



NATIONAL  
CHILDREN'S  
ALLIANCE

**BEST PRACTICES FOR ESTABLISHING  
A CHILDREN'S ADVOCACY CENTER PROGRAM**

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FOR ESTABLISHING A CHILDREN'S ADVOCACY CENTER PROGRAM**

**Third Edition  
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**National Children's Alliance in Cooperation with  
the Regional Children's Advocacy Centers**

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## PREFACE

When society intervenes in family life because of child abuse, our goals are to protect the child from harm, to provide counseling for the child and family, to minimize any further trauma to the child, to protect society from the offender, and to hold the offender accountable for his/her actions. The complexity of these goals requires the involvement of many different community agencies and professionals. Generally, representatives from child protective services, law enforcement, prosecution, medical, victim advocacy, and mental health are called upon to respond to child abuse cases. Traditionally, each of the aforementioned agencies or professionals has different roles in the investigation and intervention process. Their efforts to fulfill those roles and achieve system goals often result in the re-victimization of the very child they are attempting to help. Today, however, Children's Advocacy Centers enhance coordination between community agencies and professionals involved in the intervention system. They promote better understanding of and respect for one another's roles and expertise, more informed case management decisions, and most importantly, a minimization of the trauma children can suffer following disclosure and the subsequent investigation and intervention process.

The first Children's Advocacy Center was established in Huntsville, Alabama in 1985 under the guidance and direction of then District Attorney, Robert E. "Bud" Cramer, Jr. This center was designed to re-focus attention on the child victim and to provide support for the non-offending family members. Following the founding of this first Children's Advocacy Center, hundreds of communities eagerly sought to follow its model. In order to respond to the innumerable requests for assistance, the National Network of Children's Advocacy Centers (now the National Children's Alliance) was formed in 1988.

Since these initial efforts, hundreds of Children's Advocacy Centers have developed across the country. While differences exist among these programs by sponsorship or model type, they are all child-focused, community-oriented, facility based, and are designed to improve the resources available to children and families and to enhance the coordination among the agencies involved in the intervention system.

Our first *Best Practices* manual was published in 1989, and since that time, Children's Advocacy Centers have grown and expanded to become a core resource for communities wishing to dramatically change their approach to child abuse cases. In *New Directions from the Field: Victims' Rights and Services for the 21<sup>st</sup> Century*, published by the Office for Victims of Crime, Department of Justice, the #1 Recommendation from the field for child victims states that "Communities should establish children's advocacy centers to provide child-friendly locations where abused children can receive the services they need to heal and provide information for the evaluation and investigation of their cases." This report further states that "One of the most important innovations of this decade in providing services to child victims has been the proliferation of children's advocacy centers.

Since the first *Best Practices*, we have updated and expanded the standards for full membership in National Children's Alliance. These standards are reflected in the body of this document and may also be obtained by contacting National Children's Alliance. A companion piece providing technical assistance related to achieving these standards is also available from the national office.

We hope that this manual will help you and your community develop a Children's Advocacy Center which will provide comprehensive services to children who are at risk of having been abused. We at National Children's Alliance in cooperation with our partners, the four Regional Children's Advocacy Centers, stand ready to help you achieve your goal. We all hope for the day when any child and community needing the services of a Children's Advocacy Center will have that service available.

## **OVERVIEW OF THE CENTER PROGRAM**

The National Children's Advocacy Center, which opened its doors in May 1985, came into being as an outgrowth of a task force convened by the District Attorney. The task force brought together representatives from child protective services, law enforcement, prosecution mental health and the medical community. This task force met regularly to define and refine professional roles in investigations and intervention in order to improve the system's response to child abuse, particularly child sexual abuse. Their efforts resulted in the development of strong working relationships with clear investigative guidelines for an intervention system designed with the child victim as its primary focus.

### **PURPOSE**

Children's Advocacy Centers (CACs) provide a child friendly environment designed to meet the needs of children who are alleged to have been abused. These programs provide support and protection for the child and the non-offending family members. CACs provide many services with the goal of providing the following coordinated services:

- Child and Family Forensic Interviews
- Investigation
- Mental Health Treatment
- Medical Services
- Prosecution
- Victim Advocacy
- Crisis Intervention
- Multidisciplinary Case Review
- Case Tracking
- Training
- Prevention Programs
- Child Fatality Reviews
- Community Education

### **PHILOSOPHY**

As with all successful programs, CACs operate on a core set of beliefs:

- The intervention system must be sensitive to the needs of abused children and their families and meet their needs by respecting the uniqueness of each child and family.
- Child abuse is a community problem. No single agency, individual or discipline has the necessary knowledge, skills or resources to successfully intervene in child abuse cases and to provide the assistance needed by the children and families involved in these cases.
- The combined wisdom and professional knowledge of child protective services, law enforcement, prosecution, medical, mental health and victim advocacy will result in a more complete understanding of case issues and the most effective system response possible.

## **GOALS**

CACs achieve their purpose by successfully accomplishing the following program goals:

- The development of a formal comprehensive, multidisciplinary response to child abuse which is designed to meet the needs of child victims and their families.
- The establishment of a neutral facility where interviews of and services for children who are alleged to have been abused may be provided.
- The prevention of further trauma to the child which may be caused by multiple, repetitive contacts with different community professionals.
- The provision of needed services to families that will assist them in regaining maximum functioning.
- The maintenance of open communication and case coordination among community professionals and agencies involved in child protection efforts.
- The coordination and tracking of investigative, prosecutorial, and treatment efforts.
- The development of information that may be useful in criminal and civil proceedings.
- The ability to hold more offenders accountable through improved prosecution of child abuse cases.
- The development of professional skills necessary to effectively respond to cases of child abuse.
- The development of community outreach programs to enhance the communities' understanding of child abuse.

## **PROGRAM DESCRIPTION AND COMPONENTS**

CACs provide a comprehensive, culturally competent, multidisciplinary team response to allegations of child abuse in a dedicated, child-friendly setting. The type of child abuse which programs address is decided on a community basis. Many larger urban centers provide services mainly to child sexual abuse victims. Other programs provide services to children who have been physically abused or may be victims of serious neglect. This decision must be made by consensus on the part of the team members, taking into account the size of the program and the number of individuals able to provide comprehensive, professional services within the CAC.

The team response to allegations of child abuse includes forensic interviews, medical evaluations, therapeutic intervention, victim support/advocacy, case review, and case tracking. These components may be provided by children's advocacy center staff or by other members of the multidisciplinary team. To the maximum extent possible, components of the team response are provided at the CAC (children's advocacy center) in order to promote a sense of safety and consistency to the child and family.

This multidisciplinary response is based on written agreements among the agencies involved in the intervention system. These agreements are based on the integration of services provided by the various agencies. The goal is to produce a comprehensive coordinated approach which best meets the needs of the child and family. While each agency (child protective services, law enforcement, prosecution, etc.)

maintains its legally mandated role for handling child abuse cases, these agencies modify their response using mutually agreed upon procedures.

No single model for an ideal multidisciplinary program exists, because each community's approach must reflect its unique characteristics. However, most communities have adopted a shared philosophy and goals similar to those listed above. This gives the different philosophies among interacting agencies a context that allows them to develop procedures for responding together to child abuse cases quickly and effectively. It also enables participating professionals to address, together, problems as they arise.

Although some aspects of a multidisciplinary approach to child abuse can exist without a neutral facility, a designated facility is fundamental to a CAC. The location should be separate from any agency involved in the intervention process. In addition, it should create a sense of safety and security for the children.

### **Program Components**

In order to meet the definition of a Children's Advocacy Center, a program must have the following components:

1. **Child-Appropriate/Child-Friendly Facility:** The children's advocacy center provides a comfortable, private, child-friendly setting that is both physically and psychologically safe for clients.
2. **Organizational Capacity:** There is a designated legal entity responsible for program and fiscal operations has been established and implements basic sound administrative practices.
3. **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.
4. **Multidisciplinary Team (MDT):** The 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.
5. **Forensic Interviews:** Forensic interviews are conducted in a manner which is of a neutral, fact finding nature, and coordinated to avoid duplicative interviewing.

6. **Medical Evaluation:** Specialized medical evaluation and treatment are 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.
7. **Therapeutic Intervention:** Specialized mental health services are made available as part of the team response, either at the CAC or through coordination and referral with other appropriate treatment providers.
8. **Victim Support/Advocacy:** Victim support and advocacy are 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.
9. **Case Review:** Team discussion and information sharing regarding the investigation, case status and services needed by the child and family occur on a routine basis.
10. **Case Tracking:** CACs must develop and implement a system for monitoring case progress and tracking case outcomes for team components.

### **Corollary Services**

Children's advocacy centers may provide services in addition to the required program components listed previously provided that such corollary services are compatible with, and supportive of, the children's advocacy center mission. Core program components must take priority, however, over corollary services.

While services for adult offenders may be part of a comprehensive response, such services may not be provided on-site at full member children's advocacy center. On-site provision of services for adult offenders is not viewed as compatible with the primary mission of physical and psychological safety for child clients, unless a plan for complete separation of children and alleged offenders is clearly articulated and adhered to.

### **BENEFITS**

CACs serve children who are alleged to have been abused as well as their families and the professionals working with them. As a result, the following benefits can be expected:

- The trauma experienced by children is reduced.
- During the investigation phase and throughout the intervention process, while maintaining their own roles and responsibilities, professionals are able to receive input from other professionals before making decisions regarding a case.
- Children receive prompt and ongoing services that are tailored to their specific needs and family situations.
- More non-offending parents are empowered to protect and support their children throughout the intervention process and beyond.
- Information on the status of cases is maintained in a central location, allowing their progress to be monitored and minimizing the possibility of cases "following through the cracks".

- More offenders are held accountable because of coordinated investigative and interview procedures.
- Additional specialized mental health treatment resources become available.
- Professionals gain a better understanding of and respect for each other's roles and expertise.
- Professionals receive specialized training through formal learning opportunities and are thus better able to meet the needs of abused children and their families.
- The decision to prosecute is based on input from the child and family as well as other professionals acting on their behalf.
- Allegations of abuse are more completely investigated, producing more usable information.
- False allegations are quickly and efficiently dealt with, creating safeguards for all involved.
- Cases are more quickly disposed of and are less likely to "fall through the cracks" in the system.
- The community is better educated about the problem of child abuse and the appropriate methods of responding to child abuse.
- Communities are better able to identify gaps in the system and are challenged to develop more resources for children and their families.
- Professionals interact regularly providing each other needed support and reducing burnout.

## **GETTING STARTED**

### **INTRODUCTION**

Participating in the development and implementation of a CAC will be one of the most difficult and yet rewarding experiences of your life. The primary purpose of this manual is to share the lessons learned by the people who have already established CACs. Knowing what those who now have successful, fully operational CACs went through, and resolved, will hopefully offer needed support when your program hits the inevitable rough spots.

This is not surprising. Think about it. When you have successfully implemented your community's CAC, you will have persuaded individuals from diverse professions and sometimes competing agencies that they can do their jobs better, and achieve more beneficial outcomes for children at risk of abuse by working together rather than separately. You have, in effect, changed your community's response to child abuse. While this is a formidable task, it is doable.

CACs come in all shapes and sizes. As of February 2000, there were more than 500 programs in some level of operation. Of these, 247 are full member programs and 90 are associate members. In addition, there are currently 26 chapters representing states and tribal entities.

The *Getting Started* section of this manual will walk you through the steps most communities have gone through in the process of establishing their CAC. It will also examine the topic of organizational development to:

- Give you a broader context in which to understand the importance of many of our very specific recommendations, and
- Reassure you that the dynamics that you may experience occur in the development of other organizations.

To facilitate the process of starting a CAC, it helps for all the participants, but especially the leadership, to understand what is happening in the context of organizational development. This awareness should enhance all stages of development, from the work of the task force, to building the team and center. Completing the goals of each phase helps provide a solid foundation for a well-run organization with strong community support.

## START-UP ISSUES

Communities must accomplish a number of steps in order to develop a collaborative approach to child abuse. The important steps are described below. It is important to follow these steps, as possible, to maximize your chances for success. But as noted before, the unique characteristics of your community may dictate modification of the process.

### **STEP 1: ESTABLISHING A WORKING COMMITTEE**

Many CACs begin with a concerned professional or community leader recognizing that the current manner of handling suspected cases of child abuse is inadequate and/or unsuccessful. Often one of these individuals will have heard about the concept of a Children's Advocacy Center, and would like others in the community to explore whether or not this concept has value for them. The first step, then, is to establish a grassroots effort to bring the various professionals and community leaders together to begin talking about the community's response to child abuse. The grassroots effort usually evolves into a Working Committee made up of key individuals representing the agencies and individuals charged with handling reported cases of child abuse. The call to convene this working group usually comes from someone who is respected in the community and has the "clout" to convene a meeting. This call may come from the prosecutor, the judge, the child protective services agency, the medical profession, or from other interested and concerned citizens, including other elected officials such as the Mayor or Member of Congress.

#### **Membership on the Committee**

Regardless of who calls the initial meeting, there are specific community systems that should be included on the Working Committee. Without the involvement and commitment of these agencies and individuals, a successful coordinated response cannot be accomplished. However, do not give up if some of these agencies or individuals are initially reticent about getting involved. As the move towards a community response grows, they can become more engaged.

- ❖ Child Protective Services
- ❖ Law Enforcement
- ❖ Prosecution
- ❖ Medical
- ❖ Mental Health
- ❖ Victim Advocacy

Additionally, it will become very important to have the support of and representation from:

- ❖ Education
- ❖ Rape Crisis
- ❖ Education
- ❖ Juvenile and Adult Courts

- ❖ Faith Community
- ❖ Respected business and community leaders
- ❖ City and county government
- ❖ Civic groups

When determining membership on the Working Committee, the following should be considered. Members should:

- ❖ Be drawn from all professions that respond to child abuse. They should be carefully selected based on their expertise and commitment to improving the system response.
- ❖ Be made up of the key decision-makers in each system. This is important because they have the power to approve the Committee's actions and their agency's participation in it.
- ❖ Include front line workers and supervisors. In many communities, the key decision-makers have designated middle managers to be responsible for implementing the goals established by the Working Committee. This works only if the middle manager has the authority and support from their agency to carry forth the goals established.
- ❖ Include community volunteers with an ability to raise the financial support that will be needed to put the goals of the Working Committee into operation.
- ❖ Include a balance of creative and pragmatic individuals as well as leaders and followers.

### **Size of the Committee**

The size of the Working Committee will vary depending on community needs and strengths and the concern and commitment of the agencies and professionals involved in child protection. Some communities have begun with small Committees with only representatives from child protective services, law enforcement, prosecution, the medical community, mental health and victim advocacy. Other communities have involved the entire spectrum of community services available to children at risk of abuse and their families.

### **Committee Facilitator**

The facilitator of the meetings should be someone with significant prestige and power in the community. The facilitator must be skilled enough to bring the requisite community representatives together and to build identity and commitment that will keep the group together. Remember that the agency that the initial facilitator represents is often perceived as the sponsor of the program that this may become a turf issue. In the development of CACs, facilitators have been prosecutors, child protective services supervisors, law enforcement officials, mental health professionals as well as community leaders. The facilitator's group process style should allow open discussion of everyone's feelings, ideas, and attitudes and then move the group toward reaching consensus on goals, objectives, and approaches.

## **STEP 2: INITIAL MEETINGS**

Without skillful handling, the initial meetings of the Working Committee can quickly become a gripe session that may deteriorate into blaming and finding fault by the agencies involved. Therefore it is critical that ground rules are set during the initial meeting which call for maintaining a clear focus on discussing the system's current approach to handling child abuse cases and the development of strategies to improve this approach. A good method for facilitating healthy and positive discussion is to ask each agency to identify the number of child sexual abuse investigations/interviews from the following year and bring these numbers to the team meeting. Each agency can be asked to discuss strengths or problems that may have arisen over the course of the year. It is absolutely essential to establish a focus for the committee that keeps the emphasis off of each organization's perceived deficits and directs the discussion to improving the system as a whole.

## **STEP 3: MISSION STATEMENT**

As the Working Committee continues to meet and to refine its agenda, a next important step is the definition of the Committee's Mission. The development of the Mission Statement will help identify the goals and objectives of the Working Committee. The Mission Statement should be simple and understandable and should be no longer than one paragraph. In developing the Mission Statement, the areas of agreement and disagreement as to the overall purpose of the Committee should become clear. The most important aspect of the Mission Statement is that it will clearly articulate the goals and objectives of the Committee. From this statement will flow everything else the Committee does.

### **Needs Analysis**

To develop an effective Mission Statement, the Committee must first determine the incidence of child abuse in the community. A summary of each participating agency's cases should be gathered, including the numbers of child interviews and places where these interviews occurred. This information will provide the necessary data to determine the areas of work the Committee will want to consider and may offer valuable insights into the severity of the child abuse problem in the community.

A helpful approach in developing an assessment of the reality of child abuse investigations and interventions in the community is to follow several cases and the steps that were taken along the way. In developing the first Children's Advocacy Center in Huntsville, professionals charted an actual child sexual abuse case through each step of the intervention process. At the conclusion of the process, the Committee was able to easily see how many times the child had been interviewed, how many needless replications of effort were made, and all of the possible times when the child was potentially re-traumatized by the very systems attempting to help. This exercise also helps to point out the times when the systems failed to communicate in the best interest of the child and the professionals involved.

After determining the number of cases served, etc., the next task is to examine which cases the Working Committee wants to address. The Committee may want to only focus on child sexual abuse cases because of the numbers of these cases in the community, or the Committee may believe that it can tackle severe physical abuse cases as well. The important caveat here is to start with a manageable caseload and work from there. It is always easier to add the types of cases you serve than to stop seeing some type of case because the numbers were too overwhelming. The decision of what type of case and the age of the children to be seen rests with the Working Committee which must come to consensus on this issue.

A more in depth guide to needs assessment and feasibility is available. “Developing A Children’s Advocacy Center: Four-Step Methodology” which was produced by the Northeast Regional Children’s Advocacy Center can be obtained at no cost from National Children’s Alliance. This guide takes a community through Four Steps: Needs Assessment; Feasibility Study; Work Plan; and Evaluation.

#### **STEP 4: DEVELOPING INTERAGENCY AGREEMENTS AND PROTOCOLS**

Successful community coordination in cases of child abuse requires an agreement among the leaders of the key participating agencies on the intervention process and the roles and responsibilities of the different professionals/agencies. This is best accomplished through the development of an Interagency Agreement. An Interagency Agreement is a written agreement signed by the heads of the appropriate participating agencies that establishes and formalizes cooperation among the involved agencies. The purpose of the Interagency Agreement is to coordinate intervention in child abuse cases in a manner that lays out an intervention process that preserves and respects the right and obligation of each agency to pursue its own mandate and at the same time allows them to work together on behalf of abused children and their families. Interagency Agreements establish and formalize cooperation among the agencies involved in the community’s intervention system by defining a coordinated system’s response to cases of child abuse. Equally important, it helps to solidify the commitment to a multi-disciplinary coordinated team approach that is at the heart of the Children’s Advocacy Center model. The signed Interagency Agreement may begin as a brief letter committing cooperation from the key agencies involved (SEE APPENDIX A). Eventually, the team will need to formalize their understanding of the process to be undertaken at the CAC in a more formal Protocol. This Protocol will be detailed and will delineate the specific steps/tasks in the intervention process, defining the scope and breadth of the CAC, and clarifying, individually and collectively, the roles and responsibilities of participating agencies. SEE APPENDIX B).

The Working Committee is in an excellent position to draft the Interagency Agreement and Protocol. Its members have an understanding of the problem of child abuse in the community, knowledge of their individual agencies, and a clear vision of the proposed CAC program.

Developing the written Interagency Agreement is an effective means of moving the Working Committee from the conceptual stage to action. Drafting the Agreements provides an opportunity for negotiation as well as for learning. As each participant in the process details their agencies activities and the ways these activities may be combined, they are teaching each other about their own work, and may begin to see many of the areas of commonality as well as difference. The Working Committee should use a consensus approach, rather than a majority rule model. The consensus approach results in agreement from all participating agencies, rather than there being “winners or losers” which will fail to gain commitment from all of the participants. Negotiations should continue until all the key parties are satisfied and invested in the success of the Agreement.

It is important to anticipate and acknowledge that when drafting the agreement each participating agency will be afraid of sacrificing its autonomy. They may perceive the agreement as a tool for one agency to dictate the conduct of another. These concerns must be addressed openly and directly. This is vitally important because many communities begin to experience significant turf battles at this point in the process. It is essential to proceed carefully and involve key agency representatives when developing the agreement. This process can facilitate commitment if all agencies believe that they have been heard and that their rights, needs and mandates are respected and addressed in the agreement. It is also important to keep agencies focused on the mission and goals of the Working Committee.

The importance of regular meetings and open communication while drafting the document cannot be overstated. An environment that fosters trust and open communication is a key ingredient to successful negotiation of an Interagency Agreement. The professionals involved should strive to create a climate where all committee members can openly discuss their concerns and reservations without repercussion. Only when the concerns of those involved in the process are discussed, can the full Working Committee adequately address those issues.

## **STEP 5: GAINING COMMITMENT FOR THE AGREEMENT**

Once the preliminary agreement has been developed, the next step is to obtain formal commitment to it from the participating agency administrators. It is important to keep the key agency administrators who have policy or financial decision making authorities over the process well informed of the development of the agreement. It is important to remember that even if a policy maker supports the program, if the program is dependent on additional or reallocated funds, it will be necessary to include the agency's fiscal agents also.

The individual who possesses the most influence over the professional community, perhaps the Working Committee facilitator, is the most effective advocate for the agreement. Oftentimes the facilitator will work in tandem with those within the agency advocating for the agreement. When marketing the Interagency Agreement and subsequent Protocol, the need for the CAC approach must be demonstrated. It is

persuasive to show the local scope of the problem and the inherent shortcomings in the current system's response to child abuse. Empirical data on the number of cases reported, the number of cases referred for court adjudication, and the cases where there is not a satisfactory resolution can be presented as a compelling demonstration for the CAC approach. Also, highlighting a particular case as it progressed through the system in flow chart format can persuasively support the need for a coordinated systems response. Combining this flowchart with the costs involved in duplicative interviews and repetitive processes can also be used to sway those who are drawn more by the financial savings involved to support the project.

### **Preparing a Written Report**

After securing written approval of the Interagency Agreement by the directors of the key agencies, the Working Committee's next essential task is to draft a written report describing how the Committee will go about achieving its mission, goals and objectives. The report should define in detail what the Committee wants to achieve and the methods it will use to accomplish its purpose. Preparing this document builds consensus and refocuses the group's attention on "where do we go from here". By this point, it is hoped that the Committee has determined that the establishment of a Children's Advocacy Center is the best possible method to provide a coordinated community response to child abuse.

## **ORGANIZATIONAL DEVELOPMENT**

CACs can take years to develop. Communities begin with a vision of how to improve the services to children and their families. In time this vision takes root, grows and matures; buildings are built or renovated, collaborative procedures are developed around investigations and interviewing, information is shared, cases are reviewed and tracked, coordinated services are made available.

To facilitate the process of starting a CAC, participants, especially the leadership, should understand what is happening in the context of organizational development. This awareness will enhance all stages of development from the work of the task force to building a team, from developing a communications network to evaluating specific programs. Completing the goals of each phase helps provide a solid foundation for a well-run organization with strong community support.

**The Start-Up Phase** is where a task force conceives the purpose and mission of a future CAC, a team begins to lay out a public relations campaign. The goal is to establish operating norms, to identify the people and financial resources needed to begin the task and to push toward the development of a mission. The challenge at this point is survival. In this phase, there will be a high degree of uncertainty. Emotion and ambiguity characterize the informal structure of this stage. People are filled with enthusiasm and hope, as well as fear regarding their roles and responsibilities. They look for reassurance that their contribution will be useful, and that the goals of the group connect to their own sense of self. Committee members need to be oriented to the task and will experiment

with methods of working together. Various concerns are consciously and unconsciously expressed during this phase. People want to know what is expected of them and try to uncover any hidden agendas.

Flexible leadership is required at this stage. The leader should be a person(s) who is perceived as a neutral party, who has the ability to manage and facilitate the various power centers and who can support members through the ambiguity of developing a group identity. If it is a task force coming together to start a CAC, the group needs to spend time gaining insight into the culture of each agency and how each agency defines the problems in the system. They need to talk to each other about the legal and bureaucratic limitations under which they operate. The leader must set the tone of a listening and learning environment to allow for full disclosure and for building trust. A discussion about confidentiality requirements and information sharing is important at this stage. Structural issues that will give the group some form also have to be discussed and implemented: record keeping, distribution of minutes, meeting schedules, evaluating the progress of the task, accessing the necessary resources to do their work, and finally, as this phase comes to closure, the writing of the vision and mission statement. If this phase is done well, and the critical tasks are performed, a group identity should begin to emerge. The task force can move with confidence to the Structuring Phase.

Short-term decision-making, confronting conflict, and long-term planning characterize **the Structuring Phase**. It is oriented toward the future implementation of the vision and mission of a particular program, project, or organization. Gathering written information and videos from other CACs and from National Children's Alliance as well as visiting different model programs is very helpful at this stage. It gives the group a picture of operational CACs and provides a backdrop for clarifying specific problem areas and prioritizing where the committee or task force should best spend their decision making and planning energy.

The activities of the task force/committee during this phase is focused on developing a structure where the impact of adopting a particular CAC model, starting a specific program in the CAC or publicizing certain activities can be thoroughly examined. It is the phase where committee members must reach agreement on the decision making process and where there is enough trust in the process to confront conflicting philosophical and legal viewpoints. It is a time when subcommittees develop a long-term programmatic concept and decide on the mechanics for circulating drafts of their work and where everyone understands the difference between consensus building and decision making.

Visionary leadership is necessary at this stage. The leader or facilitator (or chair if the committee has become a task force) must have the capacity to synthesize and articulate a clear picture of how the various agencies can work together under the umbrella of a CAC. Leadership must also articulate possible strategies for achieving this goal and yet support the discomfort some task force members will feel as the decision making and planning process becomes more concrete. If a work group or team

accomplishes the tasks of this phase, there should be common agreement about how to move forward. The committee is maturing and moving into the Cooperation Phase.

In the **Cooperation Phase** of development the pace quickens, and the work of the task force/committee moves into full gear. It is characterized by more interaction among the various players and agencies and requires more attention to the details of communication, coordination, collaboration, negotiation, and networking. In communities beginning a CAC, people inside and outside the system will have access to appropriate information and become part of the process. This will minimize some of the new barriers that tend to arise at this stage of development by people who were not involved in the initial planning process or whose positions might be affected by anticipated changes.

The task during this phase is to develop an internal coordination and communication network, so that misinformation is kept to a minimum. In addition, the group must concentrate on sorting out their priorities so that human and financial resources are apportioned in the right direction. This is just as important to the work of committees or teams as it is to a large task force. Regular meetings among key players not on a committee, written communication of key decisions to each member or agency, and periodic interagency information meetings are some methods of keeping the communication lines open and accurate. In starting a CAC, it is an important time to build on the group's enthusiasm for the project by increased networking with the wider community. Representatives from each agency can be involved in this process through a speaker's bureau, school forums and participation in community events. Groups should consider hosting a fun social event during this stage of development.

In this phase leaders must be creative, have good listening skills, be communicative, enjoy coordinating diverse groups of people and know how to build a cooperative and harmonious climate. They must possess excellent problem-solving skills and a clear sense of priorities. They need to be able to negotiate agreements with individuals, team members, agency heads, and community leaders. These qualities need not be embodied in one individual. Several people on a task force or a committee can fulfill the necessary leadership functions during this phase. Successful completion of this phase is reflected by ongoing communication and collaboration, increased ability to problem solve, appreciation for the skills members bring to the group, growing sense of trust and concrete plans or how programs or ideas will be implemented.

**The Productive Phase** will move more slowly than the previous one and is characterized by a more rhythmic pace. The primary task can be as large as implementing the general CAC plan, to developing a volunteer program, to adding a specific program component, to integrating a data collection system. It is oriented in the present and focuses on giving everyone as much as they need to work together delivering good services. Deadlines are required to accomplish the limitless amount of work. For CACs that are just getting started, the details of the building and staffing a facility to the designing of forms and finalizing operational procedures and protocols require

disciplined execution. This will require training and a support system, so people learn to pace themselves to avoid undue stress.

Leadership during this phase is managerial and administrative and reflects a quieter style. Unlike the previous phase, individuals who take leadership roles at this time need to be practical, reliable, and detail oriented. They must focus on getting a smooth operation running. They need to give recognition to team members and build in a process where everyone feels a sense of satisfaction about the tedious tasks they accomplish. These are usually people who have a storehouse of knowledge and experience to work with problems and who know how to get and give group support. Effective completion of this phase will insure a smooth running center, well-integrated programs and movement toward positive interaction between individuals, groups, teams, and agencies.

**The Completion Phase** focuses on evaluating the implemented goals of the previous phases. It is the slowest phase and is characterized by precision. The focus can be from examining the quality and value of a particular program, interagency cooperation, the board, to the whole organizational operation of a center. It is time to reflect on how well the organization or program fulfilled the initial vision and mission. It involves an ongoing conversation about the values of a CAC and can inspire people to work toward high performance standards. It is oriented toward the past with a view toward future possibilities. It validates programs that work and the people who implemented them and provides a method of eliminating what is not valuable. Methods of evaluation vary. There are some CACs that employ an evaluator to monitor their program from the beginning. Some programs build in informal data collection systems and analyze the data as a team. Others are required to undergo an independent evaluation as part of their funding contract.

Leadership in this phase is evaluative. It requires a person or persons who are precise, analytic and incisive. They are concerned with the greater good and ask questions such as “Are we doing this well? Should we continue or eliminate it?” By measuring for quality, this phase will lead toward improving, changing, and possibly expanding programs. It closes this five-phase cycle and provides the information to move toward a new level of development that will, based on the Completion Phase, focus on different issues and problems. If done well, the organization or team will feel validated for their work, ineffective programs will be eliminated or changed. The completed task in this phase is the basis for renewed personal and group resources to begin a new cycle.

A much more in-depth look at the organizational development needs of CACs can be obtained from National Children’s Alliance. *Organizational Development for Children’s Advocacy Centers* was written by the Western Regional Children’s Advocacy Center and is available through NCA at a cost of \$25.00. This manual was developed to assist communities in meeting the challenges of establishing and sustaining a Children’s Advocacy Center by providing information on : Collaboration; Planning, Board Development; Volunteer Management; Public Relations; Resource Development; Financial Management; and Evaluation.

## **TURF ISSUES**

Turf issues will inevitably arise when work begins on a multidisciplinary response to child abuse. Turf issues are the result of each agency or professional group's identification of its own mandate, and the concerns that somehow the cooperation that is being sought will negatively affect this mandate. Turf issues will surface throughout the development and operation of the CAC.

Turf issues normally first arise during the development of the Interagency Agreement, particularly as agencies and professionals begin to commit to tasks and responsibilities in writing. The important dynamic with turf issues is to recognize and confront them as they occur. Understanding why these issues have come to the forefront is key. Some of the more common problems encountered include:

- ❖ Police/prosecution philosophy is different from the CPS philosophy.
- ❖ An orientation towards treatment versus punishment.
- ❖ Lack of mutual respect among the participating agencies.
- ❖ Lack of commitment from a key agency.
- ❖ Lack of clarity in role definition and responsibilities.
- ❖ Lack of training in the complex issues of child sexual abuse.
- ❖ Inadequate personnel resources to do what has been agreed to.
- ❖ Lack of community resources.
- ❖ Issues of confidentiality.
- ❖ Issues around use of the facility.
- ❖ Difficulty in gaining funding to support the various agencies.

### **Dealing with Turf Issues**

In dealing with turf issues, the best plan is to develop strategies early on, which will minimize the possibility of turf issues arising. Among these strategies are:

- ❖ Ensure that there are regular meetings of all agencies and professionals involved in the Working Committee and the CAC. In these meetings it is important to have a time set aside for discussion of any concerns that may have arisen since the last meeting.
- ❖ Create an atmosphere of openness and trust that will enable professionals to raise their concerns. Occasional social events allow all team members to begin relating to each other as human beings rather than through a professional identity.
- ❖ Make certain that each agency has an opportunity to provide input into the decision making process of the Committee.
- ❖ Through the negotiation of the Interagency Agreement, expect turf issues to arise and be vigilant about recognizing these and addressing them immediately.

When turf issues do arise, an open and honest discussion will typically lead to an acceptable conclusion. When an acceptable conclusion is not reached, refocusing the discussion on the common goals may help to work through the issues. If a turf or other issue cannot be resolved by the Working Committee, other avenues may need to be pursued to insure that the issue does not jeopardize the overall goal. Among the possibilities for going beyond the Committee to work through these issues are:

- ❖ Call for a private meeting to discuss sensitive issues. This meeting might be between the parties who are “stuck” and the facilitator/leader.
- ❖ Bring in someone with skill in organizational development to help guide the Committee through a solution-building process.
- ❖ Bring in a trainer who can model the appropriate behavior. Often professionals need to hear the information from someone from their own profession. Contact National Children’s Alliance or your Regional Children’s Advocacy Center for the name of an appropriate police officer, prosecutor, therapist, victim advocate, or social work model.
- ❖ Provide training to the Working Committee, either on or off-site by someone knowledgeable in the workings of the CAC model.
- ❖ Contact your Regional Children’s Advocacy Center for help. They may provide you with on-site consultation, or may refer you to a nearby community that has successfully worked through this issue.
- ❖ Provide opportunities for cross training so that one discipline can learn about another and perhaps what their fears or concerns might be.

### **Handling Turf Issues as the Program Becomes Operational**

As each CAC moves into its facility and hires staff, a new set of problems may arise. The focus generally is on getting agency personnel to use the facility and implementing the procedures designed for its use, i.e., reviewing cases, transporting children to the facility to be interviewed, determining who is best to conduct the interview. At this point, the professionals have to begin actually doing their jobs differently and must begin implementing and refining interagency working relationships. At this point, all those involved in this program will begin to feel some pressure. Even dedicated personnel who have worked long and hard to establish the program will be tested.

Once the program becomes operational, new challenges and potential turf issues may arise. Therefore it is important to allow time during regular case review meetings for the professionals to discuss their issues. These issues may have not been foreseen before the opening of the Center or may just be a fact of having to work in such close proximity with professionals from other walks of life. Working through this stage requires a group of committed professionals. All professionals, especially new program staff, should emphasize patience, flexibility and determination. This is not the time for dictatorial

leadership, but rather a time for open discussion of issues and concerns while reinforcing common goals and involving all parties in the decisions that affect them.

## **PARTICIPATING AGENCIES**

Once commitment has been gained for the Interagency Agreement, and a plan has been established to meet the Working Committee's mission, goals, and objectives, the Working Committee is ready to launch the development of its Children's Advocacy Center. The core component of a CAC is its professionals and the agencies they represent. Effective CACs capitalize on the expertise each discipline can bring to the Center. A successful multidisciplinary approach respects and builds upon the different and complementary knowledge and skills of the professionals involved in the investigation and intervention process. Personnel chosen to work in the CAC should have a willingness to work with child victims and have received training that has provided them with information regarding:

- Child development;
- The dynamics of child abuse;
- Interviewing skills;
- Investigative techniques for interviewing children and non-offending family members;
- Investigative techniques for interviewing alleged offenders and evidence collection.

The knowledge, skills and resources each professional contributes to the program are described below:

### **Child Protective Services (CPS)**

CPS caseworkers and supervisors should have:

- ❖ Knowledge of child development and family systems.
- ❖ A child protection orientation.
- ❖ Experience in interviewing children.
- ❖ Ability to assess the level of risk to the child and determine the child's safety in the home.
- ❖ Knowledge of the civil and criminal court process.
- ❖ Ability to engage families in a working relationship in the intervention process.
- ❖ Knowledge of and referral to community resources (such as domestic violence shelters and support programs) which help children and families.

### **Law Enforcement**

Law enforcement personnel should have:

- ❖ Knowledge of criminal law, elements of crimes, and the criminal justice system as it relates to child abuse.
- ❖ Ability to conduct effective investigative interviews of the child, family, offender, and other witnesses.
- ❖ Ability to gather evidence for prosecution (knowledge of witnesses, crime scene preservation and investigation).

- ❖ Ability to evaluate investigative information to determine whether and when to arrest the offender.
- ❖ Ability to provide protection during the intervention process.
- ❖ Sensitivity to complex child abuse issues.

### **Prosecution**

Prosecutors should have:

- ❖ Understanding of the juvenile and criminal court process.
- ❖ An ability to manage criminal cases to minimize the trauma to the child victim and family.
- ❖ An ability and willingness to provide legal consultation to law enforcement, CPS, medical and mental health professionals related to the child abuse cases.
- ❖ Information regarding criminal court status.
- ❖ The authority to leverage cooperation among community agencies.
- ❖ An ability to comfortably interact with and interview children.

### **Medical**

Health care professionals should have:

- ❖ Experience in forensic medical examination, evaluation, diagnosis and treatment of the child victim.
- ❖ The ability to gather evidence during the forensic medical examination.
- ❖ An ability to interpret medical evidence to other professionals and to the Court.
- ❖ An ability and willingness to provide consultation with the other professionals involved.

### **Mental Health**

Mental health professionals should have:

- ❖ Knowledge of child development and family systems.
- ❖ An ability to interpret victim, non-offending parent, and offender behavior.
- ❖ Experience in interviewing child abuse victims.
- ❖ An ability to assess and treat children, non-offending family members, and offenders.
- ❖ An ability to evaluate the emotional condition of the child.
- ❖ An ability to provide support for the children and families during the intervention process.
- ❖ Knowledge of state of the art research and literature.
- ❖ An ability to testify knowledgeably in Court.

### **Victim Advocates**

Victim Advocates should have:

- ❖ Knowledge of the criminal justice system.
- ❖ Knowledge about victim's compensation and other community resources and an ability to secure assistance for children and their families.
- ❖ A good working relationship with the prosecutor.

- ❖ Contact with and support for the child and family during their involvement with the Court system.

## **CHILD APPROPRIATE/CHILD-FRIENDLY FACILITY**

Many of the components of a CAC can be developed and implemented successfully without a freestanding children's facility. However, the concept of a CAC requires a child-focused, child-friendly facility that is physically and psychologically safe for child clients. The CAC should maximize the separation for children from alleged offenders to the greatest extent possible. To maintain the child focused nature of CACs, the facility should have the "offices" of the intervention system apart from the waiting areas, interview rooms, and other areas where children will be while at the CAC. The entire Center should be designed to create a sense of safety and security for children.

The ultimate goal of a CAC is to provide a safe, comfortable, and convenient place where interviews can be conducted and services provided for the child and non-offending family members. Over the past few years, more and more CAC programs are now moving to the co-location of the team staff. In some more urban areas, this co-location has meant that the entire CPS and law enforcement units responsible for child abuse investigations are actually housed at the center, with other staff also co-located as appropriate. This "under one roof" idea has arisen from the demand of team members to have greater access to the multi-disciplinary team members as well as to the services and support of the CAC staff and facility. In other communities, "under one roof" might mean one or two CPS staff, one or two law enforcement personnel, a designated prosecutor, and the forensic medical examination unit are all housed at the CAC.

### **Specific Uses of a Children's Advocacy Center**

- ❖ Interviewing child victims and witnesses.
- ❖ Interviewing non-offending family members.
- ❖ Providing a location for the forensic medical examination.
- ❖ Providing assessment and mental health treatment for children and non-offending family members.
- ❖ Providing on-site consultation for team members.
- ❖ Conducting multi-disciplinary team case review meetings.
- ❖ Conducting Board of Directors meetings.
- ❖ Providing a place for liaison staff to work.
- ❖ Providing a place for interagency meetings.
- ❖ Providing a consistent, comfortable place for all personnel to be introduced to the child.
- ❖ Providing a place and a process to prepare children and their families for court.
- ❖ Providing a place for children and witnesses to wait prior to a court hearing.

Other uses for a CAC might be:

- ❖ To provide a place for victims' groups or parents' groups.
- ❖ To provide a place for Court School activities.
- ❖ As a place to conduct Child Fatality Review Team meetings.

- ❖ As a location for training.
- ❖ As the site for all committee and Board meetings associated with the CAC.

### **Planning the Children’s Advocacy Center Facility**

In planning the CAC, all professionals who will be involved in the program should provide input into the creation of this facility. This is an important strategy because the professionals will have greater investment and commitment to the CAC if they are involved in the decisions necessary to develop it.

The planning should begin with the Working Committee. Many communities eventually form a Facility Committee to handle the many details related to acquiring a home for their CAC. When planning the facility it is important to plan for the long-range goals of the CAC. While some programs exist in temporary facilities while acquiring their future site, most CACs run out of space much more quickly than they would have ever dreamed possible. Many of the CACs that were formed in the early 1990’s have already added substantial additional space through finding a new facility, renovating their current facility, or building an adjoining additional building. The need for more space inevitably arose from adding new programs or co-locating staff of the participating agencies. When planning the facility, consider where the Committee wants the CAC to be in five years, and, if possible, plan accordingly.

There is no “right” building structure, design or decorating scheme for a facility. The most important aspects are that the Committee has agreed that this is the best location for the facility and that it is convenient to the team members, the courts, and to the children and their families. The Center should reflect the community and the children and families it will serve. Care should always be taken to insure that the Center is culturally appropriate and comfortable for those who will use it, especially the children and families.

### **CENTER DESIGN**

Every Children’s Advocacy Center should have the following areas, at a minimum.

- ❖ Waiting rooms for children and their families.
- ❖ Safe play areas for children.
- ❖ Investigative interview rooms.
- ❖ Separate offices for treatment staff (if treatment is offered).
- ❖ A conference room to be used for team review and meetings.
- ❖ Office space for the staff using the Center.
- ❖ Kitchen and bathroom facilities.
- ❖ A private entrance for CAC staff and the investigative team.
- ❖ Parking accommodations (including handicapped spaces).

## **Waiting Rooms**

The CAC should have a reception and waiting room large enough for several children and their families. This will allow children and families a degree of privacy during the sensitive waiting period before the interviews take place.

There should be a receptionist to provide a feeling of welcome to the children and their families. A receptionist (either paid or volunteer) can ensure a careful and planned placement of children and their families. The receptionist can also escort people to their destination in the facility, preventing unauthorized people from wandering unescorted in the facility.

Since the waiting room will probably be the child and family's first contact with the CAC, it is important that it offer a pleasant and safe environment. If possible, young children and adolescents should have separate waiting rooms. Having a separate play area for children may enable the professionals to have an opportunity to observe their behavior and play prior to the interview. Moreover, it is important to keep teens and young children separate because of potential issues of prior abuse. It is also important to respect the adolescents' developmental need to be treated differently from small children. Adolescents will typically be more comfortable in an area that offers reading materials, a television or computer with age appropriate games available. Design features such as doorways without doors and glassed in areas will make the room seem more airy and will also allow the child to see what is going on around them.

The waiting areas should be at some distance from the interview rooms. Many children feel uncomfortable being interviewed in rooms that adjoin the rooms where they know their parents or caretakers may be waiting.

## **Interview Rooms**

Of all the rooms in the CAC, none play a more crucial role than the interview rooms and viewing areas. Each CAC should have several interview rooms to accommodate the needs of pre-school, school age, and teenaged children. The interviewing rooms should have decorations which are culturally and age appropriate, and should be outfitted with two-way mirrors as well as video and audio taping equipment.

In planning the interview rooms it is important to consult with the prosecutor and the interviewers to determine what materials should or should not be present in the interview room. Some CACs have interview rooms with only a single Plexiglas table and two chairs, while others have many interviewing aids such as drawing materials, anatomically detailed dolls, etc. These decisions must be made at the local level.

The interview rooms should be designed for the use of cameras and microphones, as well as two-way mirrors. Even if the CAC team has made the decision to not videotape in the beginning, the design should allow for a change to videotaping or closed circuit monitoring in the future. A viewing area and/or videotaping area should adjoin the interview room to allow other professionals to observe the interview. With proper design, one control room may be used for viewing several interview rooms, as well as to contain the videotaping or closed circuit equipment.

## **Conference Rooms**

Every CAC should be equipped with a conference room, or be able to convert another room in the facility to a conference room to hold the team case review meetings, multi-agency conferences, staff meetings, Board meetings and training. The use of movable partitions or accordion doors may create a conference room from a smaller group of rooms or offices.

## **Office Space**

Each CAC should have sufficient office space for all staff and for members of the team or other professionals who use the facility. While each team member or professional may not need his or her own office, designated workspace is essential. A workroom with built in desks and telephones and other equipment may be provided so that professionals will be able to summarize interviews, complete reports, make calls or discuss follow up activities.

Facilities may provide office space for treatment staff. If the facility houses such staff, rooms should be available and designed for individual as well as group treatment sessions.

## **Security**

Children must feel safe at the CAC and feel that they can privately discuss their abuse or other issues without fear of harm. Therefore, the CAC staff should restrict access to the areas of the facility where children may be. People in the waiting room should not be allowed free access to other areas of the facility. Security doors or a receptionist may restrict passage to interview rooms.

It should be anticipated that at some point following an interview, a child may have to be taken into care and removed from the parent for protection. This situation will be traumatic for all concerned, and care should be taken to insure that there is security available should a situation reach a confrontational level.

Another level of security relates to the type of information kept in client files at the Center. The decisions about what type of materials can/should be kept at the Center on clients is best determined in cooperation with the members of the multi-disciplinary team, especially the prosecutor. It should be clear to all what records are maintained and whether or not these records are at risk for discovery in case of a trial.

Centers should be able to keep basic information related to the age, gender, and ethnicity of children who are provided services at the Center. This and other non-identifying information should also be maintained for collection and reporting to funding sources such as National Children's Alliance.

## **ACQUIRING A FACILITY**

In deciding where to locate your facility, you have three basic options: build, acquire an existing building (and remodel/renovate), or move into an existing facility as a tenant. What you decide to do will depend on your sponsorship, your budget, the

particular needs of your Center, the availability and location of existing space, and whatever additional concerns the team feels are important. Remember to leave room for expansion, particularly if you are build or purchase a facility.

### **Option 1: Building a Facility**

Besides the factors mentioned above concerning the requirements for facility design, you should be aware of some of the “nuts and bolts” of constructing a commercial building in your area. Here are some general rules and suggestions.

1. Zoning. Almost all cities and most counties have zoning laws. These laws regulate building dimensions, parking requirements, restrictions of signs, and most importantly, use. CACs should be classified as “professional offices” and should be permitted in the same district with medical offices, offices of accountants, architects, engineers, etc. You should try to locate in a zoning district that permits such offices, but does not permit intrusive commercial uses such as shopping centers (although one of our larger CACs is actually a remodeled suburban grocery store!). When working with a planning/zoning department they will invariably think that you will be providing respite or overnight care for children and you should quickly let them know that children will not be residing at the CAC. Ask your city’s planning department for the name of the district that fits this description for your city, and get a map that shows where this district(s) is located. Begin your search for land in this district, using the criteria that you have already developed for suitability of location (i.e. proximity to courts, or to public transportation).
2. How much land? The “footprint” or extreme exterior dimension of your facility should take up no more than 25% of the land you acquire. The best way to determine the size of your facility’s “footprint” is usually the gross number of square feet of space on the first floor. For example, if your first floor contains 10,000 square feet, you will need at least 40,000 square feet of land. You can, of course, economize on land by building additional floors, up to the limit set by zoning ordinances. This is often necessary in urban areas, but can be expensive and should be avoided if land is relatively inexpensive. In determining your future space needs, don’t forget about future expansion, and even additional buildings that you may want to add later. If at all possible, acquire all the land that you anticipate needing up front; it may not be available later. Whatever land you are considering purchasing, have an environmental audit performed on it. Once you own the land, you will be responsible for any environmental sins of all of the former owners. If, for example, there are leaking underground storage tanks on the property, you will be responsible for the clean up.
3. How much building? You should plan your facility by determining how many employees you will have, how much space they will need, and then factoring in waiting rooms, therapy rooms, conference rooms, etc. Here are some “ideal” sizes for rooms:

Therapist or administrator's office	150 s.f.
Executive office	300 s.f.
Conference room (per conferee at peak load)	20 s.f./per
Therapy room (suitable for play or art therapy)	225 s.f.
Waiting rooms (per therapist/interviewer)	30 s.f.
Receptionist area	100 s.f.

After adding up your need for square footage, multiply your result by 1.5 to account for hallways, bathrooms, utility closets etc. This is your ideal space requirement. You can then estimate the cost of the space by determining current building costs in your area (e.g. \$70/psf) and multiplying your space requirement. This should give you a ball park figure.

4. How to lower costs. Most prospective CACs will find the above exercise both enlightening and frustrating: there will almost always be more need for space than money to finance it. Here are a few suggestions to lower costs of building.
  - a. Governments have experts in many fields on staff, and can be a lot of help. If one of your major sponsors is a governmental agency, ask them if they will do any of the following without charge:
    - design your building and/or plan your site
    - grade your site
    - let you buy labor and materials at their pre-negotiated bid-price
    - run your water and sewer lines
    - forgive inspection and impact fees
    - give you the land (or a long lease or easement)
    - pave and landscape your parking lot
    - build a playground and/or picnic area
    - anything else you can think of

A really supportive governmental agency, which consents to do all of these things, can cut your cost by one-third.
  - b. Ask your contractor to forego his profit and treat it like a charitable donation. Also ask your contractor to explain the project to the subcontractors and try to win similar concessions from them, particularly the electrician, plumber, and heating and air subcontractors. If a member of your coordinating group is a general contractor, ask for their assistance.
  - c. Build on an existing campus, such as a college or civic center. You might get the land for free, and water and sewer will already be there. Once your Center opens, the logistical advantages of being on a college campus can be tremendous.
  - d. Approach your local contractors' trade associations for help. They might donate some materials and/or labor, or even build a small center (2,500 s.f.) at no cost. If you do build a small center, though, be sure to reserve additional land, you'll probably need it.
5. How to organize to begin construction: Work closely with your architect and contractor to design the building you want. Involve the entire Board and staff.

Appoint one staff person or Board member as your liaison to the project. Make certain that the person has plenty of time to coordinate with the contractor, architect, subcontractors, utility providers, banks, governmental authorities and Board members to do the job right.

6. Always use an attorney to prepare any legal documents, such as your construction contract or loan documents. Try to find an attorney with experience in real estate law.
7. What about inspections? You will need to inspect the ongoing construction of your building on a daily basis. The assigned person who should be familiar enough with the project to catch major errors should do this. Besides catching errors, the assigned person should monitor progress to be sure that the contractor does not bill too far ahead of the work. When the contractor has completed 5% of the work, they are entitled to 5% of the contract price, not 10% or 20% unless your contract specifically provides otherwise.
8. Periodically walk some team or Board members through the site. They will be kept informed of the progress, and may catch errors you missed. If you live in a jurisdiction with a building code and building inspections provided by the City or County, you will not have to worry too much about the safety of the building. These inspectors will check for safety, but definitely not for the aesthetics you may desire.
9. Always do a final walk through of the building with the contractor, architect, foreman, and all subcontractors. Take your entire staff/team through their section of the building. Don't accept the property until all defects have been resolved.
10. Use your attorney for the closing and assign a staff person to make certain that the deed, warranties, floor plans, service agreements, etc. are all kept in a safe place. Before you close, discuss purchasing Owner's Title Insurance with your attorney which will protect your interest in the property should there be any unpaid liens or attachments not discovered before closing.

## **Option 2: Acquire an existing building and renovate.**

Much of the above advice concerning building a new structure applies to this option as well, including the recommendations concerning zoning, excess land reservation, etc. Usually the City or County can identify a suitable building in its surplus inventory, or can let you know about one that was condemned, seized for unpaid taxes, etc. These can often be acquired free or almost free. Many CACs have had a building or home donated to them for use as the CAC, and in many cases this renovated facility is then named for the donor. Other CACs have been able to acquire and renovate a school building that is no longer in use by the school district. Using the above guidelines, and with the help of a contractor, determine if the building can be remodeled to meet your needs.

### **Option 3: Move into an existing facility.**

Again, you will need to determine your space needs first. There are several possibilities for acquiring low-cost office space in an appropriate location such as an unused wing of a hospital or school. In addition, you may be able to find office space in an area that has been overbuilt and the landlord will let you have the space at a discount in order to take the tax advantage. This option also works of course, when the CAC will be housed within its parent organization. Examples of this idea include a CAC that is under the umbrella of a Rape Crisis Center, a child and adolescent therapy program, or hospital. In these instances it is important that the CAC has a designated area and that the parent program does not mingle other clients with the CAC clients.

## **PROGRAM ADMINISTRATION**

Every CAC must have an organizational identity to oversee its day to day operations, including setting and implementing administrative policies, hiring and managing personnel, obtaining funding, and supervising program and fiscal operations. In the *1998 Atlas of Programs* developed by NCA, approximately 58% of the programs were independent, not for profit programs, 18% were government based programs, and 24% were a component of an umbrella organization. Clearly, no model is the preferred one. The determination of the organizational model of a developing CAC must rest with the Working Committee and the team agencies that must be willing to support the design agreed upon. There are clearly advantages as well as disadvantages to each of these models. If a community determines that the CAC should be independent, then there is the need for a created structure which includes filing for 501(c)3 status and developing bylaws, a formal board structure, etc. The advantage is that the CAC can operate somewhat freely from the strict regulations on fund-raising, salary regulations, etc., with which government based programs must comply. Each of these organizational models can work beautifully for a program, but some time should be spent on which model the team agrees is best, recognizing that if the CAC is under another agency, there may be some necessary loss of control of the CAC processes by the full team.

### **Staffing the CAC**

The selection of the staff for the CAC is the key to its successful operation and management. The size of the CAC staff will depend on the number and type of program components that will operate within the CAC. The first full time position is usually that of the Director. As the Working Committee continues to operate and develop the protocols for the CAC, it becomes clear that at some point, a person without job responsibilities to another agency must be brought in to manage the work of the CAC. When interviewing and selecting staff, it is important to consider their professional background and training, personal characteristics, and experience essential to successfully fulfilling the position. All paid staff of the CAC should undergo a background check by a participating law enforcement agency, and should sign the necessary form authorizing this screening.

### **Director**

In most CACs, the Director is responsible for the day to day operation of the program, the achievement of program goals, the maintenance of interagency and community relationships and fund raising to support the program. When interviewing for a Director's position, it is important the team/Working Committee agree on the job description and what is expected of the Director. Many first directors of CACs have failed because each agency saw this person doing different tasks than the other agencies saw. It is imperative that there be a clean sense of job responsibilities, including, a statement about to whom the director will be accountable. The following criteria should be considered when choosing a Director.

- ❖ Enthusiasm and energy
- ❖ Strong organizational skills
- ❖ Strong leadership and management capabilities
- ❖ Ability to articulate the goals and mission of the CAC
- ❖ Good interpersonal skills
- ❖ Good negotiating skills
- ❖ Good problem solving skills
- ❖ Effective writing skills
- ❖ Knowledge of and ability to write grants
- ❖ Ability to develop and implement fundraising activities
- ❖ Administrative and management skills
- ❖ A good understanding of non-profit and/or governmental operations
- ❖ Patience
- ❖ Basic knowledge of the dynamics of child abuse, particularly child sexual abuse.

### **Secretary/Receptionist**

The Secretary/Receptionist is usually the first person that the child and family, the professionals, Board members, and visitors will encounter when they first come to the CAC. The Secretary in most CACs is responsible for: maintaining all files; maintaining the master schedule of appointments; answering the telephone; and greeting all visitors to the CAC. The following criteria should be considered when selecting a secretary/receptionist:

- ❖ Good secretarial skills
- ❖ Good organizational skills
- ❖ Computer knowledgeable
- ❖ Energy and enthusiasm for the work
- ❖ An ability to speak clearly and understandably to all visitors to the Center
- ❖ Good interpersonal helping skills
- ❖ An ability to empathize with children and their families
- ❖ An ability to treat people with respect and patience
- ❖ An ability to work well under stress
- ❖ An ability to handle emergencies
- ❖ A desire to work in the field of child abuse

### **Team Coordinator**

Some CACs are large enough to have a Director who administers the overall CAC program and a Team Coordinator who is responsible for facilitating the team, including case review, and managing the flow of cases through the CAC. The Team Coordinator is the person who makes certain that no case “falls through the cracks” and that all children receive all of the services to which they are entitled. The following criteria should be considered when selecting a Team Coordinator:

- ❖ Must be highly organized and detail oriented
- ❖ Expansive knowledge of the dynamics of child abuse, particularly child sexual abuse
- ❖ Computer knowledgeable and able to use the computer to enhance team information sharing
- ❖ Excellent interpersonal skills
- ❖ An ability to work well with the team and liaison staff in order to coordinate interviews and assist in information sharing
- ❖ Administrative experience
- ❖ Ability to coordinate treatment referrals
- ❖ Ability to coordinate court preparation and secure necessary support for the child and family
- ❖ Ability to work with the Director to provide ongoing information regarding the operation of the team and to identify concerns among liaison staff before they become problems

### **Other Staff**

Many CACs have determined that it is critical to their work to have many more staff than those indicated above. Additional staff members, who may work for the CAC, are:

- ❖ Forensic Interviewer
- ❖ Clinical Coordinator
- ❖ Therapist
- ❖ Forensic medical practitioner
- ❖ Case Manager
- ❖ Development Director
- ❖ Volunteer Coordinator

NCA has several publications which will provide more information on the above staff positions including: *Safe and Savvy Volunteer Services: Ideas and Examples for CACs*; and *Children's Advocacy Centers National Salary Survey*, both printed in 1999.

### **Staffing Issues**

#### **Burnout**

Working with abused children and their families is extremely complex and emotionally draining. Working with these families elicits many complex feelings. Sometimes stress builds and creates emotional and physical reactions in professionals that may lead to burnout. Consequently, CACs must help professionals discuss their feelings and deal with the stress that they experience.

There are a number of strategies for preventing burnout. Professionals and volunteers need recognition for the contributions that they make. Most people working in the field of child abuse do so because they care about children and families and want to make a positive impact on their lives. Therefore, a pat on the back, a verbal or written statement commending the professional/volunteer for their positive performance, as well as letting others know about individual contributions is very important. A simple letter of commendation sent to the Chief of Police, elected District Attorney, etc., about one of their staff members can really do wonders for the morale of an individual staff member. It is important to celebrate birthdays and other significant days, and to communicate care and concern for the staff.

Providing professionals with opportunities to discuss their feelings and concerns is critical. This can be accomplished through staff meetings, case review, or even social gatherings. It is important to allow people to ventilate their feelings, problems, and concerns. However, it is also essential to focus on solutions. It is cathartic to say how you feel and raise concerns, but that is not enough. People need to see that there are appropriate and helpful ways to deal with their feelings and the problems and concerns they identify.

Staff retreats can also serve to revitalize personnel. Some programs provide for bi-annual or annual retreats conducted for CAC and liaison staff. These sessions allow discussion about Center operations and protocols, promotes networking and better relationships, and provides a healthy atmosphere for ventilation of problems, which often, if left alone, can lead to burnout.

Often there is not the time nor is it the place during the case review meeting to address “touchy” issues. Monthly or quarterly business meetings with CAC and liaison staff offer an opportunity to address problems while they are still relatively small.

Providing regular, outside clinical supervision and provide support in cases where feelings of “burnout” are of a great concern. Just as a client may be overwhelmed with the circumstances facing them and benefit from the support of an advocate, likewise, a staff member may benefit from a different perspective to a difficult situation that they may be facing.

Giving professionals opportunities to continue to grow professionally and personally is critical to their overall ability to work within the CAC. This can be accomplished through attendance at conferences or training sessions, increasing staff member’s responsibilities, or giving a person new and challenging tasks.

There are many journal articles and books devoted to the causes and prevention of burnout. These may give you additional strategies for preventing and dealing with staff burnout.

## **Procedures Manual**

Each program should develop a manual of procedures by which the CAC operates. This manual should contain the following information:

- ❖ A description of the CAC staff,
- ❖ the job descriptions of staff and liaison personnel,
- ❖ the availability and use of the Center facility,
- ❖ a listing of the members of the Board of Directors,
- ❖ copies of Interagency Agreements and Protocols,
- ❖ Bylaws and Articles of Incorporation,
- ❖ personnel policies,
- ❖ security measures,
- ❖ case review procedures, and
- ❖ authorization for release of information.

## **Funding**

Developing a budget and fundraising are two critical issues that each CAC program must address. Once the interagency agreements have been established and the agencies begin to work together, then it is time to gain funding for the program. Funding issues confront every CAC whether private, not for profit, a government based program, or a program under another umbrella. The amount of funds that must be raised and the ways in which these funds are allocated will be dependent upon the organizational entity under which the CAC is established.

One of the most difficult tasks for emerging children's advocacy centers is the development of funding sources to support a program that is often a new concept as well as new to the community. While it is much easier at times to find funding for older, more established programs, you can generate excitement for the support of a new, ground breaking idea, which has a goal of providing services to child abuse victims.

Following are some of the steps to take in developing the fund raising strategy for the CAC, but first make sure that you are clear about what you hope to gain, how much money you need, and what service the funds will support. It is critical that you be able to articulate what a Children's Advocacy Center is, and why you and your group are the right ones to take on this challenge. Once you have these ideas firmly in mind, you are ready to start your approach to fund raising.

### **Define your funding sources**

#### ❖ Organizations

What organizations are in your local community and what do you need to know to get to them? What are their areas of interest? Have they ever given to projects like the children's advocacy center?

Examples: The Junior League strongly supports programs that work in the area of children's issues. They are always looking for programs to support through both funding and, most importantly, volunteer opportunities (you usually don't get one without the other). The National Council of Jewish Women is another service group strongly interested in programs dealing with child abuse and neglect. The Rotary Club, Exchange Club, Kiwanis Club, and Optimist Club, and other services organizations are often looking for worthy projects. See to which service organizations the members of the Working Committee or team belong. Try to arrange a time to speak at the club's monthly meeting to tell them about the Children's Advocacy Center and the types of goods, services and money that your program needs.

#### ❖ Corporations

Which corporations are in your community and what types of programs are they likely to fund? While they may not fund a Children's Advocacy Center in the same way as they would the symphony, they are still interested in being good corporate neighbors. If you have an employee of a large corporation on your Board or Steering Committee, you can use this person to gain access to the charitable contributions arm of that corporation.

A key concept in working with corporations is **Research**. Who is the corporation's local community relations person? Who is the Chief Executive Officer (CEO), President, or Vice President? Do you or do any members of your Board know these people? What kinds of programs do they like to fund? More importantly, can you get a meeting with them to discuss your program? Remember that if you do get into the CEO's office, you have about fifteen minutes to make an impact. Be ready to sell your program as necessary and needed by your community. If you can't meet with the CEO, call the community relations/grants office and ask if they have guidelines for funding requests. Find out when their grant cycle is and make sure you are on time with your proposal.

#### ❖ Foundations

Foundations are another good source of grant funds in your community. Foundations that are a part of a business with either a headquarters or local office in your community are your best bets. Look up what's available in the Foundation Directory available at your local library. Write to the foundation asking for their guidelines for proposals.

#### ❖ Community Development Block Grants

Community Development Block Grants funded by the United States Department of Housing and Urban Development are another good source of funding for child abuse programs. Your local city or county government will know how and when these funds are available in your community. These funds can be used for capital expenses

as well as program expenses. In many communities these funds are heavily competitive, so do your homework. An important note is that while the guidelines for these programs state that the funds must be used for “low and moderate income families”, children who are suspected of being victims of child abuse automatically meet these criteria.

#### ❖ United Way

The United Way is a wonderful source of ongoing operating expenses. Many communities can add a new program that can be shown to truly make an impact on child abuse. Call your local United Way and ask to see their most recent needs assessment that will list the priority areas for funding. Review how many of the top areas are covered by programs offered through the Children’s Advocacy Center. Try and set up meeting with the United Way executive in charge of new programs and present your issues, asking for some guidance on possible inclusion in the next campaign. Another good way to get started with United Way is to apply for a Venture Grant which can be used one time to help “new and emerging organizations”. These funds are fairly easy to access and can make an impact on your start-up costs.

#### ❖ Individual donors

Individual donors are the lifeline for many new and emerging organizations. In order to approach an individual donor, it is imperative that you make one on one contact, preferably through a peer of the donor who can arrange the appointment and accompany you to the visit. Always be prompt and professional with a thorough knowledge of your program and an ability to answer difficult questions about child abuse, the prevalence in your community, and the ability of your program to deal effectively with child abuse investigations and intervention. Many wealthy individuals have established their own personal foundations to carry out their charitable giving. They may have someone designated to take grant requests for them or they may be willing to hear requests in person. Either way, be sure to be as professional as possible in your approach.

#### ❖ Special Events

Special events are a wonderful way to raise funds and develop community awareness about your program. If you can get underwriting for an event, it means that all of the money you raise goes directly to the Children’s Advocacy Center program. Many very successful events, which have aided children’s advocacy centers programs, are walk-a-thons, chef’s celebrity dinners and auctions, golf tournaments, and benefit concerts.

Please be certain that you have enough control of the event so that you do not go into debt carrying out the event. If anyone approaches you about putting on an event for you and sharing the cost, be careful. Always remember that the most important thing you own is the good name of the program and the trust of your sponsoring agencies.

#### ❖ Annual Solicitation Letter

An annual solicitation letter is a good idea, particularly around the holidays. In your letter, reference the good work the children's center has accomplished, numbers of children seen, and need for program expansion. Enclose a return envelope that allows the giver to designate a gift, memorial, or honor that you will acknowledge on behalf of the donor.

#### ❖ National Children's Alliance

Through a grant from the Department of Justice, Office of Juvenile Justice and Delinquency Prevention, NCA has been able to provide some funding to children's advocacy center programs through grants to support training, technical assistance, and program development. For further information about the availability of these grants which are distributed annually on a competitive basis, contact NCA (202) 639-0597 or 1-800-239-9950.

### **Funding Information**

In order to respond quickly and efficiently to funding requests, begin now to collect the following types of information so that you will have them "at your fingertips" when requested.

- ❖ Newspaper articles about the Children's Advocacy Center or local articles about the severity/incidence of child abuse in your community.
- ❖ Information which you can put into chart form about the numbers, ages, sex, etc., of children which are currently being seen within the system and/or children you can project that you will see.
- ❖ The history and description of your organization is always of interest to funders. How and why did your program come into existence? Was there a precipitating factor?
- ❖ Budgets, audits, and Board of Directors lists are needed in most funding packets. Keep copies of yours on hand and up to date.
- ❖ Your 501 ( c ) 3 charitable designations is one of the most important pieces of paper you'll ever have. Most donors will not give unless they can receive a tax benefit from this gift. If you are under the umbrella of a government agency, consider forming a "Friends of the CAC" as a separate 501(c)3 entity which will support the program.
- ❖ A good, easy to read, informative pamphlet about the center is always a great help to distribute whenever and wherever you speak. It's good to have one sized to fit

in a standard business envelope so that when people call for information about the program you can send them this easily.

- ❖ A one-page summary of what a Children's Advocacy Center is, what your program does, and why a center is needed, is a helpful addition to many simple requests for information.

The most important thing to remember is to learn all you can about the person, company, and/or foundation you are soliciting and give them what they want. If there are formal procedures, follow these to the letter. Expect about one in five charitable requests will be granted, and develop a thick skin. Remember that you are raising funds to make certain that children who are victims of child abuse receive the quality services they deserve in a comfortable environment where their needs come first. Many of us never thought we would spend our time raising funds, but remember who is benefiting from your efforts and give it your best. (The information on funding is taken from the "Funding" Information Paper, a publication of NCA) There is also available a Technical Assistance Manual entitled "*Fundraising Manual for Children's Advocacy Centers*" available through NCA.

## CULTURAL COMPETENCY AND DIVERSITY

Like all of society, Children's Advocacy Centers exist within cultures that may be very homogeneous or very diverse. Even now, as we begin the Year 2000 Census, we are learning more and more about how truly diverse our country has become. As our cities and towns change, the challenge for CACs is to make certain that they offer a place where all of the cultural groups in their community can feel safe and secure. NCA uses the following definition for cultural competency. "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." The NCA standard states that, "the CAC promotes policies, practices and procedures that are culturally competent." Your challenge in building your CAC program is to make certain that the needs of minority cultures are addressed and that the children at risk for abuse and their families will feel as comfortable as possible when they come through the doors of the CAC.

NCA has worked on the issue of cultural competency for several years, and one of our values is that cultural competency is as basic to the CAC philosophy as is building a child friendly facility. In fact, we believe that a CAC cannot intervene effectively unless the Center and the staff are diligently working to become culturally proficient. It is essential that our programs begin to meet the challenges of addressing the vast cultural differences in our country. We also recognize that building the cultural competency of a CAC is an ongoing process and not one that can be "fixed" with just a little training or a few posters being hung in the reception area. We anticipate that programs will undertake the following activities to insure that the CAC strives to meet the goal of achieving a culturally competent organization.

- ❖ Developing written administrative policies and procedures that include a statement on non-discrimination.
- ❖ The CAC staff, board and partner agencies should critically assess whether or not the CAC reflects the ethnic and cultural mix of their community. If you find that most of the staff, board and team members represent the majority community, what efforts can you undertake to bring greater minority representation into the CAC?
- ❖ Does the CAC have any active and ongoing efforts to actively communicate with the minority or traditionally under-represented communities in your area? These efforts might include any or all of the following:
  - personal calls on those in leadership roles in the minority community to explain the CAC programs and its overall purpose
  - presentations to minority organizations

- writing/placing articles in minority newspapers or newsletters about the CAC program explaining its overall purpose
- inviting members of the minority community(s) to speak to the staff about issues of concern.
- ❖ Does the CAC provide initial and ongoing training for team members and staff on diversity issues?
- ❖ Is the CAC facility warm and inviting to people of various cultures?
- ❖ Does the CAC have provision to address the communication needs of non-English speaking children and family members throughout the investigation and intervention process?
- ❖ Is the CAC accessible to all persons who may have need of its services?

For further information and ideas on developing a more culturally competent CAC, the NCA publication *Putting Standards into Practice: A Guide to Implementing NCA Standards for Children's Advocacy Centers* should be consulted.

## **JOINT INTERVIEWS AND INVESTIGATIONS**

A coordinated investigation is critical to successful response to child abuse, particularly child sexual abuse. A coordinated approach:

- ❖ Reduces the number of interviews of the child
- ❖ Facilitates the efficient gathering and sharing of all information critical to the case
- ❖ Broadens the knowledge base by including the information from several agencies
- ❖ Improves communication among agencies.

The manner in which the child is treated during the first interview has a major impact on the child's ability to comprehend and respond to the intervention process and/or criminal justice system. It can also impact the child's emotional stability. One of the most harmful aspects of an investigation occurs if various individuals repetitively interview the child at different times and at different locations. Consequently, an interview conducted jointly by the CPS worker and law enforcement officer at the CAC will not only minimize the number of interviews, but will create less stress for the child. This is not always possible. In an emergency situation where a child's life or health is threatened, it may not be possible to wait to bring CPS and law enforcement together at the CAC for the interview. The ideal situation, however, is the joint interview conducted at the CAC. In any case, the interview should be conducted away from the child's parent or guardian.

The success of a joint interview depends on the cooperation and coordinator of the professionals involved. Personal preferences, styles, or conflicts should be addressed and resolved prior to the interview session. The best interests of the child should always be the primary objective.

Many different models for joint interviews exist. However, the least intimidating to the child and therefore, the most successful model involves one adult (either the investigator or forensic interviewer) in the room with the child for the interview and the other adult team members observing thorough a two-way mirror or through closed circuit. If the CAC does not have forensic interviewer on staff, then a determination should be made as to whether or not the law enforcement or CPS investigator handles the interview. Consideration should be given not only to the skill of the interviewer, but also with whom the child seems most comfortable.

If you are in a state that mandates that both law enforcement and CPS personally interview the child, a determination will need to be made about which professional will actually conduct the interview. Again, keeping in mind that the person with whom the child is most comfortable should conduct the interview.

The other professional should sit behind or off to the side of the child so that the child is not distracted.

During the initial stage of the interview with the child, the law enforcement officer and the CPS worker should identify themselves and briefly explain their role in the interview process. This explanation need not be detailed. The interviewers should be straightforward, always using language and terms appropriate to the child's level of comprehension.

In more and more CACs, highly trained forensic interviewers are responsible for the child's interview. Forensic interviewers are skilled in child development and can ascertain the child's level of understanding. These interviewers are able to ask all of the questions needed by law enforcement, CPS and the prosecutor. Those needing to observe the forensic interview may do so through the two-way mirror or through closed circuit transmission.

The minimum qualifications for a CAC employed professional forensic interviewer follow. At a minimum, the professional forensic child interviewers should:

- ❖ Hold a BS or BA degree in a field related to social science, education, criminal justice, nursing, psychology, or other "helping profession". An MA, MS or MSW is ideal.
- ❖ Maintain membership in an appropriate professional organization such as the National Association for Social Workers, American Professional Society on the Abuse of Children, American Psychological Association, National Organization of Forensic Nurses, Academy of Pediatrics, etc.
- ❖ Have demonstrated professional experience with children (related internships, etc.)
- ❖ Have demonstrated knowledge of child abuse and neglect and child development (through course work, professional training, or higher education).
- ❖ Have demonstrated commitment to on-going cross disciplinary education and openness to supervisory feedback

As with all CAC staff, the forensic interviewer should submit to a child protection and criminal background check prior to employment. For further information about forensic interviewers you can obtain a copy of *Handbook on Intake and Forensic Interviewing in the Children's Advocacy Center Setting* through NCA.

While the interview of the child is normally the primary focus of the investigation, it is critical that investigative personnel also interview others who might have knowledge about the issue. These interviews can be done separately but the outcomes should be reported to the team during the case review meetings. Personnel working together or separately during the investigative process can

uncover valuable information and evidence that can corroborate the child's statement.

It is very important that the following be accomplished by those jointly involved in the investigation:

- ❖ Complete interview of non-offending family members
- ❖ Diagram of the offense location
- ❖ Search for tangible items of evidence described by the victim (using a search warrant if necessary)
- ❖ Interviews of other potential witnesses (e.g. teachers, relatives, neighbors, best friends, etc.)
- ❖ Timely and effective confrontation of the offender

As personnel become more experienced in collaborating in the fact-finding phase of the case, they will be better prepared to uncover information and evidence that can be used in the judicial system. Improved techniques of effective confrontation of witnesses, non-offending family members, and offenders will then become a routine part of the investigative process. Use of search warrants, proper procedures for securing evidence, and preserving witnesses' statements will lead to a more successful case resolution.

### **Videotaping Child Interviews**

Videotaping the initial investigative interview with children has many benefits as well as some disadvantages and you may find that this is a controversial issue for your Team. It is imperative that the attorneys that handle the civil and criminal court cases have input on this issue, as it will impact on his/her case. Deciding to videotape children during interviews has design implications for the CAC as well. For example, the camera will need to be located so that all sides of the interview room may be seen and the microphone to capture the interview must be strong enough to record all the sounds in the room. Consequently the Working Committee should try and make the decision about videotaping before planning the facility. Some of the advantages and disadvantages of videotaping the initial investigative interview of children are described below.

#### **Advantages**

- ❖ Videotaping decreases the number of interviews in which children must be questioned about the alleged abuse. Investigators, CPS workers, and prosecutors can view the tape and evaluate the case without having to interview the child again. Also, some states allow the use of videotaped interviews in preliminary hearings and grand jury proceedings without requiring the child to testify.
- ❖ Videotaping decreases the number of professionals interviewing the child. Prosecutors, investigators, and CPS workers can watch the interview on a

monitor as it is being videotaped. They can interject questions to the interviewer through an earpiece worn by the interviewer.

- ❖ Videotaping documents as accurately as possible exactly what the child said and how the child was questioned (for example whether leading, open or closed-ended questions were used).
- ❖ Videotaping captures the child's description of what occurred, early in the case, when the specific details and emotional reactions to the abuse are fresh and recalled and reported in a comfortable setting. Videotaping also captures the way in which the child discloses (body language, facial expressions and other feelings that may be difficult to put into words).
- ❖ Videotaping may be used to corroborate the child's story in court. Many states now have an exception to the hearsay rule that will allow the tape to be played as long as the child is available for cross-examination. Prosecutors can play the tape to the jury to illustrate that the child's account has been consistent since the initial disclosure.
- ❖ Videotaping may be used to impeach the child if the child recants the allegations on the witness stand. The jury can view the child's demeanor and ability to describe the allegations during the initial videotaped interview and compare that statement to the child's testimony in front of the defendant while on the witness stand. The jury can then determine if the child's recantation was truthful or the result of pressure.
- ❖ Videotaping decreases the number of repeated interviews a child must experience. Repeated interviews can cause a child to "shut-down" in self-defense, recant or refuse to discuss the allegation any longer. Multiple interviews can also inadvertently cause a child to repeat the circumstances of their alleged abuse so many times that by the time the case gets to court it begins to sound rehearsed.
- ❖ Videotaping may be used in civil court should the child recant in criminal court to provide protection for the child if it is needed.
- ❖ Videotapes can take the focus off the interviewer and place it on the child. If the interview is effective, there is less opportunity for the defense to raise the issue of how the interview was conducted.
- ❖ Videotaping can reduce contamination of the child's disclosure by well-meaning adults offering verbal input and personal reactions.

- ❖ Videotapes may be used to prepare the child for testifying in the trial. Often, trials occur long after the last incident of abuse. Watching their own recorded interview can be used to help the children refresh his/her memory before trial.
- ❖ Videotapes may be used to assist police and the prosecution by allowing the defendant to view the taped statement of the child. Sometimes perpetrators confess after viewing the child's allegations on tape.
- ❖ Videotapes can be used to help convince non-offending parents that the abuse truly occurred. Once convinced they can discuss with a professional who has accompanied them to the viewing, the child's feelings and fears. They will then be better able to protect the child and help the child deal with the effects of the abuse.
- ❖ Videotapes can be used in the therapeutic intervention process with the non-offending parent to assist them in dealing with the emotional trauma of the abuse and to help the parent give the child support and permission to continue to talk about the abuse.
- ❖ Videotapes can be used in the therapeutic intervention process with the child victims to help them heal from their victimization.

### **Disadvantages**

- ❖ Everyone who participates in the recorded interview must be specially trained. Unskilled interviewers may not obtain all of the facts in the case and may also appear to be asking leading questions. A poorly conducted interview can jeopardize the prosecutor's ability to successfully prosecute the case.
- ❖ Even a skilled interviewer can come under attack for using innovative interviewing techniques that can be interpreted as "putting the idea into the child's mind". The interviewer must be able to defend their interview techniques as appropriate.
- ❖ Discovery puts the videotape into the hands of the suspected perpetrator who may confront the child. There is no assurance who will have access to the tape. The videotape may be presented in court and even used by the media. This is potentially psychologically damaging to the child and may lead to retraction. However, court orders can be initiated to protect the videotape and ensure that it is viewed only in a controlled setting and that no additional copies are made.
- ❖ Knowing that they are being videotaped can inhibit a child's disclosure.
- ❖ Videotapes document discrepancies in the history. Defense attorneys can use videotape to attack a child's credibility and accuse the child of lying.

- ❖ Once a videotape is made, it becomes evidence and therefore becomes the property of the court. If the initial videotaped interview is weak, it can be used to discredit the child's testimony in court. Even if a second interview is conducted and a stronger statement is gathered, the first interview can be damaging to a case. Remember that destroying videotapes, audiotapes or written materials gathered during the investigation may be considered destruction of evidence and legal action can be taken against the person responsible.

### **Guidelines for Videotaping**

- ❖ Videotape cameras should have a date and time insert exposed on the screen at all times to ensure that the tape has not been tampered with.
- ❖ Special court orders may need to be established to protect the confidentiality of videotapes.
- ❖ Videotapes must be stored and protected in unaltered form until the case is closed in both civil and criminal courts.
- ❖ A process for how the tapes will reach each agency that needs to view them must be resolved keeping in mind the importance of chain of evidence issues.
- ❖ A protocol must be developed as to how many original copies will be made, who will control the copies, and who may view them and under what circumstances.

## MEDICAL EVALUATION

Specialized medical evaluation and treatment services should be made available to all children who are suspected of having been abused, particularly if there is a risk of child sexual abuse. These specialized exams not only assist with the investigation of the case, but also may provide much needed comfort to the child and family. A pediatrician, family practice doctor, nurse practitioner, physician's assistant or nurse should perform these specialized examinations. These individuals should have:

- ❖ Experience examining abused children
- ❖ A good understanding of normal and abnormal genital and anal anatomy
- ❖ Be able to interview children to capture their medical history
- ❖ A good understanding of the dynamics of all types of child abuse
- ❖ A willingness to attend continuing education programs on child abuse.
- ❖ An understanding of the team concept and a willingness to actively participate in team staffings, and, if necessary, testify in court.

There should be access to a colposcope, medscope, or other photographic imaging device for recording the actual examination. The slides, photographs or videotapes from the examinations are an important part of the investigative interview. These photographic images enable the medical practitioner more time to study suspected findings and to present a more accurate picture of the abuse at trial.

Often, it is the medical history rather than the physical examination that indicates that the abuse occurred. Most of the abuse seen in non-emergency room circumstances is not the result of a rape, and because children often feel embarrassed and guilty about the abuse, they often tell about the abuse long after subtle physical findings have disappeared. The medical history provided by the child in his or her own words of how the abuse made their body feel, generally provides the strongest evidence to document that abuse occurred. Therefore, a medical practitioner should not limit the medical evaluation to just examining the genital and anal area. A medical history should be taken which describes in the child's own words, what the child felt, whether there was burning or pain, and how long the symptoms lasted. Medical histories obtained during the course of treatment of abuse are often admissible in court as an exception to the hearsay rule. The results of the medical evaluation should be discussed with the members of the team following the evaluation.

If the child discloses sexual abuse which occurred more than three days prior to the disclosure, the child should be scheduled to be seen as soon as possible. If the child has described abuse occurring within the past 72 hours, and if there has been penile contact, the child should be examined immediately. Tests for sexually transmitted diseases should be considered and if appropriate conducted during the examination regardless of the length of time from when the abuse occurred. All examinations should be conducted in a relaxed environment by an experienced medical professional who has received the necessary specialized training regarding current techniques, procedures, and diagnoses of child abuse trauma. The team protocol should indicate how specimens will be collected and preserved in keeping with rules of chain of evidence.

## **MENTAL HEALTH TREATMENT**

A comprehensive treatment program must provide treatment services for the victim, siblings, non-offending parent and offender. While it is not essential (or even recommended in reference to the offender) that these services be provided on-site at the CAC, the CAC must make certain that an appropriate referral link exists. It is important to remember that the minimization of trauma and actual healing for the victim begins with the first contact with the multidisciplinary team. Those clinicians providing treatment to the child and family must have extensive training and knowledge in working with victims of child abuse, particularly in the case of child sexual abuse where the mental health issues can be so critical. On going training in working with abuse victims is available at numerous conferences and through journals such as *The Journal of Interpersonal Violence* published by Sage and *Child Abuse and Neglect* published by Pergamon. Treatment efforts should continue for as long as necessary by the child and family and should have the goals of:

- ❖ Reducing the emotional impact of the disclosure,
- ❖ Promoting healing, self-awareness, and self growth,
- ❖ Changing individual behavior and family relationships to eliminate the risk of abuse occurring in the future, and
- ❖ Facilitating family reunification, if appropriate.

### **Assessment**

Issues to consider when assessing young children include:

- ❖ The age of the child when the abuse began,
- ❖ The length of time the abuse has been occurring,
- ❖ The frequency of the abuse,
- ❖ The relationship of the perpetrator to the child,
- ❖ The type of sexual activity involved,
- ❖ What type of physical or psychological coercion was involved in the abuse,
- ❖ The amount and quality of support for the victim,
- ❖ The presence/degree of negative parental reaction to the child,

- ❖ Any history of mental health problems and inter-generational abuse patterns.

### **Child Victims**

Early therapeutic intervention is crucial to the long-term well being of the child. The overall goal of treatment for victims is to strengthen them by:

- ❖ Improving their self image/esteem through developing a sense of self boundaries,
- ❖ Developing trust through the therapeutic relationship and changing roles with significant others,
- ❖ Developing a new definition of self beyond that of a victim.

### **Non-offending Parents**

Treatment goals for non-offending parents vary depending on the dynamics in the case. In some cases, the non-offending parent may also be a victim of domestic violence within the home. It is critical that the full range of needs is explored so that the non-offending parent will be able to provide the support necessary for the child. Each CAC should attempt to develop a strategic partnership with the local domestic violence program/shelter. This alliance can assist the CAC staff in making the right referrals, asking the right questions, and protecting the non-offending parent.

A crisis intervention approach is often helpful in working with the non-offending parent. Whenever a crisis occurs, it is important to recognize what “balancing factors” exist to help the parent through this crisis. These important factors include:

- ❖ The parent/child’s perception of the event,
- ❖ The available situational supports which are available to the parent/child,
- ❖ The coping mechanisms which are available to the parent/child to get through the crisis.

Research indicates that a supportive non-offending parent is pivotal to the child’s recovery, therefore it is critical to make certain that appropriate support is available. Remembering that the long-term success of the case, no matter the desired outcome, can be greatly enhanced by making certain that the non-offending parent receives the type of support needed to care for the child and ensure his/her emotional stability.

## **Perpetrators**

Perpetrator treatment is highly specialized and should be undertaken by a clinician with extensive skill and training in working with perpetrators. Many clinicians use a combination of individual and group therapy when working with perpetrators, and they must be highly knowledgeable about the current research and information of best treatment strategies. Treatment for perpetrators should not be conducted at the CAC as this is counter-productive to ensuring a psychologically safe environment for child victims.

## **Other Issues**

If mental health assessment and treatment are not provided at the CAC, then it is critical that the CAC and team determine the availability of specialized treatment programs in the community. Types of programs that should be available include:

- ❖ Adult survivor groups,
- ❖ Peer support groups,
- ❖ Non-offending parent groups,
- ❖ Groups for siblings,
- ❖ Parenting classes,
- ❖ Adolescent groups.

It is important for the multi-disciplinary team to determine at an early stage, the role of the clinician on the team. In some CACs the clinician is an active participant in the team review sessions, and assists by informing the team members of the current mental health issues of the child and family. In other CACs, the clinician has no involvement whatsoever in the team review as a way of keeping the mental health treatment issues confidential and protected.

The clinician should also not be used for investigative interview purposes. Their presence on the team is to provide consultation on the developmental and mental health issues of the child/family. While the separation of the clinician and the team varies from community to community, it is essential to keep the forensic interview separate from the mental health treatment services provided to the child and family.

## **VICTIM ADVOCATE/SUPPORT SERVICES**

Victim support and advocacy are key components of any CAC program and the availability of these services is a standard for a full member CAC program. Even when all of the individuals working on a case are very supportive of the child and family, the very nature of an investigation can be traumatic. The services of a victim advocate are essential in achieving the overall goals of reduction in trauma and secondary victimization for children. Victim advocates should receive specialized training and should be very knowledgeable of the court systems as well as the work of child protection, law enforcement, prosecution and the medical components of an investigation. Some of the activities of a victim advocate are:

- ❖ Welcoming and orienting the child and family to the CAC,
- ❖ Providing crisis intervention during the initial visit to the CAC,
- ❖ Providing the parties involved with information regarding the criminal justice system,
- ❖ Providing the child and family a consistent contact person throughout the justice process,
- ❖ Providing the victim and other witnesses with a better understanding of the justice process and their role in it,
- ❖ Enhancing the cooperation of the family in the court process
- ❖ Keeping team members, including prosecutors and CPS, informed of the family dynamics and the child and family's attitude toward prosecution,
- ❖ Assessing the child and family's attitude toward prosecution,
- ❖ Providing tours of the courthouse, court rooms and Grand Jury rooms for the child and family,
- ❖ Leading a court school program,
- ❖ Working with volunteers to provide transportation to and from the CAC and court,
- ❖ Accompanying the child and family to court,

- ❖ Arranging for meetings of the child and non-offending parent/family member with the prosecutor assigned to the case,
- ❖ Facilitating linkages with other types of concrete services, i.e. housing, job services, clinicians, etc., and
- ❖ Keeping the family updated on case status and the court schedule.

The victim advocate can be available to the child and family while they await trial or other court proceedings. Especially when the case is adjudicated in criminal court, the wait can be quite long, creating enormous pressure for the child and family. In some communities, the victim advocate works to help find critical services needed by the family, such as shelter, financial resources, and referral to the mental health clinician. Victim advocates are often the primary link between the child/family and the state's Victim Compensation program. As such, the advocate can make certain that the child/family follow the rules established by the Victim's Compensation program to ensure that financial resources are accessed properly.

In some CACs, staff with another primary function will also carry out the services of the Victim Advocate as well. Regardless of the person providing the services, the following specific information is needed by the child and family as they go through the justice process:

- ❖ When and how the decision to prosecute or not to prosecute is made,
- ❖ When an arrest will be made,
- ❖ When and if bail will be set for the alleged offender,
- ❖ When and if the alleged offender will be released from jail,
- ❖ When there are continuances in the case,
- ❖ When there is a disposition in the case,
- ❖ When the trial will begin,
- ❖ When sentencing will occur, and
- ❖ When the offender will be released from prison.

## **MULTIDISCIPLINARY CASE REVIEW**

Since all CACs are multidisciplinary by nature, regularly scheduled case review or team staffing becomes the formal process through which professionals share facts and observations that inform team decisions and assist participating professionals to make decisions about cases. Case review is a core standard of a full member CAC program. Case review is the process CACs use to monitor cases and bring the knowledge, experience and expertise of the team members together. Through case review, the efforts of all team members are maximized because knowledge is shared and cooperation is built among the participating agencies. Case review presents an opportunity for each professional to share their unique knowledge and skill with the other team members and allow for full discussion on determining the optimum case goal.

Each case receiving services within the CAC should be subject to case review. The more complicated cases are usually reviewed on an ongoing basis until all efforts on the case have taken place and the case is closed. Case review should present opportunities to:

- ❖ Evaluate the child's interview,
- ❖ Discuss, plan and monitor the progress of the investigation, including what has been done and what needs to be done on the case,
- ❖ Review the findings from the medical examination,
- ❖ Discuss protection issues and provide input into the decision about removal of the child from the family,
- ❖ Provide input into the decision about prosecution,
- ❖ Provide an opportunity to discuss the treatment issues/needs for the child and other family members,
- ❖ Review the family's attitude about prosecution,
- ❖ Coordinate criminal and civil proceedings,
- ❖ Review criminal and civil case proceedings,
- ❖ Discuss support issues for non-offending parent and other family members,
- ❖ Promote joint decision making on case management issues,
- ❖ Determine appropriate time frames to accomplish tasks,

- ❖ Provide an opportunity for formal and informal communication among all responsible agencies,
- ❖ Discuss the important child development issues relevant to interviewing the child, assessing their ability to participate in court, and preparing them for court,
- ❖ Provide support to the professionals who work the child abuse cases to prevent burnout.

Case review has many benefits: it provides an opportunity for new agency personnel to become acquainted with other team members and the case process; it allows each team member to retain their agency identity/mandate while becoming familiar with the other systems involved with abused children and their families; it helps prevent cases from “falling through the cracks” in the system; and it enables team members to identify gaps in resources and conflicts in service provision. Every CAC will set its own policies and procedures for case review. Case review should be coordinated and scheduled by CAC staff, preferably at the CAC. Someone should be designated as the case review facilitator. At some CACs, this facilitator is the prosecutor or Assistant District Attorney, in other’s the CAC’s case manager is responsible.