Multi-Disciplinary Approach to Child Abuse
Best Practices for Response
Training Objectives

• Gain knowledge of the role of Children’s Advocacy Centers and the multi-disciplinary team response to child abuse.

• Gain knowledge of the varying aspects of child abuse and increased ability to recognize abuse.

• Increase understanding of Massachusetts mandated reporting laws and best practices for responding to suspected abuse.

• Gain knowledge of the impact of childhood trauma over the lifespan.
Multidisciplinary Approach to Abuse and the Role of CACs
What is a CAC?

- CAC model created in 1985 by then DA Robert “Bud” Cramer
- Child friendly setting for children suspected to have been abused
- Comprehensive services to children/families
- Investigation
- Intervention to child victims and their families
- Treatment: on-site mental health and community referrals
- Education and Prevention
What is a CAC?

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**WITHOUT THE CAC APPROACH**

**EMILY**

**AGE 8**

1. Emily tells her teacher she is being hurt at home.
2. Emily talks with her teacher, the school principal, and a school nurse, who performs an examination.
3. The school calls the Department of Children and Families (DCF) hotline and police.
4. A DCF response worker speaks to Emily.
5. A detective is assigned to the case. He also needs to speak with Emily.
6. At the hospital, Emily talks to a nurse, a social worker, and a doctor, who also examines her.
7. Emily talks to a police officer.

Emily has spoken to 11 people about her abuse. This approach just wasn’t streamlined—and caused Emily to re-live her abuse multiple times.
WITH THE CAC APPROACH

Emily tells her teacher she is being hurt at home.

Emily comes to the Children’s Advocacy Center with her mom.

Emily tells her story once. A detective, DCF worker, prosecutor, victim advocate, specialized medical professional, and counselor listen as a team.

Emily and her mom receive the help they need to start on a path to healing, justice, and hope. They receive counseling referrals. Emily sees a specialized medical professional, and an advocate helps them understand the system.

Using the new model, Emily has told her story once, giving the entire team the information they need to move forward.
The Faces of Children Advocacy Centers in Massachusetts
Our Vision
The Children's Advocacy Center of Bristol County is turning tears, fears and bruises into a community of hope, healing and justice.

Our Mission
The Children's Advocacy Center of Bristol County is a private, 501c(3) non-profit agency with a mission “to empower children and families to heal from the trauma of abuse and violence through community partnerships, education and the pursuit of justice.”
Population Served

- Children suspected of having been abused, particularly sexually abused
- Serves victims of severe physical abuse and witness to violence
  - broken bones, burns, bruises that require medical attention, shaken baby etc.
  - serious domestic violence, homicide, sexual assault
- Commercial Sexual Exploitation of Children (CSEC/Child Trafficking)
- Cyber crimes
  - victim or witness to child enticement
- DPPC – disabled persons protection commission.
- Drug endangered children- children affected by substance use disorders in the home.
National Statistics

• 1 in 10 children will be the victim of sexual abuse before the age 18.

• 1 in 5 teens will receive or disseminate sexually explicit images.

Agency Statistics

• Averaging 700 cases per year.

• 164% increase since inception in 2007
Bristol County CAC Services

- Forensic Interviewing
  - Closed referral system
  - Only DCF, Law Enforcement, DA
- Health Services
  - Specialized exam for sexual assault victims
  - Forensic evidence collection (0-12)
  - Consultation, teaching and support
- Case Management and Case Review
- On site Mental Health services (Healing & Resiliency Program)
  - Using evidence based treatment
MedScope Exam

- **Non-invasive** imaging (videotaping) of external genital structures.
- Follow-up children seen in emergency department
- Critical component of evaluation for child sexual abuse
- Provides 8x magnification
- May help identify acute and chronic injuries
- Provides permanent images that document genital findings
Multi-Disciplinary Team Members

- Child Protection Services (DCF)
- Forensic Interviewers
- Law Enforcement (20 police jurisdictions)
- Health (Pedi SANE)
- Prosecution (Bristol County DA)
- Family Advocacy
- Mental Health Clinicians
- CSEC Manager
- Children’s Advocacy Center Staff
Education & Prevention

• Mandated reporter training to any and all entities that come into contact with children (ANYONE WHO WILL LISTEN)
• Parent/Caregiver talks on body safety
• Technology Safety/Digital Responsibility
• Commercial Sexual Exploitation of Children (CSEC)
• D2L Training
• Guest Education Presenters
Education & Prevention

- Information Clearing House
- Outreach Events
  - Tabling events of any kind:
    - Parent Education Nights
    - Child Education opportunities
    - School Health Fairs
    - Resource Fairs, etc.
Recognizing and Responding to Child Abuse
What is Child Sexual Abuse?

- Any interaction between a child and another person in which the child is used for the sexual gratification of the perpetrator or observer. Sexual abuse can include both touching and non-touching behaviors.
- Minors can not consent, no matter the circumstances.
  - MA State Law: age of consent for fondling is 14 years and for penetration (oral, anal or vaginal) is 16 years. Nude images is 18 y/o.
- Two types of abuse:
  - Intra-familiar (family member-immediate/extended)
  - Extra-familiar (can hold a position of authority, less likely to be a stranger)
How Perpetrators of Abuse Groom Their Victims

**Grooming:** the process by which an offender draws a victim into a sexual relationship and maintains that relationship in secrecy. It is a gradual, calculated process that ultimately results in the victim being coerced into participating in the abuse.

**Grooming behaviors might include:**

- Flattering comments
- Giving gifts
- Slowly breaking boundaries by discussing sexual topics, telling sexual jokes or playing sexual “games”.
- Asking the victim to keep secrets, such as not telling anyone about the relationship.
- Turning the victim against their own family and friends – Offenders want the victim to depend on them.
- Sharing or ask for revealing/sexual images.
- Blackmail
- Providing drugs or alcohol
Child Abuse Dynamics

- Most child abuse cases are chronic
  - Occur over a period of time, are ongoing

- The longer it lasts, the harder it is for a child to tell.

- Therefore, most sexual abuse disclosures are delayed disclosures.
Delayed disclosure vs. Acute Disclosure

- A delayed disclosure does not make a victim less credible
- It will make a difference in what is forensically available (e.g. no DNA etc.)
- Investigators need to corroborate as much as possible by interviewing witnesses, gathering documents, photographs.
Signs & Symptom’s of Child Abuse

Behavioral Signs Include:

- Acting out sexually, or knowledge of sex that is not age appropriate
  Sexual behavior outside the bounds of normal developmental play:
  - Is clearly beyond the child’s developmental stage
  - Involves threats, force, or aggression
  - Involves children of widely different ages or abilities
  - Provokes strong emotional reactions in the child
- Self-destructive behavior (hair pulling, cutting, drugs/alcohol use)
- Belligerent/Oppositional behavior (violence, fighting, fire-setting)
- Returning to earlier behaviors (bedwetting, thumb-sucking)
- Changes in school performance and attendance
Signs & Symptom's of Child Abuse

**Emotional Signs Include:**
- Nightmares & flashbacks
- Depression or unstable moods
- New or unusual fear of certain people or places
- Separation anxiety

**Physical Signs Include:**
- Frequent headaches or stomach aches
- Weight loss/gain, change in appetite
- Lack of personal hygiene or care
- Changes to genital area
  - swelling, redness, soreness or bleeding, infections
First Responders to Child Abuse & MA Mandated Reporting Laws
When a child discloses to you

- Put the child first
- Stay calm
- Never speak with the child in the presence of another child, caretaker and/or defendant
- Listen, let them talk
- **Interview a child as little as possible**
- Ask open ended questions
- Use a trained forensic interviewer
- Don’t make promises
- Tell them you’ll help them
- Thank them for telling you
- Believe and praise bravery
- Take notes
- Document & report up/out
Minimal Facts
Responding to Child Abuse

- Do not conduct an extensive interview of the child
  - Minimal facts only – enough to file a 51A

- Get the basics – “W” questions
  - Who, what, when, where
  - **Never** ask why

- Immediately file a 51A report by calling the Department of Children & Families
What must be in the report?

- Name, address, language spoken, gender and age of children reported
- Emergency contacts for children reported
- Other children in the home/family
- Names, contact information, language spoken of parents/guardians
- Your name & contact information as a mandated reporter
- Nature and extent of the child’s injuries, abuse, maltreatment or neglect (including evidence prior to injuries or neglect).
- Circumstances under which the mandated reporter became aware of the injuries, abuse or maltreatment.
- What actions have been taken to assist the child.
- Are there any concerns for social worker safety
- Any other information about the family’s strengths and capacities that will be helpful to DCF in ensuring the child’s safety

Next Step: Follow up with a written report – required within 48 hours
School Dynamics…

- Typically: Sally tells her teacher
- Teacher speaks to child
- Teacher tells Adjustment counselor and/or Nurse
- Adjustment counselor and/or Nurse speaks to child
- Vice Principal and/or Principal is told
- Vice Principal and/or Principal speaks to child
- SRO involved…speaks to child
- ER personnel speak to child
- Police speak to Child………….
Why Not Extensively Interview the Child?

- Repeating disclosures is traumatic
- Kids burn out and will not speak when they really need to
- Multiple investigative team members need to hear the child
- Multiple interviews sets a victim-up for inconsistencies
- Repeated questions to children results in their changing their answers because they think they are saying the wrong thing.
First Responder and Taint

• Multiple interviews can result in TAINt and/or give defense more ammunition.

• Taint – when a person’s memory has been permanently altered because of suggestibility or repetition of certain information. Can no longer be considered competent to testify credibly and reliably.

• Taint occurs from multiple interviews, closed or leading questions with a child or repeated questions.
Mandated Reporting

- Chapter 119 51A...

- Any person who is a mandated reporter is required to file a report of suspected abuse or neglect if he or she has “reasonable cause” to believe a child under the age of 18 is suffering from physical or emotional injury…including sexual abuse and neglect. You do not need proof.

- Obligation to report
51 – A Definitions

- Sexual Abuse, Physical Abuse and Neglect
- Exposure to domestic violence
- Emotional Neglect
- Commercial Sexual Exploitation of Children
Who is a Mandated Reporter?

Individuals required by law

- **(M.G.L., c. 119. 51A)**

"Mandated reporter", a person who is: (i) a physician, medical intern, hospital personnel engaged in the examination, care or treatment of persons, medical examiner, psychologist, emergency medical technician, dentist, nurse, chiropractor, podiatrist, optometrist, osteopath, allied mental health and human services professional licensed under section 165 of chapter 112, drug and alcoholism counselor, psychiatrist or clinical social worker; (ii) a public or private school teacher, educational administrator, guidance or family counselor, child care worker, person paid to care for or work with a child in any public or private facility, or home or program funded by the commonwealth or licensed under chapter 15D that provides child care or residential services to children or that provides the services of child care resource and referral agencies, voucher management agencies or family child care systems or child care food programs, licensor of the department of early education and care or school attendance officer; (iii) a probation officer, clerk-magistrate of a district court, parole officer, social worker, foster parent, firefighter, police officer; (iv) a priest, rabbi, clergy member, ordained or licensed minister, leader of any church or religious body, accredited Christian Science practitioner, person performing official duties on behalf of a church or religious body that are recognized as the duties of a priest, rabbi, clergy, ordained or licensed minister, leader of any church or religious body, accredited Christian Science practitioner, or person employed by a church or religious body to supervise, educate, coach, train or counsel a child on a regular basis; (v) in charge of a medical or other public or private institution, school or facility or that person's designated agent; or (vi) the child advocate.

- (ii) a public or private school teacher, educational administrator, guidance or family counselor, child care worker, person paid to care for or work with a child in any public or private facility
Where to call

- Hotline 1-800-792-5200

- Department of Children and Families
  - Monday – Friday
  - 8:45 to 5:00
  - Let the receptionist known you need to file a 51-A
Mandated Reporters

- Responsibilities and consequences for failure to report.
- NO PROTECTION if you don’t report
- Liability protection under the law for mandated reporters
What happens next?

**Screen In**
- Emergency Response
  - DCF will respond within 2 hours
  - Need for a joint response
- Non-Emergency Response
  - DCF has 15 days to complete an investigation

**Screen Out**
- Screen out
  - Not being investigated
- DA Referral
  - DA & LE make decision on whether or not they will investigate

Then....
- Confidentiality and informing the families
- Notification of outcome by DCF
Three Important Points

- If you have a suspicion of child abuse - file a report to DCF and/or the police.

- DO NOT interrogate a child.

- Let the agencies charged with investigative responsibilities conduct the investigation.
Other important info about recognizing and responding to child abuse

**Myth: There Should be Medical Evidence (CSI Effect)**
- The sexual act is not likely to result in forensic evidence
- There isn’t always an injury – the anatomy and healing process (misconceptions about the hymen and other areas)

**Sexting Investigations**
- Generally, the DA’s Office tries to divert school sexting cases BUT they take the phones and have them forensically analyzed
- Diversion occurs for both the taker of the image and the person who is sending or sharing it.
- If the sexting involves malice we may charge
- Always take the phones (Recommended by DA’s Office)
- A 51a needs to be filed for all sexting cases
Other important info about recognizing and responding to child abuse

First Complaint (AKA ‘Hue & Cry’, dates back to British law)

- 1st person a victim tells of sexual abuse, (no matter what age) can testify and corroborate a cry of sexual abuse.
- A student or teacher or diary or text can be a 1st complaint.
- If a teacher – document the exchange.
- Remember the ‘W’ questions and no more.

The Subpoena

- Hopefully you will receive a subpoena well ahead of trial & then a phone call to prepare
- When you do receive a subpoena do not hesitate to call the person who has sent you the subpoena – you must prepare
Commercial Sexual Exploitation of Children (CSEC)

MA’s Newest Mandated Reporting Category
# What is CSEC?

<table>
<thead>
<tr>
<th>Commercial</th>
<th>Sexual</th>
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<tbody>
<tr>
<td>Something of value is exchanged like money, a ride, food, shelter, drugs, new sneakers, etc.</td>
<td>Involving a “sex act” or “sexual favor” including pornography</td>
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<tr>
<td>Exploitation</td>
<td>Children</td>
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<tr>
<td>Someone with more power taking advantage of/controlling/using somebody</td>
<td>Anyone under age 18</td>
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Defines “sexually exploited child”
Any person under the age of 18 who engages, agrees to engage or offers to engage in sexual conduct with another person in return for a fee or in exchange for food, shelter, clothing, education or care.

- Requires that mandated reporters file a report of suspected abuse and neglect (51A) on behalf of child victims of commercial sexual exploitation.
CSEC is:
- A form of child sexual abuse
- Includes payment in the form of something of value to that child (money, goods, services)
- Preys on a child’s vulnerabilities

CSEC is NOT:
- Delinquency
- Promiscuity
- A choice. Victims are children and are unable to consent in any way.
What does CSEC look like?

This abuse can include:

- Street prostitution
- Survival sex
- Pornography
- Stripping
- Erotic/nude massages
- Escort services
- Phone sex lines
- Private parties
- Gang based prostitution
- Interfamilial pimping
- Forms of internet based exploitation (craigslist, backpage.com, social media)
Who is at risk?

- Anyone under age 18
- History of addiction for the individual or their family
- Mental Health Concerns
- Want to be loved
- Loss of a parent or caregiver
- Lack of a support system
- Walk to school/store alone
- Own or have access to a cell phone, iPod or laptop
- Racism, sexism and classism
- Are willing to do whatever it takes to maintain friendships and/or romantic relationships
- Fragile relationship with caregiver
- Learning disabilities or cognitive limitations.
- Want more independence
- Have ability to be in community without adult supervision
- Feel judged and feel like others don’t “get them”
- Want to fit in
<table>
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<tr>
<th>General Indicators</th>
<th>Physical Indicators</th>
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<tr>
<td>• New clothes and accessories</td>
<td>• Sexually transmitted infections</td>
</tr>
<tr>
<td>• Large amounts of money</td>
<td>• Injuries from beatings or weapons</td>
</tr>
<tr>
<td>• History of systems involvement (DCF, Police)</td>
<td>• Signs of abuse, neglect, malnourishment, or poor hygiene.</td>
</tr>
<tr>
<td>• Has debt they cannot pay off</td>
<td>• Sudden change of attire</td>
</tr>
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<td>• Photos of youth have been placed online for advertising</td>
<td>• Strange tattoos/branding which youth may be reluctant to explain.</td>
</tr>
<tr>
<td>• Multiple cell phones</td>
<td></td>
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</tbody>
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<tr>
<th>Behavioral Indicators</th>
<th>Social Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Missing from care</td>
<td>• Receiving or making phone calls to older males</td>
</tr>
<tr>
<td>• Unexplained absences from school</td>
<td>• Has a boyfriend or girlfriend who is noticeably older and/or controlling</td>
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<tr>
<td>• References to sexual situations that are not age appropriate</td>
<td>• Use language from the life</td>
</tr>
<tr>
<td>• Sudden onset of uncharacteristic behavior</td>
<td>• Found in an area known for prostitution (a physical area or website).</td>
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<tr>
<td>• Self destructive behavior</td>
<td>• Associates with youth who have been identified as CSEC victims</td>
</tr>
<tr>
<td>• Indication of drug or alcohol use</td>
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Who are the traffickers?

- Individual Pimps
- Gangs and criminal networks
- Other youth already involved “in the life”
- Brothel and fake massage parlor owners
- Business man or woman
- Intimate partners
- Family members
- Faith leaders
- People from all walks of life
Victim Related Research
Victim Related Research

- Parental support is consistently associated with the adjustment of sexually abused children.

- Even mothers who are supportive and protective may exhibit inconsistent or ambivalent responses as they come to terms with the implications.

- Cognitive-behavioral treatment that combines parent and child interventions may lead to better adjustment.

Adverse Childhood Experiences (ACE) Study

- 14 year old study involves 17,337 adults


- Voluntarily filled out a medical questionnaire that included questions about their childhood.
The questionnaire asked them about 10 types of child trauma:

- **Abuse**
  - Emotional
  - Physical
  - Sexual

- **Neglect**
  - Emotional
  - Physical

- **Household dysfunction**
  - Substance abuse
  - Mental illness
  - Violence against mother
  - Parental separation/divorce
  - Incarcerated household member
- **Multiple ACEs connected to early death** - people with six or more ACEs died nearly 20 years earlier on average than those without ACEs
  - 60.6 years vs. 79.1 years

- **Child maltreatment has long-term impacts** - those who had experienced child maltreatment were more likely to engage in risky health-related behaviors during childhood and adolescence:
  - early initiation of smoking
  - sexual activity
  - illicit drug use
  - adolescent pregnancies
  - suicide attempts
Adverse childhood experiences are common – 64% of the study participants had experienced one or more categories of adverse childhood experiences.

Strong link between adverse childhood experiences and adult onset of chronic illness - those with ACE scores of 4 or more had significantly higher rates of:

- Obesity, heart disease & diabetes
- Chronic pulmonary lung disease
- Depression
- Suicide attempts
- Hepatitis
- Substance use disorders
Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
I've never told anyone

But

I'm telling you now
Opportunities for Continued Partnership

- Collaborate with CAC, Law Enforcement, DA’s office, DCF, medical and mental health providers.
- Send information on programs and services you provide in the community
- Never hesitate to call the CAC for case consultation
- Inform other community agencies about the CAC
- Thank you for the continued collaboration and support.