




**DC's Multidisciplinary Team on Child Abuse:
Meeting the Need for a Coordinated, Comprehensive, Compassionate,
Professional Response to Child Abuse in the District of Columbia**

Family Court Ninth Annual Multidisciplinary Training Institute
Child Sexual Abuse and Exploitation: Educating, Empowering & Transforming Lives
Thursday, October 21, 2010
Washington Convention Center

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MDT Members on Today's Panel

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The National Epidemic of Child Sexual Abuse

GIRLS

One in four girls will be sexually abused before they turn 18 years old.

BOYS

One in seven boys will be sexually abused before they turn 18 years old.




Child Maltreatment in the District of Columbia

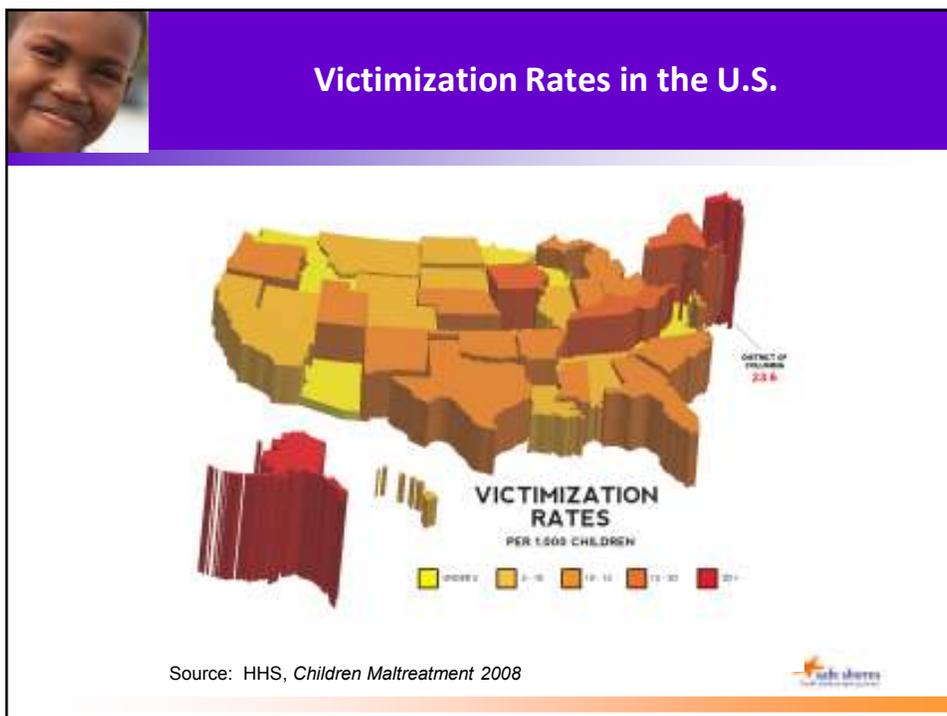


Total population	599,657
Child population	112,016
Rate of Child Maltreatment	23.6 per 1,000 children

According to federal statistics, DC ranks in the top three jurisdictions with the highest incidence of child maltreatment in the U.S.

(Source: HHS *Child Maltreatment, 2008*)





DC's Multidisciplinary Team on Child Abuse Investigations and Prosecutions – The "MDT"

A Working Public-Private Partnership

- Children's National Medical Center (CNMC)** - *Freddie Mac Foundation Child & Adolescent Protection Center (CAPC)*
- D.C. Child and Family Services Agency (CFSA)** - *Child Protective Services (CPS)*
- Metropolitan Police Department (MPD)** - *Youth Investigations Division (YID), Special Victims Unit (SVU), Sexual Assault Unit, and Homicide*
- Office of the Attorney General of the District of Columbia (OAG)** - *Juvenile Section (JUV), Child Protection Section (CPS) & Neighborhood Victim Services (NVS)*
- Safe Shores – The D.C. Children's Advocacy Center (DCCAC)**
- United States Attorney's Office (USAO)** - *Sex Offense & Domestic Violence Section (SODV) & Victim/Witness Assistance Unit (VWAU)*



Statutory Authority for DC's MDT

“Improved Child Abuse Investigations Amendment Act of 2002”

DC Code §4-1301.51

- Every instance of sexual abuse of a child shall be reviewed and investigated by a multidisciplinary investigation team (“MDT”)
- Investigations will focus on (in order of priority):
 1. Needs of the Child
 2. Needs of Law Enforcement, Prosecution, Civil Proceedings




DC MDT's Governing Documents

Memoranda of Understanding (MOUs)

- Sex Abuse MOU ~ The District of Columbia Memorandum of Understanding on Child Sexual Abuse Investigation, Prosecution and Prevention (2005)
- Physical Abuse MOU ~ The District of Columbia Memorandum of Understanding on Child Physical Abuse Investigation, Prosecution and Prevention (2005)





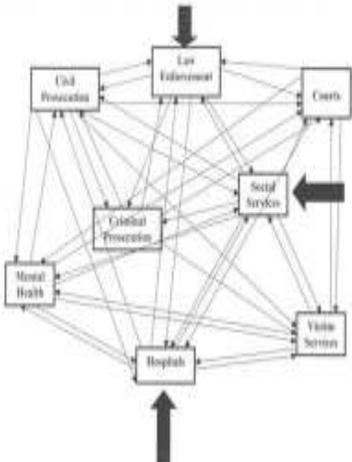
Children's Advocacy Center (CAC) Model

- Established in the mid-1980's in Huntsville, AL
- Primary goal: ensure that children are not further victimized by the intervention systems designed to protect them
- Child-focused, facility-based, multidisciplinary, community-based
- Replicated widely
 - More than 900 CAC's across the United States
 - International efforts growing
- Growing body of research to support the model
 - Conducted by University of New Hampshire Crimes Against Children Research Center; National Children's Advocacy Center; OJJDP




Child Victim's Experience Before and After The CAC Model

Child Victim's Route Without CAC



Child Victim's route With a CAC Model







Safe Shores – The DC Children’s Advocacy Center



NATIONAL
CHILDREN'S
ALLIANCE

- **Multidisciplinary Team (MDT)**
- **Cultural Competency and Diversity**
- **Forensic Interviews**
- **Medical Evaluation**
- **Therapeutic Intervention**
- **Victim Support/Advocacy**
- **Case Review**
- **Case Tracking**
- **Organizational Capacity**
- **Child-Focused Facility**

Safe Shores is an accredited member of the National Children’s Alliance (NCA).




University of New Hampshire Multi-Site Evaluation of Children’s Advocacy Centers (2006)

- Showed significantly more evidence of coordinated investigations in communities with a Children’s Advocacy Center
- More children involved with a CAC received a forensic medical exam
- More children involved with a CAC received referrals for mental health services
- CACs with strong involvement from law enforcement and district attorney’s offices showed an impact on criminal justice outcomes
- On a per-case basis, traditional investigations were 36% more expensive than CAC investigations





DC's MDT – Sum Greater Than Its Parts

Multidisciplinary Team Agencies' Roles and Responsibilities



Joint Investigations by the MDT – How The Process Works

- CFSA Hotline receives report alleging abuse
- CFSA sends the allegation report to MPD
- CFSA screens information provided by reporter; checks for previous history with the agency
- MPD screens information for criminal elements
- Joint Investigation is launched
- Child Victims are medically screened at CNMC
- Forensic Interview is requested
- Forensic Interview is schedule by and conducted at Safe Shores
- MDT jointly determines how to proceed in the best interest of the child(ren) involved
- Victim Services made available as needed
- Prosecution options are weighed





DC Child and Family Services Agency

- The Child and Family Services Agency (CFSA) is the District of Columbia public agency that protects child victims, and children at risk, of abuse or neglect.
- CFSA has four basic functions: (1) Child Protective Services (2) Supportive Family Services (3) Foster Care and (4) Permanence.



CFSA's Role within the MDT

- Co-located with MDT agencies (Metropolitan Police Department, United States Attorney's Office, and Office of Attorney General for DC and Safe Shores)
- Observes forensic interviews for any abuse, neglect or failure to protect issues
- Provides CFSA background information on all cases to assist with the investigation
- Educates other disciplines on the CPS process
- Provides appropriate resources/referrals for families





Metropolitan Police Department Youth Investigations Division

Youth Investigations Division (YID) is responsible for the following:

- Investigating Child Abuse Cases with potential criminal elements
- Investigating Child Sexual Abuse & Exploitation (including child pornography and child prostitution)
- Investigating Truancy, Juvenile Missing Persons (under the age of 18 years) & Parental Kidnapping
- Operating Juvenile Processing Center (process juvenile arrestees)
- Locating runaway youth (Absconder Unit)
- Investigating Internet Crimes Against Children (ICAC)



MPD's Role Within the MDT

- Observes forensic interviews for any criminal issues
- Provides law enforcement background information on all cases to assist with the investigation
- Educates other disciplines on MPD's investigative process
- Conducts forensic interviews, as needed
- Arrests suspected perpetrators





Healthcare Professionals and the Multidisciplinary Team

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Children's Hospital's Response to Child Maltreatment

- **Clinical**
 - Comprehensive medical evaluation and treatment for all forms of child victimization
 - Comprehensive mental health evaluation and trauma oriented treatment
- **Advocacy**
 - Work cooperatively with co-members of the DC Multidisciplinary Team on Abuse & Neglect
 - MDT members refer patients
 - Case review participation
 - Child Fatality Review participation
 - Promote the wellbeing and safety of all children through prevention efforts, participation in policy (public health approach)
 - Stewards of Children
 - Spank-free zone effort within hospital
- **Research**
 - Understanding and awareness of the current research in the field
 - Initiate small research studies to contribute to the body of knowledge
 - Funded large or multi-center research studies
 - Contribute to community-based training efforts on child victimization
- **Education**
 - Provide training to medical and mental health trainees (medical student, residents, fellows, social work interns)
 - Provide training to other medical professionals
 - Provide education to professionals in the community

Adapted from the NACHRI Executive Report "Defining the Children's Hospital Role in Child Maltreatment 2006"

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Roles of Health Care Professionals



- Prevention
- Early Identification/Recognition
- Documentation
- Treatment (medical and mental health)
- Mandatory Reporting
- Cooperation with outside agencies



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Hospital Child Abuse Teams



- Provide forensic-medical evaluations for alleged victims
- Provide mental health assessments and ongoing therapy for alleged victims & their families
- Convey relevant medical information to those investigating and adjudicating cases
- Testify in court as fact and/or expert witnesses
- Provide training to professionals involved in child welfare



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The Medical Evaluation



- Obtaining history from caregiver & child (if verbal)
- Comprehensive physical exam
- Obtaining laboratory tests and radiographic studies
- Referral to and collaboration with other medical specialists
- Final assessment/Medical opinion
 - Acknowledgement of suspicious injuries
 - Explaining mechanism of injuries & the limitations of medical knowledge



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Role of Safe Shores – The DC Children's Advocacy Center

- Established in 1995 as a 501(c)(3) (based on recommendation of working group est. by Mayoral Order 94-3)
- Based on the nationally replicated CAC model
- Provides child-focused facility for work of the MDT
- Coordinates the work of the District of Columbia's Multidisciplinary Team





Safe Shores' Program and Services

- **Forensic Services Program** Forensic Interviews, Forensic Evaluations, Team Case Management
- **Victim Services Program** Youth Activity Program, Meal Fund, Clothes Closet, Emergency Victim Crisis Fund (EVCF), Crime Victim Compensation referrals, other resource referrals, as needed
- **Clinical Services Program** Mental Health Services for Children/Families, Clinical Consultations (for parents/caregivers, MDT, court)
- **MDT Advancement & Support** MDT Conference, Regular Trainings, Scholarships for Professional Development
- **Public Education & Outreach** MDT Presentations, Prevention Training (Stewards of Children curriculum) 



Forensic Interviews of Children

The Forensic Interview

- A neutral, fact-finding interview of a child victim or witness as a tool of the investigative process
- Conducted within a therapeutic framework in a Developmentally and age-appropriate
- Safe, child-friendly environment in a child-friendly and developmentally-sensitive space and manner
- Forensic interviews can be conducted on a 24 hour, 7 days a week on-call emergency basis

Goals of a Forensic Interview

- Minimize stress to the child
- Maximize the amount and accuracy of information that is obtained
- Support the integrity of the investigative process 



Protocol for Forensic Interviews

Forensic interviews at Safe Shores adhere to the following **protocol** established by the National Children's Advocacy Center (NCAC) and the American Professional Society on the Abuse of Children (APSAC):

1. Rapport Building
2. Developmental Assessment
3. Assessment of Competency
4. Bolstering to Reduce Suggestibility
5. Eliciting Information
6. Closure



Mental Health in the MDT Context

- Mental Health inclusion in Washington D.C. Model
- Access to clinical records and patient information
- Contact with child and family maintained post-investigation and/or prosecution
- Coordination of care with numerous outside agencies, healthcare providers, schools, and the D.C. Superior Court





Clinical Services at Safe Shores

- Short and long-term therapy
- Multi-modal therapy
- Crisis intervention
- Support for non-offending caregivers
- 24-hour a day, 7 days a week on-call response
- Court testimony (expert and fact) and Court support
- MDT and community consultations
- Death notifications and funeral support
- Psychological evaluation
- Professional training and development



Multi-modal Treatment for Complex Trauma

- Talk
- Play
- Art
- Individual
- Group
- Sibling
- Family
- Exposure to Restorative Opportunities





Types of Clinical Cases Seen at Safe Shores

- Most are post-disclosure
- Experiencing acute or chronic trauma
- In-home and CFSA placed
- Most initiate therapy in pre-trial phase
- Usually just over half are sexual abuse cases
- May have very little background information and unreliable historians
- Involve significant coordination with multiple agencies, schools and court in managing treatment and administrative needs of case




Looks Can Be Deceiving...

- Traumatized Children often present in ways that detract from the urgency of their mental health needs.
- Shock
- Resilience
- Development








“The Other MDT Partner” – Engaging Parents/Caregivers

- ✓ Getting “buy-in” from parents and caregivers
- ✓ Emphasis on the importance of mental health care even after investigation and prosecution
- ✓ Expanding the perspective on successful long-term outcomes



Prosecutors’ Roles



United States Attorney’s Office, Sex Offense and Domestic Violence Section



Office of the Attorney General Child Protection and Juvenile Sections





U.S. Attorney's Office Sex Offense and Domestic Violence Section

- Scope
 - Child abuse
 - Sexual abuse
 - Domestic violence
 - Child sex trafficking cases
- Staff
 - 30 prosecutors (AUSAs)
 - 10 victim/witness advocates,
 - 20 support staff
- AUSAs must apply for position in this section
- All staff receive specialized training
- AUSAs trained on issues such as DNA, child development, medical aspects of sexual and physical abuse, MDT, etc.




U.S. Attorney's Office (USAO) Sex Offense and Domestic Violence Section

We do have children testify

- In many cases, they are the best witnesses
- Not all children are afraid or upset about being involved in the criminal justice process
- Testifying can provide important validation for the child
- Research indicates that testifying is not necessarily harmful to children if adequate preparation is conducted
 - Goodman, et al, 1992
 - Oates, et al, 1995
 - Whitcomb, Goodman, Runyon & Hoak, 1994





USAO – Special Things We Do When Investigating/Prosecuting Child Abuse Cases

- Every child witness has an advocate
- Parents and sometimes siblings may also have separate advocates
- The advocate is part of the prosecution team but is **focused solely on the victim's and witnesses' safety, well-being, and needs**



USAO – Witness Conferences

- Scheduled around child's school hours to minimize disruption to child's life – prosecutors meet with children after school and on weekends
- All members of prosecution team introduced to child at first meeting
- Criminal justice process explained to child at first meeting to eliminate surprises, reduce anxiety
- Prosecutor spends first meeting just getting to know child and becoming familiar with his/her level of development, language





**Office of the Attorney General of the
District of Columbia**

- **OAG Child Protection Section (CPS)**
 - Petitions child abuse and neglect cases on behalf of CFSA
 - Two AAG's are specifically assigned to the DCCAC to cover all intra-familial forensic interviews; also participate in bi-weekly case reviews
- **OAG Juvenile**
 - Prosecution of juvenile perpetrators of child abuse
 - Observes forensic interviews when the suspect is a juvenile
 - Participates in case review




**DC's MDT:
Grown Ups Working Together for Children –**

Where?

The MDT's New Home
Safe Shores –
The DC Children's Advocacy Center

After more than 10 years of planning, the
MDT Co-located in March 2010





Safe Shores – The DC Children’s Advocacy Center Reception Area



Safe Shores Victim Services Area



Tot Waiting Room



Teen Waiting Room



 **Safe Shores
Victim Services Area**



Kids' Cafe



 **Safe Shores
Forensic Interview Area**

Forensic Interview Room **MDT Interview Observation Room**





Safe Shores Clinical Services Area



Art Therapy Room

Play Therapy Room



Safe Shores Medical Suite



Patient Waiting Room

Exam Room





Who Is Legally Required to Report Child Abuse?

Statutorily Mandated Reporters

Every State, as well as the District of Columbia, has statutes that identify mandatory reporters of child maltreatment and specify the circumstances under which they are legally obligated to report suspicions of abuse. Usually, mandated reporters include:

Counselors	Day Care Workers	Dentists
Teachers	Social Workers	Nurses
Doctors	Law Enforcement	School Officials
Clergy	Mental Health Professionals	Youth-serving professionals




Properly Reporting Abuse or Neglect...

Information Needed

- Child's name, age, sex, and address of residence as well as address of suspected incident
- Names of parents (mother and father), any siblings (in or out of the home), and caretaker/ guardian of the child(ren)
- Name of child's school and grade if available
- Any other identifying information on the family
- **You do not need proof** to report. Reporting a reasonable suspicion in good faith could save a child's life.





Child Abuse Information Resources

- **CFSA Child Abuse HOTLINE** 202-671-SAFE (7233) <http://cfsa.dc.gov/cfsa/site/>
- **National Child Abuse Hotline** 1-800-4-A-CHILD www.childhelpusa.org
- **National Domestic Violence Hotline** 1-800-799-7233 www.ndvh.org
- **Rape, Abuse & Incest Network (RAINN)** 1-800-656-HOPE www.rainn.org
- **National Center for Victims of Crime** 202-467-8700 www.ncvc.org
- **National Children's Alliance** 1-800-239-9950 www.nca-online.org
- **Nat'l Center for Missing and Exploited Children** 703-224-2150 www.ncmec.org
- **Darkness to Light/Stewards of Children** 1-843-965-5444 www.darkness2light.org
- **Prevent Child Abuse America** 1-312-663-3520 www.preventchildabuse.org




Closing Thought

**“The test of the morality of a society
is what it does for its children.”**

~ Dietrich Bonhoeffer (1906-1945)
German Protestant theologian & anti-Nazi activist

