
A Community Approach to Child Sexual Abuse: The Role of the Office of the District Attorney

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Although child sexual abuse is not a new problem, its magnitude as well as its complex character in relation to the criminal justice system has only recently come to the attention of prosecutors. It is a problem that requires a change in the way the criminal justice system responds and in the way it interacts with other systems.

Dealing with child sexual abuse cases has been frustrating for most prosecutors' offices because the traditional criminal justice system and other agencies that respond to child sexual abuse are not equipped for the child victim. However, if our society is ever going to convey the clear message that the sexual abuse of children is not an acceptable behavior, then we must redesign the systems responsible for helping and protecting child victims so that the children indeed do benefit and offenders are held accountable.

Fortunately, in Madison County, Alabama, we have found a way to address this problem that works for the child and for the professionals responsible for responding to child sexual abuse. Our statistics bear out the success of the approach. Huntsville, Madison County, Alabama, comprises the 23rd Judicial Circuit of the State of Alabama. The county population is 225,000. The district attorney's office in this circuit employs 14 full-time assistant district attorneys, 3 investigators, 3 victim-witness officers, a special projects director, a coordinator for the Children's Advocacy Center and other administrative assistants and clerks.

In our community we serve about 240 child sexual abuse victims annually. Almost 50 percent of their cases are referred for prosecution and nearly 100 percent of

these result in guilty pleas or convictions. This was achieved by implementing an approach that focuses on the child rather than the separate needs of the agencies and professionals involved.

Prosecutors, as the chief law enforcement officers in their communities, are in an excellent position to take the lead in mobilizing agencies and professionals to make the changes needed to implement a multidisciplinary approach to the problem, an approach that has proven more humane and effective in our community and can be in others as well. Although each community has a unique chemistry, there are basic elements on which a program can be built that are useful to any community.

Monthly review meetings between child protective services and the prosecutor's office begun in 1981, formed the basis for a major component of our program, though we did not anticipate it at the time. We reviewed specific cases of child abuse, including cases of sexual abuse. During these sessions, the district attorney's office gave advice to the protective services agency workers regarding courtroom testimony, the elements of criminal offenses, proper file documentation, and whether to refer developing cases to law enforcement. In late 1981, case review meetings were scheduled biweekly, and law enforcement detectives were invited to attend from both the Huntsville Police Department and the Juvenile Unit of the Madison County Sheriffs Department.

Team review. We reviewed the first sexual abuse cases in 1981. That year, we faced an overwhelming increase in the number of child sexual abuse cases. By the end of the year, statistics reflected that 35 percent of the reviewed child abuse cases involved child sexual abuse. Alarmingly, the number grew to 90 percent by mid-1985.

Certain problems kept recurring during the sessions. The many professionals involved with the child victims were not communicating with each other. Medical examinations were incomplete. They were often performed in

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hospital emergency rooms after the children were kept waiting for hours. The children and their families were bounced from agency to agency: law enforcement, protective service, hospitals, therapy, the juvenile court system, and the district attorney's office. The system was revictimizing the children. Few children and families could survive, much less benefit from, this approach; yet, reported cases were reaching epidemic levels.

Community Approach

The professionals participating in case review were alarmed by the increasing number of child sexual abuse cases and wanted to alert and inform other professionals and community leaders of the extent of the problem. In 1983, representatives from the district attorney's office and the protective services agency appeared before the County Child Abuse Prevention Coalition, which had existed in the community for almost 10 years, to inform them of the alarming growth in the number of child sexual abuse cases. The representatives stressed the need for increased professional involvement from the community, particularly from the medical community, and emphasized the need to educate teachers, nurses, day care workers, and others who were likely to be exposed to cases of child sexual abuse. The meeting stimulated the community into forming a Child Sexual Abuse Task Force.

The task force was composed of representatives from many fields: medical, counseling, educational, prosecution, protective services, law enforcement, day care, among others. The task force met twice each month and was divided into four subcommittees: treatment, intervention, identification, and prevention. The subcommittees developed independent goals and made appropriate recommendations to the task force.

The primary purpose of the task force was to bring agency representatives together to discuss shared problems. Although most of the task force members had "hands-on" experience with reported cases of child sexual abuse, they had never met each other. The protective services agency workers often referred children and families to therapists without any knowledge of the therapists' treatment philosophy. Many of the members were unfamiliar with the process of criminal prosecution and were reluctant to report cases into the system because of the effect they feared it would have on the family. The task force meetings and projects allowed professionals to discuss their common problems with one another. It brought the professional community closer and closed gaps in their communication.

Multidisciplinary Program Proposed

In August of 1984, the Intervention Committee of the task force proposed to the task force a program for the community called the Children's Advocacy Center. During the August meeting of the task force, a reenactment of an

actual case of child sexual abuse was presented to the members present in an effort to illustrate the previous approach taken by all of the community agencies. The professionals then recognized that this approach was actually revictimizing the child.

A matter of particular concern was the multiple interviews that the children were undergoing. Although community agencies were working together, the children were still being bounced from agency to agency and at each agency they were interviewed by yet another "stranger." By the time cases were referred for criminal prosecution, the children and often their families were "worn out." Methods of dealing with these cases were not as effective as they could be and were even damaging to the child.

As an alternative, a multidisciplinary child-focused program was proposed to the task force to be known as the Children's Advocacy Center. This program was to focus on an "advanced" team approach to reported cases of child sexual abuse. The objective was to demonstrate a unique and successful community approach to interagency management of child sexual abuse reports. The overall goal of the project was to consolidate agency and professional involvement in addressing the problem of child sexual abuse.

The Children's Advocacy Center

The Children's Advocacy Center is located in a house in downtown Huntsville, Alabama. A house was deliberately chosen in preference to an office building. The house symbolizes the non-institutional approach to handling child sexual abuse cases. By agreement, all relevant community agencies coordinate their activity out of the Center. Each law enforcement agency has assigned one detective as its liaison to the Center. The Office of the District Attorney has assigned an assistant district attorney as its full-time liaison and the protective services agency has assigned a full-time social worker. Together, they comprise the Center's program staff. The administrative staff includes a program coordinator and clerical support staff.

By written agency agreement, all reports of child sexual abuse are referred to the Children's Advocacy Center. Rather than visiting police departments, protective services offices, hospital emergency rooms, mental health treatment facilities and the prosecutor's office, the children are directed to the Center. Their first contact at the Center is with a member of the interview team.

The interview team is selected from protective services and law enforcement personnel. Careful attention is given to the interview methods and approach. There are three interview rooms available at the Center, each designed for a different age group. There is also a playroom for very young victims and two other rooms for older children.

Specially trained professionals conduct interviews in rooms designed to appeal to children of different ages. The interviewers are from protective services, law enforcement, mental health, and the district attorney's office, as

well as Children's Center staff. Necessary aids, including anatomically correct dolls and art materials, are available. The Center is equipped to videotape the interview(s); however, the professionals in the program have become so effective in preparing cases for team review and for court that we anticipate little or no use of videotaped interviews in the future. The interview may be conducted in phases or sessions. Children normally will not tell the full story in one interview. The interviewer begins by establishing a relationship of trust with the child before the interview starts. The child is given a tour of the house and allowed to inspect every room. The child should be able to feel that the Center is his or her special place.

The various professionals who work with the Children's Advocacy Center have designed comprehensive standardized case forms to ensure that all information needed to serve the children is available in one location. The form is used to gather relevant information from each of the participating agencies. This method for uniformly collecting information minimizes the chances that a case could get lost in the cracks, prevents duplication of effort, and allows cases to be tracked for evaluation purposes.

At the completion of the interview the child and, when appropriate, the family are referred for therapy. The therapist is contacted and therapy sessions can be initiated at the Center. It is important that each introduction of the child to any agency representative occur at the Center, on the child's "turf."

Once the initial interview is completed, the case is presented by the interviewer at one of the weekly case review sessions. When the child completes the initial therapy session, the therapist then can become part of the team review and should participate in making recommendations for further procedures. The Children's Center staff therapist participates in all case review sessions.

Case review strengthened relations among all the professionals intervening in child sexual abuse cases. Most often the initial interview is conducted jointly by a law enforcement investigator and child protective services worker. (The Madison County protective services agency recently agreed to implement a protocol requiring notification of the district attorney's office within 24 hours of specified reports on suspected child abuse cases.) They then together investigate and develop a report in cases involving child sexual abuse. They initially interview the victim and may eventually jointly confront the alleged offender. This has caused a dramatic turnaround in the attitude of law enforcement detectives and social workers. The team review experience has allowed each agency representative to better understand the philosophy of the other agencies and has prevented the duplication of effort.

The case review process determines the route a case takes. This may include changing custody, active law enforcement involvement, prosecution, ongoing review, diversion, et cetera. The process begins at the initial interview and ends at case retirement. This ensures a comprehensive approach which maximizes the quality of services to chil-

dren and their families. It also provides a constant support system for the professionals serving the children.

A general round table discussion is held once a month. Treatment professionals along with protective service workers, law enforcement officers and representatives of the district attorney's office, meet to discuss any problems incurred in this review process.

Less than one-half of reported child sexual abuse cases are referred to the criminal justice system. However, the involvement of a child and family in the criminal justice system can, under certain circumstances, be beneficial and even therapeutic. This can only be accomplished with a sensitive and patient approach to the child and the child's family; it cannot be correctly approached without the involvement of a therapist and an advocate from the criminal justice system.

Such advocates in our system are the district attorney's victim-witness officers who are available to first introduce the child to the criminal justice system. One of the officers also participates in case review. When cases are referred for criminal prosecution, the coordinator is introduced to the child at the Center. This occurs after the initial interview session has been completed and after the child is in therapy. The professionals involved in the Madison County system have determined that the child victims participation in the criminal justice system can be therapeutic.

The victim-witness coordinator will continue contacts with the child even to the point of making a home visit. When appropriate, the child, family or therapist may contribute to the decision on whether or not a case will be routed to the criminal justice system. If a case is accepted for prosecution, the victim-witness coordinator introduces the child to the assistant district attorney responsible for prosecuting that case. This introduction occurs at the Center and is made after the assigned assistant district attorney has an opportunity to review the videotape of the initial interview session and has participated in team review of the case. The coordinator also gives the child pretrial tours of the grand jury room and courtrooms and also accompanies the child during the actual courtroom sessions.

Training and Assessment

Staff members involved in the Children's Advocacy Center program have prepared a manual detailing the community approach to child sexual abuse. An evaluation plan has been developed which allows us to evaluate the benefits of this program to the child victims and their families.

It is anticipated that our program will further refine the interview techniques and processes in these cases. The Center's staff and other agency participants have become specialized in this process. The Children's Advocacy Center and the Police Foundation have developed a training videotape which provides a guide to developing and implementing the community approach to dealing with child sexual abuse. In addition, the Center annually sponsors a

National Symposium on Child Sexual Abuse for the benefit of protective services workers, law enforcement detectives, prosecutors, therapists and others. Other jurisdictions have used the videotape and participated in the training in the process of developing a community approach to child sexual abuse based on the Huntsville model. The Child Advocacy Center has now worked with 20 other communities in replicating the approach. To reflect the national impact of the program, its name has recently been changed to the National Children's Advocacy Center.

Conclusion

Madison County's community approach to child sexual abuse has worked remarkably well. The victim is now the central focus of the system and all professionals interacting with the child consider the welfare of the child as the first priority. In addition, professionals participating in coordinated case management now have a common understanding that offenders must account for their behavior.

This coordinated approach has required participants to improve their professional skills. The criminal justice system is better able to accommodate the needs of the child. The current approach is designed, not only for the purposes of the criminal justice system, but also to more effectively provide justice to the victim.

Referrals for criminal prosecution of child sexual abuse have increased dramatically in Madison County. Since early 1981, cases accepted for criminal prosecution have increased five fold. Recently, during one week, 12 children were taken into the courtroom in 11 different cases.

Professional team members have recognized that many juvenile offenders are in fact fleeing child abuse and neglect. Consequently, a successful community approach to this problem cannot ignore these children. Alternative delinquency programs are being established along the lines of the Huntsville child advocacy model to allow therapists to become involved in juvenile offender cases. Our entire juvenile system intake procedures are being redesigned to allow probation officers to identify victims of child abuse and neglect. Alternative sentencing programs are also being designed to allow more flexibility within the juvenile system.

The Children's Advocacy Center came into being as a result of the dedicated efforts of many individuals and agencies in Huntsville, Madison County, Alabama. It is a dynamic program that continues to expand and improve its services to meet the complex needs of child victims.

We are currently assisting many communities around this country to build a program similar to ours. While we do not claim to have *the* answer, the Children's Advocacy Center program does offer a successful formula. Using it can and should enable others to develop a multidisciplinary response to child sexual abuse that focuses on the best interests of child victims, while meeting the needs of the professionals who serve them and holding more offenders accountable.

Battered Women and Poverty

In the State of Arizona, the Governor's Office of Women's Services conducted "Women in poverty" hearings in six cities throughout the state. More than 450 people submitted written or verbal statements.

The final report, a compilation of more than 1,000 pages of testimony, research and statistical data, found the dilemma of poor women in Arizona to be part of a national problem. The great majority of America's poor are women and their children. Testimony at the hearings asserted that "poverty ranks high as the reason women return to abusive situations." Many women who decide to leave husbands who abuse them become "instantly poor." Testimony also pointed out that such women often have no means "... to make claims on ... the family income."

Victims of spouse abuse need a range of services to heal the trauma of abuse. Among the most critical services are the employment programs that can keep them and their children out of the ranks of the poor and provide them with economic independence. The Arizona "Women in Poverty" report states that "Such services are critical." Failure to provide them threatens the very survival of these women and their children."

There are many employment-related services that can benefit women, among them, training, pre-training for non-traditional trades, work-related survival skills training, placement, and post-placement counseling. The experience of the Family Resource Center, a battered women's shelter in southwest Virginia was presented in "Job Readiness for Battered Women: One Shelter's Experience" (*Response*, Fall 1985). *Response* invites shelters and other community programs to share their approaches to the reduction of poverty and the improvement of employability among battered women. The blunt statement of one Arizona victim of abuse puts the essential need for employment programs in perspective. "... I have learned to understand why some women never leave an abusive situation. It is a choice ... a choice of being battered or struggling on your own to support your family. Only the strong survive, either way."

Correction

The article, "Interpersonal Violence: A Hospital Based Model From Police to Program", which appeared in Issue 3 of Volume 9 of *Response* (1986) contained an erroneous note. The correct reference is:

1. See K. Klingbeil and V. Boyd, (1984) "Emergency Room Intervention: Detection, Assessment, and Treatment", Ed. Albert R. Roberts, *Battered Women and Their Families*, New York: Springer Publishing Co.