled more details with no loss in accuracy.

Research by Saywitz, Geiselman and Berenstein indicates that cognitive memory-enhancing techniques significantly improve children's recall (26 to 45 percent) and eliminate some of the pitfalls of conventional interviewing. Saywitz suggests that anyone wishing to use this technique first obtain and read her article, "Effects of Cognitive Interviewing and Practice on Children's Recall Performance" in the Journal of Applied Psychology, 1992 or available from Dr. Saywitz at the Department of Psychiatry, D-6, Harbor-UCLA Medical Center, 1000 West Corson Street, Torrance, CA 90509.

The Step-Wise Interview

A technique called the Step-Wise Interview (Yuille et al, 1993) offers a method which combines knowledge of child development with memory enhancing techniques to assist in children's recall with a goal of minimizing contamination. The steps begin with the most open, least leading form of questioning and proceed to more specific and more leading questioning as circumstances require. The step-wise method was developed in combination with Statement Validity Analysis (SVA) which will be discussed later.

The Step-Wise Interview begins with rapport building through discussion of school or the child's interests. The child's vocabulary and verbal ability can be assessed informally during this phase. At some point, the child is asked to describe two specific past experiences, such as a birthday celebration, Christmas, or a school outing. These descriptions provide a rough basis for assessing the amount of detail the child ordinarily offers about a memorable event. The next step establishes the need to tell the truth and assesses the child's understanding of truth and the consequences of lying.

The topic of concern is then introduced and the child is asked to provide a free narrative of the event(s). The interviewer
may facilitate but may not interrogate during this phase. After obtaining free recall information, general questions are attempted. After that, the components of the previously described cognitive interview are employed. The child is reminded not to guess and that her or she can say "I don't know." Interview aids such as anatomical dolls or drawings are used last, if at all. Finally, the child is checked for suggestibility and the interview is concluded.

**Statement Validity Analysis**

SVA or "criterion-based content analysis (CBCA)", is a method for evaluating children's statements. SVA has been used extensively in Germany for at least 30 years. It is based on the assumption that reports of true events are different in quality and content from reports that are fantasized or fabricated (Whitcomb, 1992).

The centerpiece of the approach is a 19 criteria framework, divided into five categories: a) general characteristics such as internal logic, quantity of details; b) specific contents such as conversations or unexpected complications; c) peculiarities of content such as unusual details or descriptions of the mental state of the child or perpetrator; d) content related to motivation, such as questioning one's own statement or admitting to a lack of memory; and e) offense-specific elements such as elements typical of the offense.

Children are interviewed by trained professionals who use a protocol. The child's free recall of events is most important although leading questions are used to test the child's susceptibility to suggestion. Interviews are tape-recorded, transcribed, analyzed according to the 19 criteria and then validity checked with other available evidence.

Two recent experiments suggest that the criteria successfully discriminated between true and false reports (Whitcomb, 1992).

**Anatomically Detailed Dolls**

Another technique used for interviewing children is the anatomical doll, a doll that is complete with sexual parts. Use of the dolls is apparently common. In a 1985 survey of close to 300 North Carolina professionals, 40 percent of mental health professionals and 94 percent of CPS workers utilized anatomical dolls in some investigations (Boat & Everson, 1988a). In a nationwide survey, Conte et al (1991) found 92 percent of respondents used anatomical dolls in child sexual abuse evaluations. In a survey of over 200 Boston professionals, 80 percent of mental health professionals and 62 percent of law enforcement investigators had used the dolls (Kendall-Tackett & Watson, 1992).

There are several potential advantages to using anatomical dolls within an investigation interview. It is thought that young children with limited language skills relate well to dolls and find it less stressful and easier to use dolls as aids to communicate. Children can show with the dolls actions that may be difficult to describe with words (either because of embarrassment, fear of telling) interfere with verbal descriptions. Dolls are also frequently used as an anatomical model to assist in learning the child's vocabulary for body parts. Third, the anatomical dolls also can serve as a stimulus for memory. The underlying notion is that exposure to the dolls in a supportive atmosphere may trigger the child's recall of specific events.

An infrquent use of the anatomical dolls is having the dolls act as a comfort (gives the child something to cuddle and hold). A few protocols suggest using the dolls as an "icebreaker" or conversation starter for the topic of sexuality. Some authors (Boat & Everson, 1986, 1988b; Hindman, 1990) feel this is of exceptional and highly valuable. The dolls could assist in focusing the child's attention in a non-threatening and non-leading manner on sexual issues and body parts.

The final use of dolls is as a diagnostic test. This use assumes that sexually abused children interact or play differently with the dolls than non-abused children. This use is not endorsed by any of the published guidelines.

It seems very important to distinguish carefully among uses of the anatomical dolls. Criticisms related to anatomical doll use frequently fail to distinguish among the various uses. For example, an investigator might ask a child who has already verbally related that he/she is sexually abused to show with dolls exactly what happened. The validity of the information obtained from this use may be quite different from the validity of information gathered by having an investigator watch the child play with dolls in an informal setting, then interpret the play patterns as typical or atypical of an abused child.

The U.S. Congress, through the Victims of Child Abuse of Act of 1990, and eight states have enacted legislation expressly permitting children to use anatomical dolls as expressive aids when they testify in court (Whitcomb, 1992). Use of the dolls during trials is condemned as long as the dolls are sufficiently life-like. "The doll's anatomy (specifically the genitalia), should be so realistic that neither the child witness nor the jury will be confused when using the dolls to point out particular anatomical parts" (Ferry and Wrightsman, 1991, p. 188).

Use of anatomical dolls during investigation has led to controversy. Problems, critics say, are many. There is not a standardized set of dolls, although proponents do not view this as a significant problem. "The physical variations in dolls are not likely a significant factor, as long as the genitalia are proportional and the dolls are reasonably attractive to young children." opines Mark Everson, Ph.D., a professor at the University of North Carolina and co-author with Barbara Boat of guidelines for the use of anatomical dolls (see resource reviews, this issue). Everson has also collaborated with John E.B. Myers, JD and Sue White, Ph.D. in formulating guidelines for APSAC (see resource reviews). The American Psychological Association is also publishing guidelines, "Psychological Science and the Use of Anatomically Detailed Dolls in Child Sexual Abuse Assessment" (Koocher et al, in press) in an upcoming issue of Psychological Bulletin.

While guidelines for interviewing are available, there is no standardized format or protocol with universal acceptance. Everson is unsure if there will ever be a protocol for interviewing that will be widely endorsed. "Depending upon the use of the dolls, there may even be different guidelines," states Everson, "Using the dolls as anatomical models in order to learn the child's names for body parts differs from use as a demonstration aid or as a memory stimulus."

Another lack of standardization relates to training. Many interviewers have received little or no training in the use of anatomical dolls and interview protocols used in training have never been subjected to scientific evaluation related to validity or reliability (Boat and Everson, 1988; McIver, Wakefield and Underwager, 1989; Whitcomb, 1992).

According to one survey, only one-third of those using anatomical dolls had more than a year's experience with this...
Strategies

continued from page 9

tool. Fewer than half of the investigators interviewed had received training in the use of the dolls. Guidelines for use of the dolls were available to only 20 percent of CPS workers, 8 percent of physicians and none of the law enforcement officers (White and Santilli, 1988).

A more recent survey (Kenall-Tackett & Watson, 1990) found that over 97 percent of 147 Boston area professionals using anatomical dolls had more than one year’s experience, over 96 percent had received training in doll use and 78 percent followed a standard protocol or method of presentation. The authors concluded that the professionals surveyed in their study were well-trained and careful in their use of the dolls.

Everson and Barbara Boat, Ph.D., associate professor in the Department of Psychiatry at the University of Cincinnati, are currently studying taped interviews by law enforcement personnel and by CPS workers. “We are not finding many serious errors in doll use. The most common error appears to be introducing the dolls before attempting to get a full verbal disclosure from the child,” states Boat.

There is also concern that the anatomical dolls might elicit or provoke children to make false allegations. A study by Goodman and Aman (1990) addresses this concern. The investigators compared responses of 80 three and five-year-old children who were questioned about a game after a one week delay. Children were divided into three groups. One group was interviewed with the use of anatomical dolls, one with dolls exactly like anatomical dolls but without the secondary sexual characteristics and the third group was questioned without dolls. Five year-olds were more accurate in answering abuse-related questions than three-year-olds (only two of the 120 five-year-olds gave answers suggesting abuse whereas 24 of the 120 three-year-olds made errors). However, within age groups, errors occurred at similar rates for all three interview conditions. Thus, even under suggestive questioning, the dolls did not cause an increase in errors.

In a later study by Saywitz et al (1991), 72 five-and seven-year-old girls were questioned after a physical exam. Half received a genital exam as part of the checkup while half received a scoliosis exam as part of the physical. Children were questioned at one week or one month, first through free recall and then with anatomical dolls and doctor toys. Twice as much accurate information was obtained with the doll and toy condition than in free recall alone. No child falsely reported genital touching (although some falsely reported a tongue depressor was used) in the demonstration phase. When subjected to direct and misleading questions, 8 percent (3 of 36) in the nongenital exam condition falsely reported genital touching. In the genital group, 22 percent falsely reported spinal tapping (ie. the scoliosis exam). Thus, errors were likely due to direct ‘yes/no’ questions rather than to the stimulus of the dolls.

Ceci and Brunk (1993) report on a study by Brunk et al (submitted for publication). The authors do not report the number of three year old subjects. They report a similar procedure of genital versus non-genital physical exams. The authors do not report a free recall questioning but apparently used only doll-aided direct questions. The subjects are described as “quite inaccurate” across all conditions. Of those who did receive genital exams, 45 percent (actual number not reported) correctly answered "yes" when asked if the doctor touched buttocks or genitals. When offered dolls, half stated that the doctor had touched them, only one-fourth could do so correctly. A "significant number" inserted fingers into the anal or genital cavities (which the physician did not do). Of those who did not receive the genital exam, half responded correctly when asked. When given dolls and asked to show how the doctor touched them, 55 percent incorrectly showed genital or anal touching.

It appears that younger children (age 3) are more vulnerable to commit errors if questioned in a direct and misleading fashion or asked to demonstrate with dolls. With the exception of the Ceci and Brunk study, the limited data available suggests that the anatomical dolls themselves do not increase error rates. However, more research is needed to clarify concerns.

It is the use of dolls as a diagnostic and projective test that has caused the most controversy. There is increasing consensus among professionals in cautioning against this use.

Using anatomical dolls as a diagnostic test presumably involves observing the child’s play with dolls, interpreting the behaviors, and drawing conclusions about sexual abuse based on the interpretations. According to Everson and Boat (1994), none of the protocols or guidelines endorse the response to anatomical dolls as the basis for a diagnostic test. In contrast, several guidelines caution against interpretation of doll play.


At least two research studies have shown that children who have been referred for sexual abuse evaluations tend to demonstrate more sexualized behavior with anatomical dolls than do children who are not suspected to be abuse victims (Whitcomb, 1992). Everson & Boat (1990) review nine studies which document a low incidence of explicit sexual play in non-referred children thought to be non-abused. However, studies of the use of anatomical dolls among a non-abused population have found that some presumably non-abused children display play that depicts explicit sexual behaviors (Glasier and Collins, 1989; Mclver, Wakefield and Underweger, 1989).

Some attention has also been devoted to analyzing professional reactions to various child behaviors with anatomical dolls (Boy & Everson, 1988). Interpretation varied according to type of sexual activity depicted, age of the child, the child’s accompanying verbal description and the discipline of the professional. Lack of normative guidelines obviously plays a role in the variation as well.

1995 Dates for Advanced Training

Training dates for "Comprehensive Child Sexual Abuse Intervention: Advanced Training in the Multidisciplinary Approach" have been set:
April 24-28, 1995 - Discipline Specific Case Management
September 18-22, 1995 - Accountability and Resolution
The programs are designed to provide experienced professionals with the most up-to-date empirical knowledge, skills, tools, techniques and strategies for intervention in child sexual abuse cases.

The training is sponsored by the National Children’s Advocacy Center and the National Resource Center on Child Sexual Abuse. For more information, contact the Training Department at 2204 Whitesburg Drive, Suite 200, Huntsville, AL 35801, (205) 534-6686 or (800) 534-7006, FAX (205) 534-6883.
Generally, researchers and reviewers caution against the use of anatomical dolls as a test for diagnosing child sexual abuse (Boat and Everson, 1989; Glasner and Collins, 1986; McVier, Wakefield and Underwager, 1989; Perry and Wrightman, 1991; Raskin and Yuille, 1988). However, after reviewing the literature regarding the use of anatomical dolls, Perry and Wrightman (1991) conclude that as long as the courts are apprised of the risks in interpreting doll play rather than presenting the techniques as universally accepted, jurors should be able to consider the evidence presented, giving such evidence the weight deemed appropriate for a particular case. This view is strongly opposed by those who feel such information is simply prejudicial testimony (Levy, 1989; McVier, Wakefield & Underwager, 1989).

In summary, the majority of authors suggest that anatomical dolls can be useful, but only as part of a more comprehensive evaluation. White and Santilli (1988) suggest that investigators decide how to use the dolls and be able to defend the decision. If the investigator deviates from his or her usual method for a particular reason, this should be stated in the report.

Alternative Interviewing Techniques

In addition to anatomical dolls, several other techniques are available for use with children who lack verbal skills or who are reticent. Raskin and Yuille (1988) review alternative techniques. These authors feel anatomical dolls are "most problematic" and suggest, instead, the use of puppets or a doll house.

Puppets can sometimes break through a communication barrier because a young child may be willing to share information with the puppet that he or she won't reveal directly to an adult. A simple, furnished doll house and dolls may allow a child to act out the events. The child can arrange the furniture to represent the house or location where an assault occurred.

Drawings can also be useful. Showing a child line drawings of nude people can assist in pleading the child's labels for body parts. The child can draw a picture of what happened and may include details in the picture that were forgotten in the verbal account. However, using drawings as projective tools by interpreting symbolism in the drawing is not recommended.

There are many other investigation techniques that will not be discussed in this article. These include techniques for interviewing siblings, witnesses and non-offending parents, strategies for interviewing the alleged offender, crime scene investigations, medical examinations of the child, psychological evaluations for all parties, polygraph testing, use of hypnosis, DNA testing, and specific investigation protocols.

Information about some of these techniques can be found in VCPN volume 20 ("Child Sexual Abuse Complaints: Determining the Truth") and in VCPN volume 34 ("Juvenile Sex Offenders"). Single copies are available free of charge.

The Legal System

VCPN surveyed joint law enforcement/CPS teams. One question asked about the effectiveness of the legal system. While a few respondents were overall pleased with legal outcomes, responses from the majority offered the idea that improvements in the legal system are still needed.

Sharon Fisher, social services director for Northumberland, comments, "As far as victims are concerned, the system does not work well. Persons who serve on juries are not well educated on child abuse. Often sentences are too light because the jury does not want to be too hard on the defendant." Wayne McBride, police sergeant from Norfolk expressed similar sentiments, "The legal system is not effective on the whole because legislation favors the defendant's rights over rights of victims."

Coordinating legal response with treatment efforts can also be a problem. Betty Bryan, CPS supervisor for Norfolk Department of Social Services, comments, "There has been some struggle with educating judges about the dynamics of sexual abuse in a family. Social services needs to obtain preliminary protective orders in many sexual abuse cases. This allows treatment to be obtained for the victim, ensures that the alleged offender does not come in contact with the child, and involves orders directed towards the non-offending parent. However, many times judges are reluctant to grant protective orders unless the non-offending parent is un-cooperative. By the time we learn of the spouse's lack of cooperation, it is often too late to protect the child from continued abuse. The child who is not supported is often subjected to emotional abuse."

continued on page 12
Strategies
Continued from page 11

Judges do appear to be the ones who can most easily create change and modifications within the legal system that reduce trauma to the child. The Honorable Charles B. Schudson, Circuit Court Judge in Milwaukee comments, "I think judges can do a great many things, and I think all too often judges in deference to the trial strategies or techniques of lawyers, fail to keep in mind the never-ending obligation of the court to insure the opportunity for witnesses to give testimony" (Lloyd, 1990, p.1).

Some of the ideas discussed below can be implemented by prosecutors and others, as well as judges. Most judicial procedures and modifications discussed below require no new legislation, according to Schudson. However, prosecutors may need to take the initiative of suggesting procedures to judges, notes the Honorable C. Lynnwood Smith, Jr., Circuit Judge of Madison County, Alabama (Lloyd, 1990).

Videotaping

Videotaping interviews with children has undergone extreme fluctuations in popularity. In the mid-1980's videotaping was hailed as a valuable technique. Unlike written notes or even audiotape, videotape captures the child's facial expressions and body movement. A compelling videotape can convince a suspect to enter a guilty plea and spare the child the trauma of a trial. A videotape can be reviewed by other professionals and may eliminate the need for a direct interview. In some cases, a videotape can be used at a preliminary hearing in place of the child's live testimony (Pence & Wilson, 1994; Whitcomb, 1992).

In response to a query concerning use of videotape, most Virginia professionals told VCPN that they did not routinely use videotape investigation interviews. Investigators appear to perceive videos as a tool for the defense to use to "pick apart" the interview of the child.

Paul Stern, deputy prosecuting attorney from Snohomish County, Washington, details his objections to routine video taping of child interviews. In a recent (1992) commentary published by Journal of Interpersonal Violence, Stern labels routine videotaping as "detrimental to a true and fair determination of guilt", "inappropriate and dangerous" and "counterproductive to prosecution" (p. 278).

To support his contentions, Stern develops several points. A single video, he says, may be exceptionally misleading since many children disclose abuse in a gradual process, a bit at a time over several interviews. The video is a "snapshot in time" (p. 279), a point along a continuum of disclosure.

Since no interviewer is perfect, there is the possibility that defense attorneys might try to deflect attention from the child's information to the interviewer's style. When the focus shifts from determining the defendant's guilt to determining the interviewer's skill, then justice is not served, according to Stern.

Some children (and some investigators) are inhibited by the process of videotaping. When this occurs, the victim appears hesitant, stiff, and unconvincing.

Technical errors can occur. The camera may be unfocused or aimed improperly. Voices may be garbled or too soft to be heard. A technician may be required to run the machinery, causing greater expense. Completed videotapes must be maintained and stored, and confidentiality must be kept. In some states, destruction of evidence, even if accidental, can result in dismissal of charges.

In contrast to Stern's negative view, Catherine Stephenson reports on a successful approach to videotaping developed in San Diego County. Interviews are scheduled with the Center for Child Protection at Children's Hospital. Their project has resulted in a reduced number of interviews for the child victim and curtailment of defense requests for victim interviews. Prosecutors gain 'a wealth of information' (p. 286) including the child's developmental ability, demeanor and vocabulary.

Stephenson cites other positive aspects of videotaping. She maintains that investigators who "have only some hand-scribbled notes or a summary" (p. 287) are much more vulnerable to attack by the defense. In the intervening months, of course, the exact wording of the child's response is likely forgotten. A videotape can supply this information as well as document that no coercion was used to elicit the responses.

The video can help the child prepare for trial by allowing him or her to refresh their memory about their statements. Since months or even years have elapsed since the initial interviews, a jury can see the child as she or he was at the time the abuse was discovered.

Preparing the Child for Testimony

Sawitz and Snyder (1993) provide guidelines for child witness preparation. Suggestions include: 1) Explain the charges against the defendant using language the child can understand; 2) Instruct children in stress reduction techniques; 3) Give the child a tour of the courtroom; 4) Explain who will be present in the courtroom and how the trial will proceed. The commonwealth's attorney needs to describe direct and cross examination. Role playing is important to this process, but questions unrelated to the event should be used.

The victim advocate should also anticipate trial delays and discuss this possibility with the child. Since time sitting in the waiting room can be tedious, the victim advocate can help the child prepare and bring simple games, cards, coloring books or other activities for waiting room use. A favorite doll or stuffed animal can be invited to accompany the child. (Perry and Wrightman, 1991; Whitcomb, 1992).

Several common fears of children need to be addressed. Many children are uncomfortable about speaking in a formal setting to an audience. A child may fear making a mistake. Older children who have viewed courtroom scenes on TV may be worried about being "tripped up" by the defense lawyer. Children may have strong but ambivalent feelings about the perpetrator going to jail. The child might fear that their information will result in disastrous consequences for a parent or a friend. On the other hand, a child may fear that the defendant will be declared "not guilty". Then, the child reasons, the accused will retaliate. Some children are so afraid of the defendant that the thought of facing the person in court is upsetting.

The victim advocate should talk with the child and provide information, and where possible, reassurance, about each worry. Some larger communities offer "court schools" or "kids in court" programs.

The usual attorney preparation (a tour of the courtroom and a cursory review of the facts of the case) is not generally

---


Available from: Virginia Department of Criminal Justice Services, 805 E. Broad St., Richmond, VA 23229

A 1988 amendment to the Code of Virginia allows child victims in criminal proceedings to testify from a room outside the courtroom via a two-way, closed circuit television. Section 18.2-67.9 permits this courtroom modification at any criminal proceeding, including a preliminary hearing, when a victim is twelve years of age or under.

Recognizing that few courts have access to the technology and expertise needed to make use of this statute when appropriate cases arise, the Department of Criminal Justice Services and the Department of State Police together have purchased closed-circuit television equipment and it is available at no charge to local courts on request, along with trained technicians to set up the equipment and operate it. This service is provided at no cost to the Court, the Prosecution or defense, on a first-come-first-served basis. Questions about the service may be directed to the Assistance Special Agent In-Charge of the Virginia State Police Technical Unit at 804-333-2027.
sufficient. The child needs specific education about the legal system and clear expectations about the judicial process (Saywitz & Snyder, 1993).

Court preparation programs are new and there is little literature available about how effective they are. One Canadian study (described in Whitcomb, 1992) assigned child witnesses to one of two conditions. One group received a court room tour and verbal explanation approximately one week prior to trial. The other group received 5 individual education sessions plus training in stress reduction. Children in the second group performed better on the witness stand, showed less generalized and abuse-related fears and were better oriented to court.

Support Person

Recognizing children's need for support in the courtroom, by 1989 eight states (Arkansas, California, Hawaii, Idaho, Michigan, Minnesota, Rhode Island and Washington) have passed legislation authorizing the presence of a support person for child witnesses during criminal proceedings (Whitcomb, 1992). In the 1994 legislative session, Virginia amended its legal code to allow minors to bring a support person of their choosing. Many courts allow a support person to accompany the child even without specific legislation.

A support person can offer comfort and emotional support to the child. Often, however, they are unfamiliar themselves with court procedures and may even impart their own fears and concerns to the child. Thus, even if a support person to accompany the child to trial is designated, there remains a need for a victim advocate.

More than 7000 communities nationwide have victim assistance programs (Whitcomb, 1992). Nationally, most are not affiliated with criminal justice agencies. However, in Virginia, victim assistance programs typically are under the office of commonwealth's attorney. There are approximately 50 programs currently in operation in Virginia.

Closed-Circuit Television

By the end of 1989, 32 states, including Virginia, had enacted legislation authorizing judges to allow child witnesses to testify via closed-circuit television. This procedure allows the child to testify out of the courtroom. This means that the child does not have to face the defendant. In some cases, a screen has been used to accomplish the objective of separating children from defendants. In some states, a finding of "good cause" is needed for the judge to modify testimony in this manner. In 1988, Virginia passed legislation allowing for two-way closed-circuit television testimony by witnesses 12 years of age or younger who meet criteria for unavailability to testify in open court. A survey by the Virginia Department of Criminal Justice Services found that over a six year period (1988 to 1994) the technology was used only six times. A major reason for low utilization was that equipment and the training to use it was not available in many localities across the Commonwealth.

In response to the survey, DCJS applied for and was awarded a grant from the Bureau of Justice Assistance. Three mobile closed-circuit systems are now available to localities, along with technical assistance. See separate article, this issue for more information.

Admission of Out-of-Court Statements

Statements that are made out-of-court are termed 'hearsay'. Generally, these statements are not permitted as evidence because they can not be tested by cross-examination. Over the years, a number of "exceptions to hearsay" have been established.

By the end of 1991, 31 states had passed laws allowing witnesses to testify about statements made by the child. Some states limit this exemption to hearsay to unprovoked, spontaneous remarks (Whitcomb, 1993).

The constitutionality of hearsay exemptions for child sexual abuse cases was considered by the U.S. Supreme Court (Idaho v. Wright, 110 S. Ct. 3139, 1990). The court ruled that before a child's out-of-court statements can be admitted to evidence, certain indicators of reliability (spontaneity, content unexpected of a young child, lack of motivation to fabricate) must be present (Whitcomb, 1993). In White v. Illinois, 112 S. Ct. 736 (1992), the court determined that children do not have to be found unavailable as witnesses prior to allowing out-of-court statements into evidence.

What Judges Can Do

A number of researchers examined the role of judges and offered suggestions for the judiciary. In particular, suggestions from the "Think Tank Report: A Judicial Response to Child Sexual Abuse" (Lloyd, 1990) and publications by the U. S. Department of Justice and the National Center on Child Abuse and Neglect (Whitcomb, 1992b and 1993) are mentioned below. In addition to items already discussed, judges can do several things to benefit child witnesses. These include:

a) Maintain ongoing education about child abuse/neglect. This can be accomplished by reading, attending seminars and reviewing relevant Supreme Court decisions such as Coy v. Iowa (1988), Idaho v. Wright (1990) and Maryland v. Craig (1990).

b) Use experts to inform the court about topics such as research on memory, use of language in young children, suggestibility, and why children recant.

c) Caution attorneys against the use of sophisticated language, double negatives and run-on sentences.

d) Conduct the competency hearing (if it is necessary) immediately prior to the child's testimony.

e) Instruct jurors about children's abilities and shortcomings as witnesses.

f) Limit access to the courtroom where possible.

g) Assure a speedy trial.

h) Appoint a guardian ad litem to represent the child.

What Prosecutors Can Do

Several resources offered ideas for prosecutors. In addition to those cited above in the section "What Judges Can Do", the volume "Investigation and Prosecution of Child Abuse, 2nd Edition" (APRI, 1993) was consulted in summarizing suggestions for prosecutors.

The responsibility for requesting accommodations rests with the prosecutor, says Janet E. Fine, deputy chief of the Victim Witness Services Bureau in the Somerville, Massachusetts district attorney's office (Lloyd, 1990). The prosecutor has a great deal of power to "set the stage" or "set the tone" for the proceedings.

continued on page 15


Available from: Commonwealth of Virginia, Commission on Youth, General Assembly Building, 910 Capitol Street, Suite 517 B, Richmond, VA 23219, (804) 371-2481, FAX (804) 786-6310

In 1993, the General Assembly of the Commonwealth of Virginia directed the Commission on Youth to conduct a comprehensive study on the role of Guardians Ad Litem (GALs), modification of the courtroom environment for children and the use of closed circuit television testimony in child sexual assault cases. This report is the result of that undertaking.

Outlined in the study is a summary of testimony to the Legal Issues Subcommittee of the Commission on the Reduction of Sexual Assault Victimization in Virginia. This testimony led members to believe 1) some children may be receiving inadequate legal representation, and 2) children are ill-equipped to understand court proceedings. The study's goals and objectives were designed to discover if these perceptions were indeed correct, and to develop recommendations to address the issues that resulted from the investigation.

The investigations resulted in thirty-four findings and twenty recommendations which were presented to the General Assembly via this report. The report has had a significant impact. Legislation was enacted to set standards and requirements for guardians ad litem. Three model GAL programs have been started. Courtroom modifications have been made available (see main article). Other recommendations are in the process of being realized.
Investigation and Prosecution of Child Abuse, 2nd edition, 1993, Vol. 1, 510 pages; Vol 2, 596 pages, Cost: NDAA members, $35; Prosecutors, $50; Nonprofit agencies, $75; Libraries/others $125, Bulk orders of 20 copies or more to the same address $35 each.
Available from: APRI Fulfillment, American Prosecutors Research Institute, Suite 510, 99 Canal Center Plaza, Alexandria, VA 22314, (for Virginia professionals only, 800-763-6560) FAX: (703) 836-3195.

This comprehensive, two volume manual was developed by veteran child abuse prosecutors with input from specialists in medicine, forensics, child development and treatment. In a step-by-step fashion, this manual offers practical guidance to those interviewing children about abuse allegations. Likewise, interviewing the suspect, interviewing witnesses, procuring physical evidence and protocols for medical evaluation are covered. Separate chapters consider allegations with multiple children or suspects and child homicide.

Those prosecuting the case will find the manual invaluable. Separate chapters detail charging determinations, plea negotiation, pre-trial motions, pre-trial preparation, jury selection, eliciting testimony from the child, handling hearsay, expert testimony, cross-examination strategies, rebuttal evidence, closing statements and jury instructions. Special court room modifications for children are described.

The second volume contains appendices of materials for case handling. It contains sample motions, briefs, transcripts, orders and exhibits which can be reproduced and referenced or adapted for use during the trial.

This impressive work should be available in every prosecutor's office and every CPS unit.

The Backlash: Child Protection Under Fire, edited by John E.B. Myers, 1994, 125 pages, $16.95 (soft)

This remarkable book, a "report from the front" offers views from all sides. There is a chapter from VOCAL (Victims of Child Abuse Laws) and from administrators of county officers. Backlash is examined from a historical overview, from a sociological viewpoint and in comparison with European countries. The volume ends with recommendations for response. The ideas and perspectives are offered in an attempt to improve our beleaguered child protection system.

Team Investigation of Child Sexual Abuse: The Uneasy Alliance by Donna Pence and Charles Wilson, 1994, 166 pages, $17.95 (soft)

This well written book covers both practical aspects of investigation and the theoretical underpinnings. Starting with ideas for team building, the volume offers concrete guidance about the most effective structures available to teams. A picture of how a team works, through assignment of responsibilities and maintenance of roles, is offered. Practical aspects include a chapter on investigation protocols, interview strategies, how to manage collaborative interviews of the child, and considerations in interviewing alleged offenders. Team decision-making is detailed. This volume will be of interest to those wishing to start a team and also to existing team members who want assistance with optimizing team development.

Available from: The National Resource Center on Child Sexual Abuse, 2204 Whitesburg Drive, Suite 200, Huntsville, AL 35801, (205) 534-6866, (800) 534-7006, FAX (205) 534-6883

This transcript records the presentations and read-back of the "think tank" held during the Fifth National Symposium on Child Sexual Abuse. The presenters are judges, prosecutors, defense attorneys, victim-witness coordinators, and therapists. The discussion is lively and interesting. Content centers on what judges and prosecutors can do to make the legal system more effective for children.

Available from: Charles C. Thomas, 2600 South First Street, Springfield, IL 62794-9265

This book grew out of the authors' many college classroom lectures on the science of cognition as well as their multitude of experiences alleviating friends' distress by helping them remember things temporarily lost to memory. They realized they had valuable information that could be used by those who regularly conduct investigative interviews, where memory and ability to describe are critical. Thus they organized the information and techniques they had been using into a book.

Topics addressed include the complexities of eyewitness memory, how to overcome eyewitness limitations, logistics to interviewing, mechanics of interviewing, witness-credible questions, and the sequence of the cognitive interview.

Interviewing the Sexually Abused Child: Investigation of Suspected Abuse by David P.H. Jones, M.D., 1992, 67 pages, $15.00 (paper).
Available from: American Psychiatric Press, Suite 1107, 1400 K Street, NW, Washington, DC 20005, 1-800-366-5777, Toll free order line, Mon. - Fri. 9 a.m. - 5 p.m. EST

This book is a helpful guide to interviewing a child who has been sexually abused. The author argues the necessity of distinguishing between any troubled child and a sexually abused child because a child victim of sexual abuse brings specific issues to the interview.

The book is organized into six chapters and an appendix. Chapter one describes the pressures experienced by a child incest victim, both from within the family and from outside the family system. It includes a section on the dynamics of victimization. Chapter two discusses research relevant to important issues such as memory abilities of young children, children's suggestibility, and children's language. Chapters 3, 4 and 5 cover the interview process itself. In chapter six, a clinical approach to validation of the child's truthful-ness is presented. The appendix contains suggested contents of the interviewing room (Appendix A) and available resources for the interviewer (Appendix B).

True and False Accusations of Child Sex Abuse, by Richard A. Gardner, 1992, 748 pages, $32.95
Available from: Jerome S. Ozer, Publisher, 340 Tenafly Road, Englewood, NJ 07631, (201) 567-7040

Based on his experience as a forensic psychiatrist and private practitioner, Dr. Gardner offers his ideas about validation of child sexual abuse. Gardner discusses many topics, including accusations during custody disputes, allegations in day care or nursery schools, interviewing techniques, and treatment issues.
Strategies
continued from page 13

Some ideas in addition to the ones above include:
1) Allow frequent breaks for the witness.
2) Object to questions that are too wordy, unable to be deciphered, or which are unclear.
3) Request accommodation such as closed-circuit TV as appropriate.
4) Co-ordinate the juvenile and criminal proceedings to avoid undue stress.
5) Adequately prepare the child for the court room experience.
6) Request courtroom accommodations, such as the presence of a support person for the child.
7) Find a waiting area for the child where the alleged perpetrator is not allowed.
8) Use whatever methods are possible to protect the confidentiality of victims.

Research on Children Who Testify

Relatively few children testify in court. Studies of a one year period or more have found that from 4 to 13 percent of child sexual abuse victims testify.

Despite many concerns about the effects on children of testifying, empirical studies are few in number. Whitcomb (1992) reviews several studies. She concludes that these preliminary findings revealed no adverse effects of the adjudication process on children's mental health except for children over 8 years of age who testified more than once and endured long or harsh cross-examination.

Open court does affect the quantity and quality of information a child offers, however. Children testifying in open court about an event remembered or revealed less information and were more susceptible to misleading information than children testifying in more private settings (Whitcomb, 1992).

Several factors appear to exacerbate the emotional components of court involvement according to a study of 256 children ages 4 to 17 (Whitcomb, 1993). Six factors appear to exacerbate the negative emotional impact of court involvement. Repeated interviews prior to trial are one factor. Testifying at more than one proceeding is another. The type of questioning is important with negative effects likely when cross-examination is lengthy and harsh. Children who must face the defendant and those without maternal support experience more negative effects such as increased anxiety. Finally, inadequate training and preparation by trial attorneys plays a role (Whitcomb, 1992).

It appears less stressful for a child to testify in juvenile court and testifying in juvenile court may actually benefit some children. Case resolution, regardless of outcome, is helpful. Short-term anxiety and aversive symptoms tend to disappear over time.

Summary

The credibility of the child as a witness is a complex issue. Understanding the child's developmental process and how that relates to memory and communication is essential to a fair and thorough investigation (see VCYPN, volume 43). Improved interviewing and investigation techniques should enhance the potential for discovering facts. Innovative courtroom modifications are recent but promising methods to improve children's testimony.

The American justice system strives to offer fairness and protection to all parties. Improving child protective services, law enforcement and judicial response to reports of child abuse and child sexual abuse is an ongoing process. Much of the research is preliminary. Those working with child witnesses will need to remain open to new information, continue to update their training and evaluate their own personal and community response.

References Available Upon Request
Joint Investigation

Continued from page 7

needs and problems, then the creation of a workplan to guide the development of written protocols to improve investigation and prosecution of child sexual abuse cases. The training team made monthly visits to the localities and off-site technical assistance was provided via a toll free phone line to APRI.

Technical assistance has also been provided by offering a two day team development conference for 10 localities each year. This conference brought together professionals from the three key agencies (law enforcement, social services, commonwealth attorney) to improve team building skills for coordinating investigation and prosecution.

According to Dorothy Hollahan, DCJS coordinator for the Children’s Justice Act Program, the 54 participating localities can be placed on a continuum. “Some localities maintain well-functioning teams with joint investigations while other localities are still struggling to create a coordinated approach,” explains Hollahan. The project provides ongoing support and technical assistance since teams continue to face new issues such as changes in personnel or the challenge of a particularly difficult and complicated case. Regional one-day “Team Tune-Up” work sessions are offered annually. These sessions allow teams a forum to examine goals, mission, protocols, and communication in order to generate renewed vigor and strength for the team approach.

Summary

Many Virginia communities are experiencing the benefits of team investigation in cases of child abuse, child fatality and child sexual abuse. The teams contacted by VCPN encouraged communities without teams to consider the approach. Carl Johnson, social work supervisor from Portsmouth, sends this message. “If you don’t have a team, form one as soon as possible. It aids in the decision-making process. It fosters better interaction among the agencies involved. Families and the community will be better served.”

References Available Upon Request

Special Thanks to...
Cynthia Dixon
Melissa Remmington