



Multi-Disciplinary Teams and Child Sexual Abuse Investigations[©]

Presented by

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Multi-Disciplinary Team (MDT) Approach to Child Abuse Investigations ©

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**Commanding Officer
(Retired)
Child Exploitation Unit
Chicago, IL USA**

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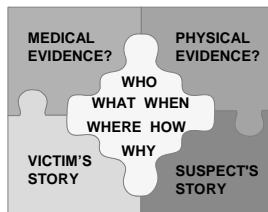
Public Perception of Child Abuse Investigations

- On TV child abuse cases are usually solved in about an hour
- In real life.... Child abuse investigations can take days, weeks, years or they are not solved at all

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Conducting the Child Abuse Investigation

- Rarely will an investigator have every piece of the puzzle



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Child Sexual Abuse Crimes

- Opportunity
- Desire
- Children are perfect victims

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Child Maltreatment

Defined

Child Sexual Abuse - Interfamilial Abuse

- Within the family residence

Child Sexual Exploitation

- Inside - Outside the family residence
- Multiple victims
- Child pornography
- Child prostitution

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Why utilize a Multi-Disciplinary Team in my Community?

- Better identification and intervention
- Accurate assessment of risk
- Greater efficiency
- Reduced duplication
- Enhanced quality of evidence
- Improved quality of services

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Multi-Disciplinary Team Purpose

- Multi-Agency Team coordinated response or the "MDT" creates a system of investigation and prosecution that causes the least possible trauma to children and families
- The MDT ensures coordinated action between agencies

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Multi-Disciplinary Team Purpose (cont.)

- The MDT reduces the number of interviews a victim undergoes
- Less "system inflicted trauma" to children
- In some communities around the country the heart of the MDT is the Child Advocacy Center (CAC) or alternatively the creation of a child friendly room for victim interviews

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Traditional Multi-Disciplinary Team

MDT Core members

- Law Enforcement
- Child Protective Services (CPS)
- Medical Community - SANE
- Prosecutor
- Child Advocacy Center (CAC)
- Mental Health

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Expansion of MDT Core Members

- Faculty – school districts
- Public health workers
- Court – appointed special child advocates (CASA)
- Domestic violence / rape crisis shelters
- 911 personnel

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Expansion of MDT Core Members (cont.)

- Churches or synagogues
- Juvenile Probation / Parole
- Native American tribal police
- Military investigators
- FBI
- VIRTUS Coordinators?

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The Child Abuse Investigation Process begins with a Victim Disclosure

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Disclosure Process

Traditional Child Sexual Abuse

- As the result of friends, TV or a school program

“Compliant” Child Sexual Abuse or Sexual Exploitation

- Accident

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The Child Abuse Investigations

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Two Investigations – Two Goals

CPS Responsibility

- What happened in the past?
- Who did it?
- What's likely to happen in the future?

Law Enforcement Responsibility

- What happened in the past?
- Who did it?

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Child Abuse Allegation WHAT NEEDS TO BE IDENTIFIED?

- Did something “bad” occur?
- What happened?
- How?
- Who is the offender (s)?
- Where did it happen?
- When and how many times did it occur?
- Was there a witness (s)?
- Is there EVIDENCE?

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Networking with Child Protective Services - CPS

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Child Protective Services

Federal Law

- Child Abuse Prevention and Treatment Act (CAPTA)
- Every state must have a CPS agency
- Every state must have statutes that define child maltreatment
- Every state must articulate how CPS will take reports & respond to child maltreatment

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Child Protective Services (CPS) “Caretaker Situation”

Identifying a caretaker....

- What is the relationship between the victim and the offender?
- Who had legal / temporary custody of the victim?
- Position of trust?

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Mandated Reporters

(325 ILCS 5/4) (from Ch. 23, par. 2054)
 Sec. 4. Persons required to report: privileged communications: transmitting false report. Any physician, resident, intern, hospital, hospital administrator and personnel engaged in examination, care and treatment of persons, surgeon, dentist, dentist hygienist, osteopath, chiropractor, podiatrist, physician assistant, substance abuse treatment personnel, funeral home director or employee, coroner, medical examiner, emergency medical technician, acupuncturist, crisis line or hotline personnel, school personnel (including administrators and both certified and non-certified school employees), educational advocate assigned to a child pursuant to the School Code, truant officers, social worker, social services administrator, domestic violence program personnel, registered nurse, licensed practical nurse, genetic counselor, respiratory care practitioner, advanced practice nurse, home health aide, director or staff assistant of a nursery school or a child day care center, recreational program or facility personnel, law enforcement officer, licensed professional counselor, licensed clinical professional counselor, registered psychologist and assistants working under the direct supervision of a psychologist, psychiatrist, or field personnel of the Department of Healthcare and Family Services, Public Health, Human Services (acting as successor to the Department of Mental Health and Developmental Disabilities, Rehabilitation Services, or Public Aid), Corrections, Human Rights, or Children and Family Services, supervisor and administrator of general assistance under the Illinois Public Aid Code, probation officer, or any other foster parent, homemaker or child care worker having reasonable cause to believe a child known to them in their professional or official capacity may be an abused child or a neglected child shall immediately report or cause a report to be made to the Department.

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Child Protective Services (CPS) Role

- Intake / Registry – “Hotline”
- Screen reports of child maltreatment by a parent or caretaker
- Identify families in need of services
- Investigation – Interviews
- Assess risk
- Intervention – Offer services
- Case closure – Permanency

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Networking with Law Enforcement

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Law Enforcement Role

- Conduct a criminal investigation of reports of child maltreatment
- Cross-report to CPS
- Identify – victim / witness / offender
- Conduct interviews / interrogations
- Determine if child maltreatment occurred and who is responsible

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Law Enforcement Role (cont.)

- Execute search warrants as necessary
- Process the crime scene
- Identify, photograph, recover and inventory evidence
- Arrest the offender
- Prepare the case for criminal charges
- Present evidence in court

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Some of the Investigative Problems in these Cases

- Almost always occurs in private
- In the majority of the sexual abuse cases there is no medical evidence
- The victim may not want the offender punished
- BUT, evidence can be used as corroboration of the crime

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Potential Corroborating Evidence Recovered from the Crime Scene or the Offender

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Networking with the PHYSICIAN, SANE or the MEDICAL COMMUNITY

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Medical Community Role

- Physicians
- Sexual Assault Nurse Examiners – SANE
- Treat any injuries
- Conduct and document a sexual specific examination to evaluate the victims body
- Treat the victim for possible pregnancy or STDs (STIs)
- Provide referrals

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Networking with the Medical Community (cont.)

Potential Evidence

- Semen
- Saliva
- STD (STI) - Pregnancy
- DNA
- Pubic hair
- Bite marks

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Networking with the PROSECUTOR

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Prosecutor Role

- MDTs are typically prosecution oriented
- Prosecutor may lead or direct the investigation
- Prosecutor – Victim Witness Advocates can provide support to the victim and family
- Meets with the MDT and makes the final decision on prosecution

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What Type of Case Is It: Civil or Criminal?

Civil:

- Protection of the child
- Family reunification

Criminal:

- Community protection
- Offender accountability

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Networking with MENTAL HEALTH

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Mental Health Role

- Psychiatrists, clinical psychologists, social workers, counselors, family therapists, art therapists, etc.
- Provide therapy and support for the victim and family
- Intervention issues – separation, treatment plan for the family, visitation, family reunification

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Mental Health Role (cont.)

- Monitoring of case resolution
- Identification of potential safety issues
- Expert witness for the prosecution
- Treatment – Specialized Providers and the child sex offender....

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Differences from Other Forms of Mental Health Treatment

- Involuntary clients
- Limited confidentiality
- Victim and community focus
- The primary focus of treatment is not the well-being of the client; rather, it is the protection of the community
- Treatment goals set by the provider

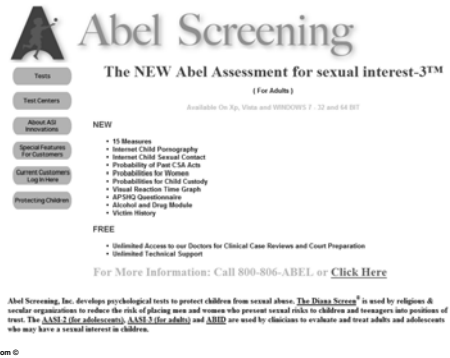
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Specialized Child Sex Offender Assessment

- Criminal justice assessments
- Clinical assessments
- Psycho-physiological assessments:
 - * Polygraph
 - * Penile plethysmograph –
 - * Abel Assessment for Sexual Interest

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Abel Screening, Inc. develops psychological tests to protect children from sexual abuse. The **Diagn Screen**™ is used by religious & secular organizations to reduce the risk of placing men and women who present sexual risks to children and teenagers into positions of trust. The **AAS1-2** (for adolescents), **AAS1-3** (for adults) and **ABID** are used by clinicians to evaluate and treat adults and adolescents who may have a sexual interest in children.

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Networking with the CHILD ADVOCACY CENTER – (CAC)

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Child Advocacy Center

- Alternatively a child friendly interview room
- CAC
- Interview room
- Observation room
- Forensic interview....

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What is a Forensic Interview?

A forensic interview is a child friendly and neutral discussion about an event that is in question. The child sits down with a forensic interviewer in a one-on-one setting that provides the child a reasonable, non-leading opportunity to present his or her information.

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Corroborating Disclosure

- When a child's statement appears to be the state's only evidence, it is easier for the defense to attack the child's allegation on memory and suggestibility grounds
- The defense often attacks the MDT or the interviewer and not the child
- Do not assume the victim's statement can't be corroborated

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Corroborating Disclosure (cont.)

Sensory Details:

- Sights, sounds and smells that make it real for the court – smell is the most powerful sensory tool

Surrounding Details:

- Seemingly insignificant facts that can make it real for the court – crushed beer cans, photos, pornography, etc.

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Corroborating Disclosure (cont.)

Behavioral and Emotional Changes:

- Changes in the victim's demeanor and mood – depression, acting out, changes in dress or grooming, eating problems, self mutilation, problems at school, etc.

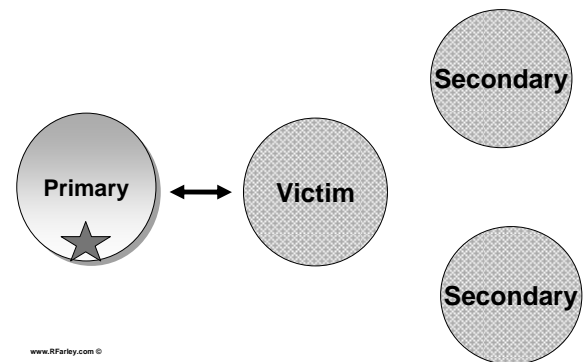
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Types of Questions

- Good touch / Bad touch ??
- SECRET TOUCH
- Describe penetration by naming the object
- Anatomical Inventory.....

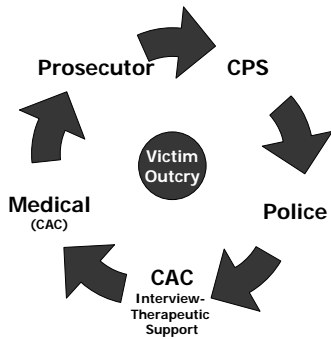
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Interview Seating



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MDT Disclosure Response



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Team Members Meeting Together for a Case Review

Substantiation Decision Making

- Victim statement
- All other statements
- Physical evidence recovered?
- Medical evidence identified?
- Offender statement?
- Any previous history or background?
- Prosecution?

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Thank you !

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