

Best Practice for Multidisciplinary Teams and Children's Advocacy Centers

Det. (ret.) Mike Johnson¹

In order to achieve a consistent degree of success in investigating child abuse cases, it is necessary to establish Best Practice Standards in the multidisciplinary team approach.

The National Children's Advocacy Center website² states, "The CAC model is a child-focused, facility-based program in which representatives from many disciplines - law enforcement, child protection, prosecution, mental health, medical and victim advocacy - work together, conducting joint forensic interviews and making team decisions about the investigation, treatment, management and prosecution of child abuse cases."³

Keep in mind that the origin of the CAC came about as the brainchild of Congressman Bud Cramer who, as District Attorney in Huntsville, Alabama, noted that child sexual abuse victims were being bounced from agency to agency and interviewed numerous

¹ Detective (ret.) Mike Johnson earned a Bachelor's Degree in Criminal Justice with a minor in Psychology at Southwest Texas State University. Detective Johnson is considered an ambassador for child advocacy. He is a founding member of the Collin County Children's Advocacy Center, and in 1996 he was named the Center's "Child Advocate of the Year". Mike was appointed to the National Board of Directors for the American Professional Society on the Abuse of Children (APSAC) in 1998, and was President of the APSAC Texas State Chapter. In addition to serving on numerous national boards and task forces, including the National Network of Children's Advocacy Centers, the Law Enforcement Subcommittee for several of APSAC's National Colloquiums, and the Working Group for the establishment of the National Center on the Sexual Behavior of Youth (NCSBY), Johnson has been instrumental in helping shape Texas laws relating to child abuse. He has served on the Texas State Attorney General's Sexual Offender Protocol Task Force and Senator Florence Shapiro's Blue Ribbon committee to formulate the now instated "Ashley Laws." A well-known national speaker, he is now taking his message to the international arena, having been a featured speaker at ISPCAN's (International Society for the Prevention of Child Abuse and Neglect) International Congress in Durban, South Africa, the International Association of Chiefs of Police Child Protection Summit, the Norwegian Conference on Child Abuse and Neglect in Oslo, Norway, and the Foundation for Protection and Justice in Santiago, Chile.

² See THE CAC MODEL, http://www.nationalcac.org/professionals/model/cac_model.html (last visited Jan. 23, 2008).

³ *Id.* "The primary goal of all CACs is to ensure that children are not further victimized by the intervention systems designed to protect them. Program objectives include: · Developing a comprehensive multidisciplinary, developmentally and culturally appropriate response to child abuse which is designed to meet the needs of children and their families in a specific community; · Establishing a neutral, child friendly facility where interviews and/or services for abused children can be provided; · Preventing trauma to the child caused by multiple, duplicative contacts with different professionals; · Providing needed mental health treatment and other services to children and families; · Maintaining open communication, information sharing and case coordination among community professionals and agencies involved in child protection efforts so that case decision-making and policy development are enhanced; · Coordinating and tracking investigative, prosecutorial, child protection and treatment efforts so that cases do not "fall through the cracks"; · Holding more offenders accountable through improved prosecution of child abuse cases; · Enhancing professional skills necessary to effectively respond to cases of child abuse through cross-disciplinary and cross-cultural training and support; · Enhancing community awareness and understanding of child abuse."

times by multiple professionals. It was his revelation that the very process that was established to protect children was traumatizing them, thereby resulting in inconsistent statements, poor investigations, and uncooperative child victims and parent/guardians.⁴

Congressman Cramer's goal to improve the criminal justice system's response to child abuse became a reality that has been replicated nationwide⁵. As professionals in this field we must not lose sight of the roots of our cause⁶, and it is within this vision that we must maintain a steady charge toward best practice. For, if a CAC does not have the ability to immediately accommodate a child in need of an investigative interview, or accommodate the needs of multidisciplinary team members' investigative responsibilities, is it achieving its mandate?

⁴ See the JOURNAL OF PUBLIC LAW & POLICY (Vol. 28). Nancy Chandler writes, "In the early 1980's several new programs emerged to try and deal effectively with child sexual abuse cases. Most notably was the founding of the National Children's Advocacy Center in Huntsville, Alabama by the elected District Attorney, Robert E. "Bud" Cramer, Jr. Several cases had occurred in Mr. Cramer's jurisdiction that called for a different response, as well as an acknowledgement that those entrusted to handle these cases did not have the means and tools to do so effectively. . . In one of these cases, Mr. Cramer had to try and bring two young brothers who had been abused into the court to testify. To his horror, Mr. Cramer realized that the brothers had never acknowledged their abuse to each other and were terrified to testify of their abuse in court. Neither case coordination nor court preparation had occurred. An additional case created even further alarm for Mr. Cramer when he learned that a young girl who had been sexually abused by her stepfather for several years had been subjected to many, many interviews after finally disclosing of the abuse to her grandmother. As Mr. Cramer frequently mentions in speeches, at the end of yet another round of interviews, the child finally asked why the adults could not talk to each other about her case rather than each individual agency asking her over and over again the painful details of her abuse. After realizing just how disjointed the system of child protection, investigation and intervention truly was, and that, in fact, the very systems designed to help children were in fact further re-victimizing the children, Mr. Cramer began to research whether or not there were programs in other parts of the United States that would have relevancy for his district. 'As District Attorney, I thought that I had seen the worse that one person could do to another. I was not prepared for the heinous crimes that were committed against children.' He traveled across the country attempting to find a program that could be replicated in his jurisdiction that would be an answer for these cases. In some communities Mr. Cramer found that law enforcement was fully engaged in the child abuse response, in another that the medical or child protective response was fully involved, but in no community was there the type of multidisciplinary interaction and professional level of service Mr. Cramer believed was necessary."

⁵ See 40 U. MIAMI L. REV. 209 (November 1985) Robert E. Cramer, Jr. "I do not pretend to understand why child sexual abuse occurs. As District Attorney, however, I realized that I had a responsibility to redesign the system which was supposed to respond to child victims of sexual abuse. We have changed our system through the mobilization and dedicated efforts of professionals in the community. The Children's Advocacy Center is a model community approach that can and should be replicated throughout the country to improve the quality and responsiveness of all systems which interact with sexually abused children."

⁶ See 40 U. MIAMI L. REV. 209 (November 1985) Robert E. Cramer, Jr. "Madison County's community approach to the child sexual abuse problem has worked remarkably well. The children are now the central focus of the system, and all of the professionals that interact with the child treat the welfare of the child as the first priority. In addition, the participating professionals recognize that the offenders must account for their behavior. Our coordinated approach caused area professionals to improve their skills. We capitalize on the limited flexibility of the criminal justice system and better accommodate the needs of the children. The current approach involved is designed not only for criminal justice purposes, but also for the benefit of the children."

I realize that the definition of who comprises a multidisciplinary team varies from community to community. For the purposes of this discussion, I am defining an “Investigative MDT” as consisting of prosecutors, law enforcement, child protective services and forensic interviewers. While there are others whose contributions are also a valuable part of the process, I am focusing on the *investigative* arm of the MDT.

In addition, I use the term “investigative interview” in place of “forensic interview” to mean those interviews conducted by or on behalf of law enforcement, child protective services and/or prosecutors for investigative and child protection purposes.

Standard #1

Multidisciplinary Teams shall have the ability to respond immediately to all forms of abuse, and the capacity to function 24 hours a day, seven days a week, 365 days a year.

It is the CAC and MDT coordinator’s primary responsibility to ensure and provide this service to the MDT. Today, most states have passed legislation mandating the multidisciplinary team approach to child abuse.⁷ This includes the legislative mandate requiring law enforcement and child protective services to jointly respond to serious (criminal) allegations of child abuse within hours of the initial report being made. This is not only critical to the protection, support and well-being of the child and family, but it is also critical to the success of the investigation to ensure investigative interveners are in the best position to access and evaluate all forms of evidence.⁸

The decision to conduct an after-hours response shall rest with the (High Functioning) Investigative MDT member, as it is their legislative responsibility to conduct these investigations.

Since reports made after hours are typically managed by an on-call rotation within law enforcement and child protective services, it is imperative that those who are on call are trained to respond to all allegations of child (sexual) abuse. On-call investigators should immediately contact the designated on-call MDT coordinator (i.e., forensic interviewer) to discuss arrangements for an immediate investigative interview. Other MDT members, such as the prosecutor, medical personnel, mental health provider and victim/family advocate should be available to consult and/or mobilize, as needed.

⁷ Jacobson, 2001.

⁸ See THE INVESTIGATIVE WINDOWS OF OPPORTUNITY (Detective Mike Johnson, 1999).

Likewise, where CAC services are available, investigative interviewing, family advocacy, medical exams, and mental health services should be accessible at the CAC within one to two hours of the initial outcry, 24 hours a day, 7 days a week, 365 days a year (see Standard #3). Many MDTs/CACs meet this standard by maintaining their on-call list at the local police dispatch, hospital emergency room, etc., as well as using cell phones and pagers for on-call personnel.

Standard #2

Investigative Multidisciplinary Team members must receive reports of abuse immediately after the victim's outcry.

In order to be able to respond immediately, investigative multidisciplinary teams must establish strong working relationships and open communication with youth-serving organizations (schools, daycares, churches) and collateral agencies (hospitals, clinics, therapy offices) mandated to report abuse.

Collateral professionals are instructed to not interview children. However, the amount and quality of information reported to the Child Abuse Hotline will have an impact on the type of response provided by Child Protective Services (priority system), which can result in a delay in the response to an outcry of abuse. These collateral professionals must be trained to gain enough information to make a quality report of abuse⁹ without tainting, hampering or impeding MDT intervention.

The highest functioning MDTs realize that Law Enforcement operates on a *Call Response* system, wherein a complainant calls 911 and a patrolman (first responder) is dispatched immediately, whereas CPS operates on a *Priority Response* system. Under the CPS system, a call is received at a county or statewide centralized intake facility, where it is prioritized (usually defined as a Priority One, Two or Three, with a Priority One requiring an immediate response) and sent (via fax, e-mail, phone notification, etc.) to a county CPS supervisor. This supervisor may have four investigative workers that day but may receive 24 referrals, ranging from a dirty trailer (neglect) to an infant in a neighboring hospital with a three-inch skull fracture. The CPS supervisor must triage the Priority One (immediate response required) referrals and dispatch a CPS investigator. As you can see, these two systems are wholly incompatible.

The attached chart, *Criteria for LE/CPS Investigative Response in Child Sexual Abuse Cases*, bridges the gap between the two systems and allows for an investigative needs-based response.

⁹ Victor I. Vieth, *Unto the Third Generation: A Call to End Child Abuse in the United States Within 120 Years (revised and expanded)*, 25 HAMLIN JOURNAL OF PUBLIC LAW & POLICY (2007).

It is further recommended that mandated reporters make the report to an established contact at the local Child Protective Services office, law enforcement agency and, where children's advocacy centers are available, a designee at the center, in addition to the Child Abuse Hotline. This will ensure a more thorough and expedient response from MDT investigators.

MDTs and CACs should create "speakers bureaus" to regularly conduct trainings and maintain dialogue with community youth-serving organizations and schools on the applicable laws for reporting abuse, abuse recognition, etc. Aside from putting a name and a face with the CAC/MDT representative, repeated discussions encourage professionals to not only report abuse, but also cooperate with MDT investigators during investigations.

Standard #3

MDTs must strive to conduct investigative interviews within one to two hours of the initial outcry.

No other area of the proposed Best Practice Standards has created more discussion than this. Prior to the advent of children's advocacy centers, MDTs and forensic interviewers, professionals in law enforcement and child protective services conducted interviews of children on a regular basis. The better investigators knew good child interview skills were important for child protection and case evaluation.

The advent of CACs and forensic interview programs has brought about a significant decline in law enforcement and CPS investigators conducting investigative interviews. Additionally, some national organizations and speakers campaigned that law enforcement and CPS workers lacked the proper education to conduct forensic interviews of children¹⁰. Thus, in some jurisdictions, law enforcement and child

¹⁰ See Psychology, Department of Faculty Publications, Department of Psychology, University of Nebraska-Lincoln, *Forensic Interviewing in Child Sexual Abuse Cases: Current Techniques and Future Directions* Cronch, Viljoen, Hansen 2006. "To avoid improper and clumsy interviewing, certain interviewer qualities are helpful. Wood and Garven recommend that interviewers have experience working with children, previous training in interviewing or counseling, a master's level education, the ability to establish rapport through warmth and friendliness, and the ability to take feedback constructively and change accordingly." And, "Forensic interviewers should possess the ability to establish rapport through warmth and friendliness, experience working with children, previous training in interviewing or counseling, training in child sexual abuse and child development, a master's level education, an objective and nonjudgmental stance toward interviews, and the ability to take feedback constructively and change accordingly (APSAC, 2002, Carnes, 2000 and Wood & Garven, 2000)." **Conversely**, see *Finding Words: Half a Nation by 2010* (APRI, June 2003). "*Finding Words* is a unique course because it was designed by and for the frontline child abuse professional. The course is offered to multidisciplinary teams that typically consist of prosecutors, law enforcement officers, child protection workers and forensic interviewers. The goal is to train these professionals to work together throughout the investigation, from receipt of the initial report to the interview of the child, and to prosecution when appropriate. . . We believe forensic interview training is most effective when teams, rather than individuals, receive instruction."

protective services have either not been allowed or have been discouraged from attending forensic interview training and conducting investigative interviews. For these reasons, few now have this skill and this, in turn, has created a dependence on the CAC's forensic interviewers, thereby causing the demand to quickly overwhelm the supply of available investigative interviewers. Other communities created forensic interview programs outside of law enforcement and child protective service investigators and children's advocacy centers. These outside forensic interview programs charge a per-interview-of-a-child fee to the CAC/MDT.

In a typical investigation not only does the primary victim need to be interviewed, but investigative best practice, case evaluation and assessment of risk requires that all siblings and collaterals be interviewed as well. Instead of increasing the number of forensic interviewers and/or increasing investigative interview locations, many CACs have implemented new policies and procedures for "triaging" the investigative interviews of children. These procedures are now in practice in many communities across the nation, and are frequently referred to as:

- minimal facts interviews
- cursory interviews
- preliminary interviews
- initial safety assessments

In many cases, an investigative MDT member conducts an interview prior to the investigative interview. According to Brad Russ, "Many MDTs are advocating that the law enforcement/child protective services team conduct what is known as a Minimal Facts interview initially, if needed, to establish probable cause to take a child into protective custody, but then schedule the child for a team interview conducted by an interview specialist".¹¹

Several investigative questions must be asked of this practice:

- How good is the quality of the untrained interviewer?
- Are we "documenting" this pre-interview?
- What happens when the child begins to disclose?
- Will there now be a delay in the forensic medical evaluation, the crime scene evaluation, the non-offending parent interview or the perpetrator interview?
- Doesn't this allow access of "others" interviewing the child, thereby promoting recantation?
- Doesn't this violate the CAC model and the Investigative Windows of Opportunity?
- Doesn't this violate the "interagency agreements" that were signed?
- By delaying the investigative interview (and therefore the onset of the investigation), are you now extending the length of the investigation?

¹¹ Personal communication, December 2003, as cited in Cross, 2005.

For these reasons, it is my recommendation that this practice should cease. A trained forensic interviewer should conduct the first interview of a child abuse victim, ideally at a children's advocacy center. The practice of conducting an interview of the child (by untrained first responders) prior to the investigative interview is contradictory to the CAC philosophy.

*"The primary goal of all CACs is to ensure that children are not further victimized by the intervention systems designed to protect them. Program objectives include. . .preventing trauma to the child caused by multiple, duplicative contacts with different professionals".*¹²

*"Child Advocacy Centers' number one goal is to reduce trauma to the child abuse victim by coordinating a child's interview to include professionals from multiple agencies, which can reduce the number of interviews and improve the quality of the investigation."*¹³

Once a child makes an outcry of abuse, several factors begin to occur that can undermine the investigative process.¹⁴ These factors include the process of multiple interviews conducted by untrained professionals, the family and the alleged perpetrator's possible access to the child, and the victim's feelings of responsibility for the resultant investigation once the child begins to realize the emotional impact their outcry has had on those around them.

When discussing and presenting on topics regarding the investigation of child sexual abuse, I have posed the following question to fellow investigators and practitioners working in the field: *"When is the best time to conduct an investigative interview of a child who has made an outcry of sexual abuse?"* According to Lamb and colleagues¹⁵, *"It is especially important to interview young children as soon as possible after the alleged or suspected events (as the passage of time may affect both memory and the susceptibility to suggestion)."*

However, "as soon as possible" can be interpreted in a number of ways, including: *as soon as* investigators are assigned a report of abuse; *as soon as* investigators make initial contact with the child; or *as soon as* an investigative interview can be scheduled at a children's advocacy center. On this point, I stand firm in my belief that every effort should be made to conduct the investigative interview of a child within one to two hours of the initial outcry of abuse (see IWOP). Within one to two hours is better than later in

¹² See THE CAC MODEL, http://www.nationalcac.org/professionals/model/cac_model.html (last visited Jan. 23, 2008).

¹³ Snell, 2003, as cited in Chandler, 2006.

¹⁴ See THE INVESTIGATIVE WINDOWS OF OPPORTUNITY (Detective Mike Johnson, 1999).

¹⁵ Lamb, et al, 2007.

the day, which is better than waiting until the next day, which is better than waiting for two days, and so on, and so on.

I further suggest that MDTs review state statutes regarding child protection, MDTs, and the investigation of child abuse. Some states, such as Texas, have instituted laws that permit transporting a child to a safe setting for the purpose of conducting an investigative interview in an effort to ensure the child's safety.¹⁶ This practice eliminates duplicative, contagion interviews of children (usually by the non-offending caretaker), which are destructive to the investigative process and can be traumatic for the child.

Delays in conducting investigative interviews can also be destructive to the investigative process (details of offense, identifying corroborative evidence, interrogation of perpetrator, etc.)¹⁷ Multidisciplinary team members across the nation have shared with me their frustration with their CACs "accepting referrals" and "scheduling appointments" from one day to, in many cases, over *two weeks* after the date of a child's outcry. Some CACs will only accept referrals for an investigative interview if the child has disclosed abuse to an investigator or a "reliable" source. Considering that research has shown that "children's disclosure of sexual abuse is a process, not an event,"¹⁸ it is critical that CAC protocol allows for investigative interviews of all reports of child sexual abuse, even those in which there is no active previous disclosure.

Decisions regarding when to conduct the investigative interview should rest solely with the Investigative MDT members, based on the investigative, protective and risk assessment of need.¹⁹

A simple solution to this dilemma is for the CAC to increase the number of interview rooms and/or increase the number of interviewers. I was most impressed by a CAC executive director who, when faced with the problem of not having enough space for the MDT to conduct investigative interviews, took my suggestion that the ED immediately move out of her office and allow the Investigative MDT to utilize the space for additional

¹⁶ See Texas Family Code Title 5, Chapter 261.302.

¹⁷ See THE INVESTIGATIVE WINDOWS OF OPPORTUNITY (Detective Mike Johnson, 1999)

¹⁸ Sorenson & Snow, 1991.

¹⁹ See THE APSAC HANDBOOK ON CHILD MALTREATMENT, SECOND EDITION (2002). Ken Lanning writes, "Law enforcement officers should take advantage of the skills and expertise of other disciplines in the interviewing process. If the primary purpose of an interview of a child is to gain investigative information, however, law enforcement must be involved. This involvement can range from actually doing the interview to carefully monitoring the process. Although there is nothing wrong with admitting shortcomings and seeking help, law enforcement should *never* abdicate its control over the investigative interview. . . Even if, for good reasons, an investigative interview is conducted by or with a social worker or therapist, law enforcement must be in control."

investigative interviews. Per the ED, “What better way to show the Board and community that we need to expand.”

It is the responsibility of professionals involved in the case to provide the most conducive situation for children to disclose. The interview before the investigative interview must be eliminated; it cannot possibly be construed as being in the child/victim’s “best interest.”

There should be no delay in conducting an investigative interview at a CAC or with a MDT when requested or needed by an investigative MDT member (law enforcement/child protective services).

There are exceptions to this rule, especially in cases where protective custody is a concern. In those situations (i.e., the interview setting is a “block” to the investigative interview), I recommend that, rather than conducting an interview before the investigative interview, the child should be taken directly to a CAC or child-friendly setting to be interviewed by a professional trained in investigative interviewing. If transporting the child or access to a child-friendly setting is not an option, a forensic interviewer should immediately respond to the location of the child and conduct the investigative interview on site (i.e., the emergency room or abduction/recovery location).

Standard #4

MDT communication must have leadership, structure and coordination.

In areas where CAC services are available, it is the responsibility of the CAC to coordinate MDT communication to better facilitate interdisciplinary response. According to the National Children’s Alliance (NCA) accreditation standards²⁰, CACs are required

²⁰ See NATIONAL CHILDREN’S ALLIANCE STANDARDS FOR ACCREDITED MEMBERS, http://www.nca-online.org/pages/page.asp?page_id=4032 (last visited Jan. 29, 2008). “The following program components are necessary for accredited membership in National Children’s Alliance: Child-Appropriate/Child-Friendly Facility: A Children’s Advocacy Center provides a comfortable, private, child-friendly setting that is both physically and psychologically safe for clients. Multidisciplinary Team (MDT): A multidisciplinary team for response to child abuse allegations includes representation from the following: law enforcement, child protective services, prosecution, mental health, medical, victim advocacy, Children’s Advocacy Center. Organizational Capacity: A designated legal entity responsible for program and fiscal operations has been established and implements basic sound administrative practices. Cultural Competency and Diversity: The CAC promotes policies, practices and procedures that are culturally competent. Cultural competency is defined as the capacity to function in more than one culture, requiring the ability to appreciate, understand and interact with members of diverse populations within the local community. Forensic Interviews: Forensic interviews are conducted in a manner which is of a neutral, fact finding nature, and coordinated to avoid duplicative interviewing. Medical Evaluation: Specialized medical evaluation and treatment are to be made available to CAC clients as part of the team response, either at the CAC or through coordination and referral with other specialized medical providers. Therapeutic Intervention: Specialized mental health services are to be made available as part of the team response, either at the CAC or through coordination and referral with other appropriate treatment providers. Victim Support/Advocacy:

to facilitate the MDT approach in communities served. However, NCA standards are somewhat flexible, with minimal guidance for CACs and MDTs in meeting this standard. In jurisdictions that do not have access to a CAC, it is the responsibility of a designated MDT coordinator to facilitate MDT leadership, structure and coordination.

With this in mind, it is important to clearly define the coordinated stages of the MDT process. Therefore, I recommend the following Best Practice in pre/post investigative interview meetings, the investigative interview, special case staffing, case review, and prosecutor-led MDTs:

Pre-investigative interview: Upon notification of an outcry or allegation of child sexual abuse, this first coordinated MDT meeting begins the investigation. Both law enforcement and child protective services must be present to share case information with other team members, especially the MDT coordinator and the forensic interviewer. Case information should include CPS history, criminal history, and the source and circumstances of the outcry. Other team members may be present at the discretion of the investigators. This discussion can take place in a hallway or via cell phone and is part of the evolving intervention.

Investigative Interview: It is critical that ALL investigators are present to observe the investigative interview as the interview takes place, since details revealed will need to be corroborated (investigated) as soon as possible (see attached Corroborative Points Investigative Technique for MDTs). It is important for investigators to observe, firsthand, the emotions and behavior of the child during the interview, as well as any sensory details the child may share. This also provides investigators the opportunity to ask questions and have input.

As part of their investigative interviewer training, forensic interviewers should have a working knowledge of all the petitions and warrants (search, arrest), as well as how the prosecutor will introduce the forensic interviewer and their interview (format) into evidence at trial. Having this knowledge will enhance the forensic interviewer's ability to properly craft questions.

Considerable research supports that interviews should be recorded on video or DVD. Interviews conducted in a supportive manner by

Victim support and advocacy are to be made available as part of the team response, either at the CAC or through coordination with other providers, throughout the investigation and subsequent legal proceedings. Case Review: Team discussion and information sharing regarding the investigation, case status and services needed by the child and family are to occur on a routine basis. Case Tracking: CACs must develop and implement a system for monitoring case progress and tracking case outcomes for team components.”

professionals who are trained in a researched-based forensic/investigative interview model are shown to elicit more accurate, detailed accounts of abuse.²¹

I recommend that all investigative interviews be conducted in the family-friendly setting of an established CAC.²² However, if a CAC is not available, MDTs should designate an alternative child-friendly space for properly documented (recorded on video or DVD) investigative interviews to be conducted.

Regardless of resources, all children must have access to a highly trained forensic interviewer who not only understands the research and practices of a nationally recognized forensic/investigative interview model (i.e., Finding Words - which is designed for MDTs to attend together, APSAC, Cincinnati Children's Trust, NCAC, or Poole and Lamb), but who is also comfortable talking with children in detail about the topic of concern.

Post-investigative Interview: This multidisciplinary discussion takes place after the investigative interview and allows the MDT to prioritize the next steps of the investigation (what needs to be completed and by whom).²³ Interview of witnesses, securing physical evidence, and making referrals for the forensic medical exam and therapy should all be discussed.

A MDT Corroborative Points model of investigation²⁴ helps focus the investigation and has built-in time periods of MDT accountability, thereby laying the foundation for effective investigation, intervention, support and child protection. Investigators are then ready to meet with the non-offending caregiver(s) to explain the next steps the MDT will take in the investigative process. The amount of information to be shared with the non-offending caregiver is at the discretion of law enforcement and child protective services investigators.

²¹ Jones, et al, 2005.

²² See Psychology, Department of Faculty Publications, Department of Psychology, University of Nebraska-Lincoln, "Forensic Interviewing in Child Sexual Abuse Cases: Current Techniques and Future Directions" Cronch, Viljoen, Hansen 2006. Whenever possible, interviews should be conducted in a safe, neutral, and preferably child-friendly environment, such as a Child Advocacy Center (e.g., APSAS, 2002, Carnes, 2000, Lanning, 2002, National Children's Advocacy Center, 2005a, National Children's Advocacy Center, 2005b and National Children's Alliance, 2003).

²³ *Id.* "A multidisciplinary approach to child abuse investigations is preferable when the option is available (e.g., APSAC, 2002, Carnes, 2000, Lanning, 2002, National Children's Advocacy Center, 2005a and National Children's Advocacy Center, 2005b)."

²⁴ See attached CORROBORATIVE POINTS INVESTIGATIVE TECHNIQUE (Detective Mike Johnson).

Special Case Staffing: Any member of the team can request this impromptu meeting when an individual case needs immediate attention and has exceptional elements (severe injury, fatality, multiple perps, multiple victims, multiple jurisdictions, child recants, etc.). Specific witnesses, resources or experts may be requested to attend. All MDT members and select collateral professionals should be present to discuss matters of concern and strategize a plan to proceed in the case. While staffings are coordinated by the MDT or CAC coordinator, Special Case Staffings shall be led by the prosecutor or the lead law enforcement or CPS investigator.

Case Review²⁵: These regularly scheduled meetings require attendance by all MDT investigative members involved in the case. During these case reviews all cases should be reviewed. This review process should not be limited only to major cases (i.e., those that have a high probability for entering the criminal justice system) or complicated cases. This staffing addresses the NCA standard to ensure that all professionals are on the same page and CAC resources are evaluated for each case. Case tracking forms are maintained, and each case will continue to be staffed or set for future staffings until MDT members agree to close it.

Prosecutor-Led MDT: Prosecutors are an integral part of the criminal/civil justice process. Not only should they be an active member of the investigative MDT by providing guidance during the investigation, they should also take a leadership role within the MDT.

My experience correlates directly with the American Prosecutor's Research Institute's text, *Investigation and Prosecution of Child Abuse*, which states, "Communities in which the prosecutor has taken a leadership role in designing the investigation process tend to be the same communities that have demonstrated the greatest success prosecuting child abusers...Because of the prosecutors' prominence in the charging process, they are in the best position to ensure the success of a coordinated approach."²⁶

²⁵ See 40 U. MIAMI L. REV. 209 (November 1985) Robert E. Cramer, Jr. "Recognizing that something had to be done, I redesigned the existing, ineffective approach to child sexual abuse cases in late 1981. I scheduled case review meetings more frequently (biweekly) and invited law enforcement detectives to attend from both the Huntsville Police Department and the juvenile unit of the Madison County Sheriff's Department. We designed forms for presentation of cases at the team review sessions. We documented all decisions, including referrals for therapy and recommendations for criminal prosecution. The cases were reviewed repeatedly to allow the team to develop a complete profile of the victim, family, and offender. . . Team review strengthened relations between the police detectives and the protective service social workers."

²⁶ See INVESTIGATION AND PROSECUTION OF CHILD ABUSE, THIRD EDITION (2004).

The prosecutor's role as the leader of the MDT includes being available for consultation during the pre- and post-investigative interview and throughout the investigation. The prosecutor should also lead case review meetings to direct and assist investigators in decision making, which will result in stronger cases for prosecution.²⁷

To be most effective, it is critical that prosecutors receive training alongside other MDT members to better understand the MDT process, the investigative and child protective systems, the dynamics of child abuse, and the importance of placing children first in all decision making with regard to child abuse cases.²⁸

MDT Coordination: If CAC services are available, it is the responsibility of the CAC to schedule investigative interviews and MDT meetings, as well as organize case reviews and special case staffings. If CAC services are not available, the prosecutor or a designated MDT coordinator is responsible for these efforts.

The MDT coordinator has the responsibility of scheduling staffings, any applicable documentation (see case tracking), and assuring that all resources are made available to attendees and the child/family. It is counterintuitive to have MDT coordinators or executive directors providing investigative or child protection advice/consultation to MDT investigative team members.

Facilitation of communication among MDT members, conflict resolution, and the ongoing evaluation of the MDT intervention process are critical to the success of an MDT. The CAC executive director, prosecutor or MDT coordinator should ensure that these standards are in place, and are a part of the CAC and MDT investigative protocols.

- - - - -

²⁷ *Id.* "The liability implications of active involvement in investigations mean that prosecutors must structure their involvement accordingly. Prosecutors have traditionally been afforded absolute immunity from civil liability for any actions "intimately associated with the judicial phase of the criminal process" (*Imbler v. Pachtman*, 424 U.S. 409, 430 [1976]). Legal advice concerning admissibility of evidence should fall within this category. Should the prosecutor lose absolute immunity, qualified immunity generally protects the prosecutor from liability unless the conduct was plainly incompetent or constituted knowing violation of the law. (see generally *Id.* At 430; *Burns v. Reed*, 111 S. Ct. 1934 [1991]; *Buckley v. Fitzsimmons*, 113 S. Ct. 2606 [1993]). Prosecutorial involvement in developing interagency protocols or providing consultation on child abuse cases should not subject prosecutors to civil liability. Know the law and custom in your jurisdiction, and if liability is a concern, discuss the issue with risk management personnel or agency counsel."

²⁸ See Finding Words' Child First Doctrine.

It is our responsibility as professionals in this field to implement Best Practice in conducting child sexual abuse investigations. If child protection systems do not provide trained professionals to be on call and we do not have the capacity within MDTs and CACs to accommodate children at the time of outcry, are we performing to the highest standards of investigative and child protection practices? Is the alternative to force abused children to disclose only when it is convenient for professionals who respond?

It is our responsibility to provide the best response possible to children in the most effective, supportive and expedient manner. Keeping in mind what practice, research and experience have taught us, these Multidisciplinary Best Practice Standards raise the bar to its highest level. They are achievable and, once in place, will make our admirable work much easier and, more importantly, will make the investigative process less traumatic for children. After all, wasn't this the intent of the visionary leaders of the CAC movement in the first place?

MORE TO COME. . . *Recommended Law Enforcement Caseloads. . . Advocate's Role in Investigative MDTs. . . MDT Roundtable. . . Forensic Medical Exam Referral for Investigative MDTs. . . Therapy for the Disclosing Child Abuse Victim. . . Training Requirements for Investigative MDT Members Prior to Assignment of Cases. . . Umbrella-based and Stand Alone CACs and MDTs. . .*

Criteria for Law Enforcement and Child Protective Services Investigative Response

	CRISIS CASE - ACUTE	CRISIS CASE - CHRONIC	DELAYED CASE
<i>VICTIM</i>	Emotions are high. Cooperation is high, depending on if the outcry was purposeful or accidental. Safety issues are prevalent and are more likely an issue.	Emotions are high. Cooperation is high. Safety issues may still be prevalent.	May have talked to multiple people, such as family, therapist, and the perpetrator. May be in various stages of recantation. May have experienced the non-offending parent's response and may be dealing with those dynamics.
<i>SUSPECT</i>	Not aware of allegation. Least likely to polarize, create an alibi, ask for an attorney, hide or destroy evidence. Highest probability for confession. Most able to be manipulated.	Not aware of allegation. Still least likely to polarize, create an alibi, ask for an attorney, hide or destroy evidence. High probability for a confession.	Aware of allegation. Has had time to polarize, create an alibi, ask for an attorney, hide or destroy evidence, pressure the victim to recant, manipulate the non-offending parent. Lower probability for confession.
<i>NON-OFFENDING PARENT</i>	Emotions are high. Cooperation is high to bring victim in for interview, statement, consent to search, and release information. Support for victim is optimal.	Emotions are high. Cooperation is high. Support for victim is optimal.	Has worked through numerous phases (i.e., anger at victim and suspect, rationalizing the suspect's behavior). May have misconceptions of the criminal justice system that have to be dealt with to gain cooperation.
<i>WITNESS</i>	Cooperation is high.	Cooperative.	May cooperate, but statements will not be as detailed.
<i>VICTIM INTERVIEW</i>	Highest probability for details to be given that can be corroborated. Iceberg Effect may be higher. Safety issues need to be considered by the interviewer. Essential to determine who was the initial outcry witness.	High probability for details to be given that can be corroborated. Iceberg Effect may be high. Safety issues need to be considered by the interviewer.	Defense mechanisms are in progress. Details may not be as clear. Safety issues need to be taken into consideration by the interviewer.
<i>MEDICAL EVIDENCE</i>	Highest probability for direct medical evidence (i.e., sperm, hair).	High probability for non-direct but supportive evidence (i.e., vaginal tear).	No direct evidence, but may have supporting evidence.
<i>CRIME SCENE EVIDENCE</i>	Highest probability that there is a crime scene and that evidence can be collected, such as panties, sheets, porn, etc. Highest probability to corroborate the victim's statement (i.e., the Vaseline is kept under the bed).	There may still be a crime scene, but it is more likely that it has been altered. May still be able to collect evidence, such as panties or sheets. More difficult to corroborate victim's statement as to location of items (i.e., the Vaseline is kept under the bed).	High probability that crime scene has been altered or no longer exists (clothing washed, furniture moved).

Corroborative Points Investigative Technique

The **Corroborative Points Investigative Technique** is not a departure from, but an addition to, the traditional *Who, What, When, Where, and Why* of an investigation. It seeks to place the investigator inside the mindset of prosecutors who are required to bolster (corroborate) every statement, element, and point made in the child abuse case. It is a multidisciplinary investigative team procedure for documenting details from a forensic interviewer for investigative follow up.

Corroborative Points have different “values.” Some, such as a detailed confession, can stand alone. Others, such as theme pornography, may not prove an offense, they are still supportive of the allegation. Better yet, *Constellations of Corroborative Points*, though individually circumstantial, can – and have – the ability to assist in making cases.

An investigator’s effectiveness is rooted in his ability to know and utilize the advantages and disadvantages of the techniques listed below and, with consideration of certain *Windows of Opportunity**, administer them in a **timely** investigative manner. Corroborative Points should be viewed the same way one views a carpenter and his tools: the more tools a carpenter has mastered, the more ornate the project.

Multidisciplinary skills-based training in our communities should focus instruction on these “skill sets.”

Below is a list of the more common areas of corroboration. A requirement for a corroborative points investigative team is a detailed forensic interview.

Corroborative Points

Confession	Canvassing
Crime scene	Trash runs/abandoned property
Medical examination	Social history
Independent other victims	Pornography
Dependent other victims	Background check
Criminal history	Other sexual partners
Pre-text phone calls	Photo documentation
Search warrants	Collateral witnesses
Sex offender typology	Polygraph
Private databases	

*See Investigative Windows of Opportunity