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Best Practices in the Response to Child Abuse

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BEST PRACTICES IN THE RESPONSE TO CHILD ABUSE

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"People do the best they know how to do, until they know better. Then they do better."

Oprah Winfrey

I. INTRODUCTION: THE PROBLEM OF CHILD ABUSE

Compared to other issues, such as poverty, crime, and substance abuse, child abuse has only recently been recognized as one of America's most destructive social evils. Not until the latter part of the nineteenth century did the government begin to acknowledge and address the problem, and it was well into the twentieth century before medical and social science research began to expose the real consequences of child maltreatment.[2] While high-profile cases of child abuse intermittently grab the public's attention, the more complete story of child maltreatment lies in the scientific data, produced by researchers, buried in academic journals and government statistical reports. Even a cursory review of that data produces a disturbing picture.

In America in 2004, there were an estimated 3 million referrals to child protective services. These 3 million reports of suspected child abuse involved 5.5 million children.[3] Of those investigated in 2004, an estimated 872,000 were found to be victims of abuse.[4] These numbers remained essentially stable for the five years between 1999 and 2004.[5] In 2004 in Mississippi, over 17,000 cases of abuse and neglect were reported, involving over 30,000 children.[6] Of those reports, 4215 were evidenced by child protective services.[7] These numbers do not include the child abuse reports that were received by law enforcement in Mississippi or nationwide. At

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2. Mary B. Larner et al., *Protecting Children From Abuse and Neglect: Analysis and Recommendations*, 8 THE FUTURE OF CHILDREN 4 (1998); Patricia A. Schene, *Past, Present and Future Roles of Child Protective Services*, 8 THE FUTURE OF CHILDREN 23 (1998).

3. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment 2004* 7, 23, 24.

4. *Id.*

5. *Id.*

6. Mississippi Department of Human Services, http://www.mdhs.state.ms.us/fcs_map3.html (last visited Oct. 15, 2005).

7. Mississippi Department of Human Services, http://www.mdhs.state.ms.us/fcs_map1.html (last visited Oct. 15, 2005).

present, there is no unified system of record keeping which can document the number of total reports made to both child welfare authorities and law enforcement.[8] But just with regard to the incidence of sexual abuse, consistent data indicate that one in four girls and one in seven boys will be molested at some time before reaching the age of majority.[9] Research on men who admit to sexually abusing children indicates that individual perpetrators often sexually violate large numbers of children, while remaining undetected.[10] In one study, 561 admitted sex offenders confessed to sexually molesting a total of 27,777 different children.[11]

Although a half million child victims each year is an unacceptably large number, it is most certainly an underestimate. Self-report studies of adults who were child victims indicate that the majority of cases are never reported or investigated.[12] Indeed, there is consensus among child-protection professionals that most child abuse is not reported. For example, surveys of parents who self-report harming their children and surveys of professionals who come into contact with children indicate that the actual numbers of abused children are at least three times greater than what is reported each year.[13] Surveys of professionals who should be knowledgeable of their duty to report, such as teachers, physicians, physician assistants, and social workers, show that even these mandated reporters often fail to report the most serious cases of abuse.[14]

There are a number of reasons professionals fail to report, including perceived lack of evidence; belief that a report will cause more harm; the need to maintain good relationships with patients or clients; and lack of knowledge and training.[15] Most professionals who work with children receive little if any training in their undergraduate or graduate programs on the recognition of child abuse and the proper response to suspected abuse.[16] In Mississippi, as elsewhere, most training about child abuse is "on-the-job" training.[17]

While the rates of abuse expose the extent of the problem, studies on the consequences of abuse show how insidious the damage can be, to both

8. David Finkelhor & Richard Ormrod, *Child Abuse Reported to the Police*, JUV. JUST. BULL. 1, 6 (U.S. Dep't of Just., Wash., D.C.), May 2001.

9. Rebecca M. Bolen & Maria Scannapieco, *Prevalence of Child Sexual Abuse: A Corrective Metanalysis*, SOC. SER. REV., Sept. 1999, at 281, 292.

10. Gene G. Abel et al., *Self-Reported Sex Crimes of Nonincarcerated Paraphiliacs*, 2 J. OF INTERPERSONAL VIOLENCE 3, 11, 19 (1987).

11. *Id.*

12. Evel Jonzon & Frankl Lindblad, *Disclosure, Reactions and Social Support: Findings from a Sample of Adult Victims of Child Sexual Abuse*, 9 CHILD MALTREATMENT 190 (2004).

13. Jill Goldman et al., *A Coordinated Response to Child Abuse and Neglect: The Foundation of Practice*, 2003 U.S. Dep't of Health and Human Serv., Admin. for Child. and Fams., Child. Bureau, Off. on Child Abuse and Neglect: Child Abuse and Neglect User Manual Series.

14. Steven Delaronde et al., *Opinions Among Mandated Reporters Toward Child Maltreatment Reporting Policies*, 24 CHILD ABUSE & NEGLECT 901 (2000); Maureen C. Kenny, *Child Abuse Reporting: Teachers' Perceived Deterrents*, 25 CHILD ABUSE & NEGLECT 81 (2001).

15. Victor I. Vieth, *Unto the Third Generation: A Call to End Child Abuse in the United States Within 120 Years*, 12:3/4 JOURNAL OF AGGRESSION, MALTREATMENT & TRAUMA 5–54 (2006).

16. *Id.*

17. *Id.* (discussing the need for undergraduate and graduate training in child abuse).

the child victim and the rest of society. On average, 1400 children a year pay the ultimate price for child abuse.[18] Mostly killed by their parents and caregivers, most of them infants and toddlers, these children represent the shame of a nation that purports to value its young.[19] And like other data on child abuse, the number of reported fatalities is likely an underestimate due to the mislabeling of many child homicides.[20] Child deaths may be blamed on accidents or natural causes, when in fact the children died at the hands of another. Poor medical diagnosis along with incomplete or incompetent law enforcement and child protection investigation can easily allow a child's murder to be incorrectly classified.[21]

For the children who survive abuse and neglect, many if not most suffer lifelong consequences. Research now solidly links child abuse to a myriad of negative outcomes.[22] For the survivors of physical abuse, immediate injuries may include bruises, burns, fractures, hemorrhages, and damage to internal organs.[23] Neurological impairments from violent shaking may include loss of vision, cerebral palsy, learning disabilities, and retardation.[24] Neglect in infancy is known to contribute to "non-organic failure to thrive," a condition in which an infant's height, weight, and motor development are significantly delayed with no medical explanation.[25]

In addition to the immediate neurological consequences of abuse, recent studies now point to a more pervasive type of damage to the developing brain, created by the negative experiences of abuse and neglect. Brain researchers like Dr. Bruce Perry of the Child Trauma Academy have begun to illustrate the mechanisms by which early adverse experiences can create lifelong maladaptive responses.[26] Children are born with "plastic" or malleable brains, which means their brains are capable of changing in response to experience.[27] A child's early experiences change the developing brain as neurons connect and pathways of signal transmission are formed in the

18. *Child Maltreatment 2004*, *supra* note 3.

19. *Id.* (discussing the ages of child victims and parental status of perpetrators of child homicides).

20. Robert Block, *Child Fatalities*, *in* THE APSAC HANDBOOK ON CHILD MALTREATMENT 293, 294 (John E. B. Myers et al. eds. 2002).

21. *Id.* at 299.

22. *See* David J. Kolko, *Child Physical Abuse*, *in* APSAC HANDBOOK ON CHILD MALTREATMENT 21, 30–36 (John E. B. Myers et al. eds. 2002) (discussing the consequences of physical abuse).

23. *See* Charles F. Johnson, *Physical Abuse, Accidental Versus Intentional Trauma in Children*, *in* APSAC HANDBOOK ON CHILD MALTREATMENT 249, 249–68 (John E. B. Myers et al. eds. 2002) (discussing various injuries resulting from physical abuse).

24. *Id.*

25. Goldman, *supra* note 13.

26. Child Trauma Academy is a Houston-based research and training institute dedicated to studying the effects of experience on the developing brain. For more information access http://www.childtrauma.org.

27. Bruce D. Perry & John Marcellus, *The Impact of Abuse and Neglect on the Developing Brain*, 7 COLLEAGUES FOR CHILDREN 1, 3 (2005), *available at* www.childtrauma.org/ctamaterials/AbuseBrain.asp (last visited Oct. 17, 2005).

brain.[28] As the child grows older, malleability decreases and the brain circuitry is more difficult to influence.[29] Thus, experiences in early childhood lay down patterns that will influence the child's cognitive, emotional, and behavioral responses for life.[30] Even a child's attachment to others is a function of this early brain influence.[31] Children who are repeatedly abused or chronically neglected do not form healthy attachments to caregivers, which in turn precludes the development of healthy relationships later in life.[32] The ability to feel love, empathy, sorrow, and even guilt for wrongdoing is tied to early relationships with caregivers.[33] Extreme examples, such as the case described by Dr. Perry below, illustrate the potentially disastrous consequences of adverse childhood experiences:

> A fifteen-year-old boy sees some shoes he wants. Another child is wearing them—so he pulls out his gun and demands the shoes. The younger child, at gunpoint, takes off his shoes and gives them up. The fifteen-year-old puts the gun to the child's head, smiles, and pulls the trigger. When he was arrested, the officers are chilled by the apparent lack of remorse. Asked later whether he could turn back the clock and do anything differently, he thinks and replies, "I would have cleaned my shoes." His bloody shoes led to his arrest. He exhibits regret for being caught, an intellectual, cognitive response—but not remorse, an affect. He feels no connection to the pain. He was neglected and humiliated by his primary caretakers when he was young. This fifteen-year-old murderer literally has emotional retardation. The part of his brain which would have allowed him to feel connected to other human beings and feel something did not develop, literally. He has affective blindness. Just as the retarded child has no capacity to ever understand abstract cognitive concepts, this young murderer has no capacity to be connected to other human beings in a healthy way. Experience, or rather lack of critical experiences, resulted in this affective blindness—this emotional retardation.[34]

28. For a general discussion of neurodevelopment, see Bruce D. Perry, *Incubated in Terror: Neurodevelopmental Factors in the Cycle of Violence*, *in* CHILDREN, YOUTH AND VIOLENCE: THE SEARCH FOR SOLUTIONS, 124–48 (J. Osofsky ed., Guilford Press 1997), *available at* www.childtrauma.org/ctamaterials/incubated1.asp (last visited Sept. 16, 2005).

29. *Id.*

30. *Id.*

31. *Id.*

32. *Id.*

33. *Id.*

34. *Id.*

Exposure to chronic abuse or threat of violence activates a "fight or flight" response in the human brain.[35] But since young children cannot fight or flee, their brains respond with states of "hyperarousal" (the brain readies the body for fighting) or "dissociation" (one "leaves" or "flees" mentally while remaining physically present).[36] Over time these responses become patterns or "states that become traits," and influence the child's vulnerability to post-traumatic stress disorder, attention deficits, hyperactivity, and learning difficulties.[37] As Dr. Perry describes:

> This principle is critically important in understanding why a traumatized child—in a persisting state of arousal—can sit in a classroom and not learn. The brain of this child has different parts of the brain "controlling" his functioning than a child that is calm. The capacity to internalize new verbal cognitive information depends upon having portions of the frontal and related cortical areas being activated. This, in turn, requires a state of attentive calm. A state the traumatized child rarely achieves.[38]

To further illustrate the neurobiological effects of abuse, there is abundant research which shows that emotional and behavioral problems are strongly linked to child abuse. The tendency to experience suicidal thoughts is associated with a history of child abuse, even in children as young as eight years old.[39] Adult women who were questioned about adverse childhood experiences revealed that the greater their exposure had been to influences such as violence, child abuse, and parental substance abuse, the more likely they were to have been pregnant as teens and to have the pregnancy end in the death of the fetus.[40] The same study also found that the more adverse experiences the women had as children, the more likely they were to have current serious family problems, job problems, financial problems, high stress, or uncontrollable anger.[41]

In another study involving 1000 adolescents, researchers compared youth who had experienced some form of significant child abuse with those who had no reported abuse.[42] The researchers found that adolescents who were abused as children:

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35. Bruce D. Perry, *The Neurodevelopmental Impact of Violence in Childhood*, *in* TEXTBOOK OF CHILD AND ADOLESCENT FORENSIC PSYCHIATRY, 221–38 (D. Schetky & E. Benedek eds., Am. Psychiatric Press, Inc. 2001).

36. *Id.*

37. *Id.*

38. *Id.*

39. Richard T. Thompson et al., *Suicide Ideation Among 8-year olds Who are Maltreated and at Risk: Findings from the LONGSCAN Studies*, 10 CHILD MALTREATMENT 1, 10, 26–36 (2005).

40. Susan D. Hillis et al., *The Association Between Adverse Childhood Experiences and Adolescent Pregnancy, Long Term Psychosocial Consequences, and Fetal Death*, 113 PEDIATRICS 320, 322–23 (2004).

41. *Id.*

42. Barbara Tatem Kelley, Terence P. Thornberry & Carolyn A. Smith, *In the Wake of Childhood Maltreatment*, JUV. JUST. BULL., (U.S. Dep't of Just., Wash., D.C.), Aug. 1997, at 1, 2.

- were significantly more likely to become involved in delinquency, to engage in delinquent activities more frequently, and to commit more serious violent acts;
- were significantly more likely to use drugs;
- (for girls) were significantly more likely to become pregnant in adolescence;
- have significantly lower school achievement; and
- experience significantly more mental health problems including depression; anxiety; social isolation; and aggressive, hyperactive, or hostile behavior.[43]

The connection between child abuse and adult criminality is likewise well established. In one large longitudinal study, identified child abuse victims were compared with a non-abuse control group after both reached adulthood.[44] The abuse victims were significantly more likely to have been arrested for violent crime, to have attempted suicide, and to have met the diagnostic criteria for Antisocial Personality Disorder.[45]

As this research illustrates, in addition to the very personal suffering experienced by child abuse victims, the consequences of abuse inevitably extend to society, which bears the cost of this plague—and the cost in dollars is extreme. Estimates by researchers place cost of child abuse in the United States at over 94 billion dollars, as categorized below.[46]

Source of Costs / Estimated Annual Cost

Direct Costs

Hospitalization $6,205,395,000
Chronic health problems $2,987,957,400
Mental health care system $425,110,400
Child welfare system $14,400,000,000
Law enforcement $24,709,800
Judicial system $341,174,702

Total direct costs $24,384,347,302

Indirect Costs

Special education $223,607,803
Mental health and health care $4,627,636,025
Juvenile delinquency $8,805,291,372
Lost productivity to society due to unemployment $656,000,000
Adult criminality $55,380,000,000

43. *Id.*

44. Cathy S. Widom, *Childhood Victimization: Early Adversity, Later Psychopathology*, NAT'L INST. OF JUST. J., Jan. 2000, at 1, 2–9.

45. *Id.*

46. Prevent Child Abuse America, http://member.preventchildabuse.org/site/PageServer?pagename=research_reports_and_surveys (last visited Oct. 15, 2006).

Total indirect costs $69,692,535,227
Total Cost $94,076,882,529[47]

A social researcher would be hard pressed to find one vector that is linked to so many negative outcomes. Indeed, child maltreatment may one day be recognized as the unifying, but evil, "magic bullet" that, if eliminated, could truly improve society.

II. THE RESPONSE: COMMUNITY COLLABORATION TO ADDRESS CHILD ABUSE

The agencies that respond to child abuse have struggled for over a century to grapple with this multifaceted problem.[48] Now, at the beginning of the twenty-first century there is a building consensus on the efficacy of some models of intervention. What are those models, and how is Mississippi progressing in their implementation?

Prior to the mid-nineteenth century, there was little recognition of child maltreatment and no legal protection for child abuse victims.[49] Early legislation created penalties for child abuse, but the task of investigating and responding to it was left in the hands of charitable organizations. Only in the twentieth century did government entities take full responsibility for receiving child abuse reports and responding to victims.[50] Even so, most child abuse cases were still unknown to authorities, and legal responses to identified cases were weak or nonexistent.[51]

The 1960s marked a shift in the recognition and response to child abuse with the publication of C. Henry Kempe's landmark article on the Battered Child Syndrome.[52] After Americans came to realize the prevalence of physical abuse, child sexual abuse, and other forms of child maltreatment which emerged as recognized problems, states moved to pass laws to mandate the reporting of all forms of child abuse.[53] Currently, mandated reporting laws exist in every state and U.S. territory.[54]

Most state statutes mandate the reporting of suspected child abuse and do not require the reporter to have direct proof of abuse.[55] Some states limit mandated reporting to specific professionals, such as teachers and healthcare professionals.[56] Mississippi Code section 43-21-353 mandates

47. *Id.*

48. See SETH C. KALICHMAN, MANDATED REPORTING OF SUSPECTED CHILD ABUSE, ETHICS, LAW AND POLICY 9–11 (1993).

49. *Id.*

50. Patricia A. Schene, *Past, Present and Future Roles of Child Protective Services*, 8 THE FUTURE OF CHILDREN 1, 23–38 (1998).

51. *See id.*; Victor I. Vieth, *In My Neighbor's House: A Proposal to Address Child Abuse in Rural America*, 22 HAMLINE L. REV. 143 (1998).

52. C. Henry Kempe et al., *The Battered-Child Syndrome*, 181 JAMA 1, 17–24 (1962).

53. KALICHMAN, *supra* note 48, at 11.

54. U.S. Department of Health & Human Services, Administration for Children & Families, State Statute Search, *at* http://www.childwelfare.gov (last visited Aug. 11, 2005).

55. KALICHMAN, *supra* note 48, at 13–22.

56. KALICHMAN, *supra* note 48, at 23–24.

reporting by *all persons* who have "*reasonable cause to suspect*," making Mississippi's law one of the broader statutes.[57] In addition, Mississippi does not specifically exempt any group from reporting, whereas some states allow attorneys or clergy to claim confidentiality or privilege as exemptions from the duty to report.[58]

The responsibility for responding to reports is typically assumed by state child protective service agencies. Section 43-21-353 requires the Mississippi Department of Human Services (MDHS) to maintain a statewide incoming telephone service to receive reports of suspected abuse.[59] Once a report is received, MDHS is required to notify the appropriate law enforcement agency, prosecutor, and the youth court of the suspected abuse.[60] The law enforcement agency and MDHS are mandated to investigate immediately.[61] In addition, the law enforcement agency and MDHS must provide updated reports to the youth court and prosecutors as additional information becomes available.[62] Thus, the procedures outlined in section 43-21-353 prescribe which agencies are responsible for receiving and responding to child abuse reports in Mississippi, and outline the necessary initial actions of the responding agencies.[63]

In addition to the foregoing mandated reporting and investigative responses, Mississippi Code section 43-15-51 allows for the formation of multidisciplinary teams (MDTs) in each county to "implement a coordinated multidisciplinary team approach to intervention in reports involving alleged severe or potential felony child physical or sexual abuse, exploitation, or maltreatment."[64] These teams are to assist in "the evaluation and investigation of reports and to provide consultation and coordination for agencies involved in child protection cases."[65] Agencies and individuals that may be included in the MDT include the district attorney's office; city and county law enforcement agencies; county attorneys; youth court prosecutors; licensed medical and mental health practitioners; dentists; experts in the assessment and treatment of substance abuse or sexual abuse; and staff members of a Children's Advocacy Center.[66] The formation of multidisciplinary teams and the collaboration with Children's Advocacy Centers mirrors a national trend, which represents a new standard of best practice and a more effective response to the problem of child abuse.[67]

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57. MISS. CODE ANN. § 43-21-353 (2004).
58. *Id.*
59. *Id.*
60. *Id.*
61. *Id.*
62. *Id.*
63. *Id.*
64. MISS. CODE ANN. § 43-15-51 (2004).
65. *Id.*
66. *Id.*
67. *See* U.S. Department of Justice, Office for Victims of Crime, *Breaking the Cycle of Violence: Recommendations to Improve the Criminal Justice Response to Child Victims and Witnesses*, QVC MONOGRAPH, June 1999 at 1, 10; Donna Pence & Charles A. Wilson, *Reporting and Investigating Child Sexual Abuse* 2 THE SEXUAL ABUSE OF CHILDREN 70, 75 (1994); Jerome R. Kolbo & Edith Strong, *Multidisciplinary Team Approaches to the Investigation and Resolution of Child Abuse and Neglect: A*

III. MULTIDISCIPLINARY TEAMS: PROTECTING CHILDREN AND HOLDING OFFENDERS ACCOUNTABLE

> [E]xperience suggests that the heart of an improved system must be a community partnership for child protection . . . .[68]

After the mid-twentieth century, when mandated reporting laws were passed by all states, the number of reports grew exponentially.[69] For example, from 1976 to 1993, the number of children reported as abused or neglected increased by 347%.[70] The same government that mandated the reporting of abuse failed to anticipate the needs of state agencies to respond to those reports, and for the last three decades, state child protective service agencies have struggled to meet the demands of increasing caseloads.[71] In Mississippi, MDHS has been plagued with high turnover and chronic worker shortages.[72] Faced with large caseloads and daily decisions that would confound Solomon, many workers eventually opt for other types of work.[73] In Mississippi, as in communities nationwide, "there is an acute need to mobilize additional resources from the community" to partner with MDHS in protecting children.[74]

In most cases of substantiated severe child abuse there is also a crime to be investigated. Along with the state's child protective services, law enforcement agencies share responsibility for the primary child abuse investigation. In many cases law enforcement is the first to receive a report of suspected child abuse, especially in cases involving sexual abuse and severe physical abuse. Under Mississippi law, officers are mandated to report suspected abuse to MDHS, just as MDHS workers are mandated to report abuse cases to law enforcement.[75] What happens after both agencies receive the same report? In Mississippi counties where multidisciplinary teams exist, a protocol typically guides the coordination of the investigation.[76] Where protocols exist, the two agencies will ideally communicate on key issues such as:

- where the child will be interviewed, and by whom;
- whether the child will be referred for medical examination and who will perform that exam;

National Survey, 2 CHILD MALTREATMENT 61, 75; MARK ELLS, FORMING A MULTIDISCIPLINARY TEAM TO INVESTIGATE CHILD ABUSE, (2000) (discussing the benefits and utilization of MDTs).

68. Schene, *supra* note 50, at 23–38.

69. *See* Schene, *supra* note 50, at 23–38 (discussing the history of law and rise in reporting).

70. Schene, *supra* note 50, at 29.

71. *See* Schene, *supra* note 50, at 29.

72. Patricia Sawyer, *DHS: An Agency in Crisis*, CLARION-LEDGER (Jackson, Miss.), June 1, 2002, at A1.

73. *Id.*

74. Schene, *supra* note 50, at 23–38.

75. MISS. CODE ANN. § 43-21-353 (2004).

76. Family Crisis Services of Northwest Mississippi, Inc., TEAM TRAINING HANDBOOK 20–22 *available at* http://www.watervalley.net/users/rcs/msmcartn.html#handbook (last visited Oct. 18, 2005).

- which agency will interview the alleged perpetrators first; and
- whether corroborating evidence can be gathered.[77]

As the case progresses, regular MDT meetings allow for further case coordination and for information sharing with other team members who have additional evidence.[78]

The multidisciplinary team model was first implemented in response to the realization that when agencies fail to coordinate, cases are often compromised and children can be further harmed by the very system that exists to protect them.[79] When investigative agencies fail to communicate with one another, each proceeds with its own agenda and can compromise or contaminate the other's case. In most child-abuse cases, both law enforcement officers and child protective service workers are expected to interview the child and the alleged perpetrator.[80] If the social worker proceeds ahead of the officer, the suspect may flee or destroy valuable evidence.[81] If the officer proceeds ahead of the social worker, the family may fear legal consequences and refuse to cooperate with agency services, which could preserve the family or prevent removal of the child.[82] But even more importantly, uncoordinated investigations can increase stress and trauma for the child.[83] A child who is the subject of a report may have disclosed the abuse to a teacher, who takes the child to the principal or school counselor. After questioning the child, they report the suspected abuse to MDHS. The MDHS social worker arrives at school, questions the child, and finds that the child needs to be taken to the hospital for a medical exam. The doctor, nurse, and hospital social worker may interview the child. When the case is reported to law enforcement, a patrol officer may respond and question the child, then refer the case to a detective who also interviews the child. Within a very short time, the child could be questioned about a very traumatic incident by *eight* different professionals.[84] For a child who is injured and also traumatized, this is an additional *system-induced trauma.*[85]

But children are not the only casualties of the uncoordinated investigation. In civil or criminal court proceedings, the child's statement is often

77. *Id.*

78. *Id.* (with an overview of the MDT model in Mississippi).

79. *See also* ELLS, *supra* note 67; DONNA PENCE & CHARLES WILSON, TEAM INVESTIGATION OF CHILD SEXUAL ABUSE (Sage Publications 1994); Kolbo, *supra* note 67, at 61–72 (with an overview of the benefits of using MDTs).

80. Theodore P. Cross & David Finkelhor, *Police Involvement in Child Protective Services Investigations: Literature Review and Secondary Analysis*, 5 CHILD MALTREATMENT 224–34.

81. *Id.*

82. *Id.*

83. Kolbo, *supra* note 67, at 61.

84. *See* Nancy E. Walker, *Forensic Interviews of Children: The Components of Scientific Validity and Legal Admissibility*, 65 LAW AND CONTEMPORARY PROBLEMS 149 (2002); STEPHEN J. CECI & MAGGIE BRUCK, JEOPARDY IN THE COURTROOM 107–25 (1995) (discussing problems inherent in multiple interviews of children).

85. ELLS, *supra* note 67, at 4; Kolbo, *supra* note 67, at 61.

the cornerstone piece of evidence.[86] This is particularly true in child sexual-abuse cases where there is rarely medical evidence and the only witnesses are the child and the perpetrator.[87] When children are interviewed multiple times by multiple interviewers, the risk of contamination is great.[88] This is especially true when the interviews are conducted by untrained interviewers using inappropriate interview techniques.[89] Interviewers may ask leading questions or interview children without regard for their developmental needs.[90] Ultimately, children who are interviewed multiple times may begin to recant, if only to stop the frightening, overwhelming process of the investigation.[91] By coordinating the multi-agency response to child abuse, and by designating a forensic interviewer, children are spared additional stress and better information is obtained, inevitably leading to better decision-making.[92] And better decision-making positively impacts child protection and prosecution outcomes.[93]

The multidisciplinary team approach has now been recognized and recommended by experts nationwide for at least twenty-five years.[94] Implementation of a coordinated approach involving all pertinent agencies has been shown to reduce trauma to child victims and to increase the number of cases successfully prosecuted.[95] As stated in a United States Department of Justice (DOJ) publication, "[i]t is now well accepted that the best response to the challenge of child abuse and neglect investigations is the formation of an MDT."[96]

In this DOJ publication, specific benefits of an MDT are listed:

- Less "system inflicted" trauma to children and families
- Better agency decisions, including more accurate investigations and more appropriate interventions
- More efficient use of limited agency resources
- Better trained, more capable professionals
- More respect in the community and less burnout among child abuse professionals[97]

86. JOHN E. B. MYERS, LEGAL ISSUES IN CHILD ABUSE AND NEGLECT, 30–33 (1992) (discussing the importance and use of children's statements).

87. *Id.*

88. Debbie Joa & Meredyth G. Edelson, *Legal Outcomes for Children Who Have Been Sexually Abused: The Impact of Child Abuse Assessment Center Evaluations*, 9 CHILD MALTREATMENT 263, 265.

89. *See* CECI, *supra* note 84, at 107–25 (discussing problems inherent in repeated interviewing and inappropriate questions).

90. CECI, *supra* note 84, at 107–25.

91. Mary-Ann Burkhart, *"I Take It Back": When a Child Recants*, *in* 12 NAT'L CTR. FOR PROSECUTION OF CHILD ABUSE 3 (Am. Prosecutors Research Inst. ed. 1999), *available at* www.ndaa-apri.org/publications/newsletters/update_index.html (last visited Oct. 19, 2005).

92. Kolbo, *supra* note 67, at 62–67; Karen Saywitz et al., *Interviewing Children In and Out of Court*, *in* APSAC HANDBOOK ON CHILD MALTREATMENT 349–64 (John E. B. Myers et al. eds. 2002).

93. Kolbo, *supra* note 67.

94. PENCE & WILSON, *supra* note 79.

95. Vieth, *supra* note 51.

96. ELLS, *supra* note 79.

97. ELLS, *supra* note 79.

The National Center for Prosecution of Child Abuse also echoes the advantages of MDTs:

> Successful prosecution of child abuse requires different practices than those used to respond to other types of crime. One of the major differences is the critical role that information from a variety of individuals and agencies—law enforcement, child protective services (CPS), medical personnel and mental health professionals—plays in building strong child abuse cases. *Experts who deal with children, abuse issues, courts and trials on a daily basis agree that the optimal response to child abuse involves a coordinated multidisciplinary approach to share information and establish agency responsibilities.*[98]

The first multidisciplinary teams were formed in Mississippi in the 1980s.[99] In the late 1990s grant funds were made available through the Children's Justice Act Grant program administered by the Mississippi Department of Human Services to begin the process of establishing MDTs in every county.[100] Grant awards were given to the Northeast Mississippi Children's Advocacy Center in Oxford and South Mississippi Children's Advocacy Center in Gulfport to establish teams in the north and south regions of the state, respectively.[101] As of the year 2005, there were functioning MDTs in the majority of the eighty-two counties in Mississippi.[102] As per Mississippi law defining teams, the membership of most MDTs includes representatives from the district attorney's office, the sheriff's office, city or municipal police departments, county MDHS social workers, local Children's Advocacy Centers, youth court prosecutors, and other appropriate agencies.[103] Each member of the MDT performs a different but essential role in the investigation and decision-making process.

A. District Attorney

As the prosecutors for the counties or multi-county districts where they serve, district attorneys are responsible for upholding and enforcing the law. Child abuse is a crime that occurs in every county in Mississippi. The National Center for Prosecution of Child Abuse (NCPCA), which is an arm of the National District Attorneys Association, cites as policy that

98. Vieth, *supra* note 51 (emphasis added).

99. Children's Advocacy Centers of Mississippi, *at* http://www.cacsofms.org/history.html (last visited Oct. 19, 2005).

100. *See* Kolbo, *supra* note 67, at 69 (discussing Children's Justice Act grants and the development of MDTs).

101. Family Crisis Services of Northwest Mississippi, Inc., *at* http://www.watervalley.net/users/rcs/msmcartn.html (last visited Oct. 19, 2005) (describing the establishment of MDTs in Mississippi under the Children's Justice Act grant initiative).

102. *Id.* (providing a resource directory).

103. MISS. CODE ANN. § 43-15-51 (2004).

> (1) anyone who physically assaults a child or sexually molests or rapes a child, regardless of their relationship to that child, has committed a serious crime; (2) allegations of physical or sexual child abuse must be promptly and thoroughly investigated by well-trained law enforcement officers, and involve social service and medical personnel who are specially trained. The response should be coordinated, sensitive and swift; (3) prosecutors who make decisions about these cases should be specially trained; (4) if the case is provable, then criminal charges should be filed, irrespective of the familial relationship between the alleged perpetrator and the child, and (5) persons found guilty of child abuse crimes should be subject to sanctions, including incarceration and, if the person is amenable, court-mandated specialized treatment.[104]

NCPCA also recommends that the district attorney assume a leadership role in the investigation of child abuse cases, guiding the investigation from its beginning, citing that "when agencies conduct independent investigations, the opportunity to prosecute the offender may be lost."[105] NCPCA also cites the potential damage that can result from multiple interviews of the child, contaminating the case and further traumatizing the child.[106] When district attorneys (or assistant district attorneys assigned to child abuse prosecution) are MDT members, their role can be carried out with greater efficiency and they can positively impact the course of the case from the beginning.

B. Law Enforcement

Not all child abuse and neglect reports rise to the level of criminal prosecution.[107] Many times, cases of chronic neglect, such as educational or medical neglect, or cases of emotional abuse will be handled by child protective services alone.[108] However, in most cases of sexual abuse or felony physical abuse, child abuse will be investigated by law enforcement and prosecuted by the state.[109] Nationally, law enforcement agencies receive a large number of first reports of abuse, even though child protective services is usually designated by law to receive mandated reports.[110] However, the types of reports received by the two agencies differ slightly. Law enforcement is more likely to receive reports of physical abuse and child

104. Vieth, *supra* note 51.

105. AMERICAN PROSECUTORS RESEARCH INSTITUTE, NATIONAL CENTER FOR PROSECUTION OF CHILD ABUSE, INVESTIGATION AND PROSECUTION OF CHILD ABUSE 515 (2d ed. 1993).

106. *Id.* at 516.

107. *See* PENCE & WILSON, *supra* note 79.

108. PENCE & WILSON, *supra* note 79.

109. David I. Sheppard & Patricia A. Zangrillo, *Coordinating Investigations of Child Abuse*, 54 PUB. WELFARE 21 (1996).

110. *See* Finkelhor & Ormrod, *supra* note 8.

abuse related to domestic violence.[111] In Mississippi there is no uniform system of data collection to track the numbers of child abuse reports to law enforcement agencies.[112] The only incidence data on child abuse is that collected by MDHS, which does not include all law enforcement reports.[113]

According to many authorities, law enforcement investigations of child abuse demand a high level of technical knowledge.[114] In order to competently proceed in these investigations, child-abuse detectives are required to have knowledge of specialized techniques such as DNA analysis, pretextual telephone conversations, child development, child interview protocols, medical evidence in sexual and physical abuse cases, sex offender characteristics, physical and sexual abuse suspect interviewing, and many other areas of specialized knowledge.[115] Many rural communities are unable to dedicate officers to specialize in child-abuse investigations, making team collaboration an opportunity for officers to draw upon the knowledge of other professionals.[116]

Other issues weigh upon the law enforcement investigation of child abuse. The investigation of juvenile crimes tends to be a less desirable assignment in the law enforcement community, and tends to bring little status among fellow officers.[117] In addition, child-abuse allegations tend to be more tenuous than other types of crimes. As Pence and Wilson describe:

> When someone reports a burglary, police usually assume that the crime occurred, unless evidence is produced to cast doubt on the report. With child sexual abuse, the investigators often start with a less-than-clear allegation. They must base their inquiry on the suspicions of someone close to the child in whom the child has confided . . . .[118]

Given these difficulties, much-needed support for officers may come from joint or multidisciplinary investigations. Collaborating with team members from various professional backgrounds provides law enforcement investigators with the depth of knowledge necessary to work these complex cases. According to a Police Foundation study of 606 sheriff's and police departments, ninety-four percent of officers conduct at least occasional joint investigations with child protective services and eighty-four percent indicated that child protective services and law enforcement teams improved the accuracy of the investigations.[119]

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111. Finkelhor & Ormrod, *supra* note 8.

112. Finkelhor & Ormrod, *supra* note 8.

113. Finkelhor & Ormrod, *supra* note 8.

114. *See* PENCE & WILSON, *supra* note 79, at 87–120; *see also* Vieth, *supra* note 51 (discussing law enforcement skills pertinent to child abuse investigations).

115. *See* PENCE & WILSON, *supra* note 79, at 87–120.

116. Vieth, *supra* note 51.

117. Vieth, *supra* note 51.

118. PENCE & WILSON, *supra* note 79, at 6.

119. PENCE & WILSON, *supra* note 79, at 6.

In 2001, the International Association of Chiefs of Police participated in a Child Protection Summit with the Child Welfare League of America and the National Children's Alliance.[120] This summit produced a set of recommendations, which were endorsed by the participating organizations. Included among those recommendations for agency leaders are:

- establishing specialized child abuse investigation units and/or staff members in law enforcement agencies and prosecutors' offices; and
- developing and supporting a multidisciplinary team (MDT) approach, which may be part of a Children's Advocacy Center (CAC), to provide coordinated child-abuse investigations and interventions.[121]

C. *Child Protective Services*

The Mississippi Department of Human Services (MDHS), through its Department of Family and Children Services, receives and responds to reports of child abuse as the agency designated by statute to do so.[122] After receipt of a report alleging abuse or neglect by a child's parent or caregiver, MDHS is required to investigate.[123] Each county in Mississippi is to be staffed with one or more investigative social workers, who are charged with carrying out the required investigations.[124] Due to the shortage of social workers, the Mississippi Legislature amended section 43-1-55[125] to allow MDHS to hire and certify child protection specialists, who are not required to have social work training but must possess at least a bachelor's degree in psychology, sociology, nursing, criminal justice, or a related field.[126] Child protection specialists must undergo specified training and may provide services in child abuse and neglect cases if their work is overseen by a licensed social worker.[127]

Mississippi law also provides for child-abuse investigations to be conducted jointly with law enforcement officers. Mississippi Code section 43-21-353 states that MDHS "may request the appropriate law enforcement officer with jurisdiction to accompany the department in its investigation and in such cases the law enforcement officer shall comply with such request."[128] In counties where multidisciplinary teams exist, the two agencies may have agreements to speak by phone at the outset of an investigation, and will share information at team meetings. When children are brought for interviews at one of the state's nine Children's Advocacy Centers, there

120. International Association of Chiefs of Police, Child Welfare League of America & National Children's Alliance, Building Partnerships That Protect Our Children: Recommendations from the 2001 Child Protection Summit, *available at* http://www.theiacp.org/pubinfo/researchcenterdox.htm (last visited Oct. 19, 2005).

121. *Id.*

122. MISS. CODE ANN. §§ 43-21-353, 354 (2004).

123. *Id.*

124. MISS. CODE ANN. §§ 43-15-7, 43-21-353 (2004).

125. H.R. 816, Reg. Sess. (Miss. 2004) (as approved by the governor).

126. MISS. CODE ANN. § 43-1-55 (2004).

127. *Id.*

128. MISS. CODE ANN. § 43-21-353 (2004).

is often an opportunity for case planning and information sharing between law enforcement and MDHS before and after the child's interview. The monthly or bi-monthly multidisciplinary team meetings may be the most frequent opportunity for case coordination and information sharing.

The practice of joint or team investigations is recommended and supported by most authorities and multiple studies.[129] In New York City a protocol exists between law enforcement and child protective services in which every potentially high-risk case is *jointly investigated* immediately, within two to twenty-four hours, depending on the severity of allegations.[130] This protocol has drawn praise from both agencies because it has produced more effective investigations and better outcomes for child victims, and it has lowered the risk of cases being mishandled.[131] Most state statutes now recommend or mandate the investigation of child abuse cases using a joint or team model of investigation.[132] Even in states where no law exists, many counties have adopted their own protocols for joint or team investigations.[133]

At times the cooperation between team members is complicated by the differing missions of their agencies. Law enforcement's goal is to collect evidence for criminal prosecution of an offender. MDHS's goal as a social welfare agency is to deliver services which can protect children while supporting and maintaining families. MDHS is mandated to make reasonable efforts "to maintain a child within his own home."[134] In some cases the different goals of law enforcement and MDHS can create conflicting actions. Through effective understanding and communication, law enforcement can sometimes agree to postpone or forgo arrests or filing of warrants in cases where MDHS is attempting to work toward family preservation, *if the child is being protected.*[135] Conversely, MDHS can, by state statute, forgo "reasonable efforts" to maintain a child in his home in cases where the youth court finds that the parent has subjected the child to "aggravated circumstances," including but not limited to abandonment, torture, chronic abuse, and sexual abuse.[136] Other cases which constitute aggravated circumstances are those in which:

- the parent has been convicted of:
  - murdering, or participating in the murder or voluntary manslaughter one of their other children;
  - felony assault resulting in the serious bodily injury to one of their children;

129. *See* PENCE & WILSON, *supra* note 79, at 9–12.

130. Timothy Ross, Francesca Levy & Robert Hope, *Improving Responses to Allegations of Severe Child Abuse: Results of the Instant Response Team Program* (Aug. 2004), *available at* http://www.vera.org/publication_pdf/243_459.pdf (last visited Oct. 21, 2005).

131. *Id.*

132. National Children's Alliance, Advocacy Center Statutes, *available at* http://www.nca-online.org/uploads/Statelegislationsummary8_17_04.pdf (last visited Oct. 15, 2006).

133. *Id.*

134. MISS. CODE ANN. § 43-21-603 (2004).

135. *Id.*

136. *Id.*

- the parent's parental rights were terminated involuntarily with a sibling of the child in question; or
- the child's continued placement in his own home would be contrary to his welfare and placement in foster care would serve the child's best interests.[137]

Thus, both law enforcement and MDHS have considerable ability to accommodate each other's goals, if the best interest of the child so dictates. Unless the investigators in both agencies, in consultation with other team members, share information and coordinate their efforts, they will proceed with their own agendas, often to the detriment of the case and the child. The multidisciplinary team remains the one consistent venue in Mississippi where collaboration can occur for the best interest of the child.

D. Children's Advocacy Centers

Multidisciplinary teams in Mississippi exist in most counties because grants from MDHS funded specific projects enabling Children's Advocacy Centers (CACs) to establish those teams.[138] In Mississippi and across the fifty states, Children's Advocacy Centers have led the effort to establish MDTs because the multidisciplinary team approach is the core value of all Children's Advocacy Centers.[139] Modeled after the first CAC established in Huntsville, Alabama in 1985, CACs have implemented system improvements, which reduce trauma to child victims.[140]

The Children's Advocacy Center in Huntsville was founded by former district attorney, current Congressman Bud Cramer, and others in the community who recognized the trauma that was inflicted on young child victims when they were forced to endure multiple interviews and examinations.[141] Cramer and the other child abuse professionals procured a small house in downtown Huntsville, which was remodeled to include child-friendly décor and an interview room where social workers, law enforcement investigators, and prosecutors were able to watch interviews from behind a one-way window, gathering the information they needed without repeatedly interviewing a child.[142] Investigations were more effective, children were protected, and offenders were successfully prosecuted.[143] The initiative of

137. *Id.*

138. *See* Family Crisis Services of Northwest Mississippi, Inc., *at* http://www.watervalley.net/users/rcs/msmcartn.html (last visited Oct. 19, 2005) (describing the establishment of MDTs in Mississippi under the Children's Justice Act grant initiative).

139. Wendy Walsh, Lisa Jones & Theodore Cross, *Children's Advocacy Centers: One Philosophy, Many Models*, 15 APSAC ADVISOR 3–7 (2003).

140. *Id.*

141. Sheppard & Zangrillo, *supra* note 109 (discussing the history and development of CACs); NATIONAL CHILDREN'S ADVOCACY CENTERS, BEST PRACTICES MANUAL OF CHILDREN'S ADVOCACY CENTERS 3–7 (Feb. 1990); National Children's Advocacy Center, *at* http://www.nationalcac.org/ncac/history.html (last visited Oct. 19, 2005); National Children's Advocacy Center, *at* http://www.nationalcac.org/professionals/model/cac_model.html (last visited Oct. 19, 2005).

142. Sheppard & Zangrillo, *supra* note 109.

143. *Id.*; AMERICAN PROSECUTORS RESEARCH INSTITUTE, INVESTIGATION AND PROSECUTION OF CHILD ABUSE 531 (2d ed. 1993).

Cramer and his colleagues resulted in a national movement to establish similar programs.[144] There are now more than 500 Children's Advocacy Center programs operating in the fifty states and District of Columbia.[145]

The first Children's Advocacy Center in Mississippi was established in 1990.[146] Located in downtown Jackson in a large refurbished house, the Mississippi Children's Advocacy Center has been joined by ten other CACs statewide.[147] All CACs in Mississippi operate under standards set by the National Children's Alliance, the membership organization that accredits existing Children's Advocacy Centers and supports the implementation of new centers.[148] In order to be accredited, CACs must adhere to standards for the provision of certain core services.[149] Core services which are offered at CACs include forensic interviews by trained interviewers, therapeutic services for child victims, and multidisciplinary team coordination.[150] In addition to these services, CACs must demonstrate cultural competency and diversity; provide for case review and tracking; and provide links to victim advocacy services and specialized medical exams.[151]

Although Children's Advocacy Centers must adhere to national standards and provide certain services, the model is a flexible one, allowing for CACs to exist as separate nonprofit agencies or as program components in a number of settings such as hospitals, district attorneys' offices, and child protective service agencies.[152] In Mississippi, all CACs are currently organized as independent, private nonprofit agencies.[153] The mission is the same as all CACs nationwide: provide accurate assessments that minimize trauma, protect children, and, when abuse has occurred, further justice so that offenders are held accountable.[154]

From the founding of the first Children's Advocacy Center in Huntsville, forensic interviewing has been the signature service offered by CACs.[155] Specially trained interviewers interview children in child-friendly environments with the aim of obtaining objective, forensically sound information.[156] Forensic interviewers are required to be familiar with the research pertaining to child development, memory, suggestibility, and linguistics so that their questions elicit the most objective information while

144. Sheppard & Zangrillo, *supra* note 109.

145. National Children's Alliance, *at* http://www.nca-online.org/pages/page.asp?page_id=4021 (last visited Oct. 15, 2006).

146. Children's Advocacy Centers of Mississippi, *at* http://www.cacsofms.org/contact.html (last visited Oct. 19, 2005).

147. *Id.*

148. Walsh, *supra* note 139, at 3.

149. Walsh, *supra* note 139, at 3.

150. Walsh, *supra* note 139, at 3.

151. Walsh, *supra* note 139, at 3.

152. Walsh, *supra* note 139, at 3.

153. Children's Advocacy Centers of Mississippi, *at* http://www.cacsofms.org/contact.html (last visited Oct. 19, 2005).

154. *Id.*

155. Walsh, *supra* note 139.

156. *Id.*

minimizing any possible contamination of the child's statement.[157] In addition, forensic interviewers must be trained in the use of an accepted protocol to guide the interview process.[158] Finally, the forensic interviewer must possess a depth of knowledge about child abuse and its dynamics so that the child's statement can be assessed for credibility and reliability.[159] In many CACs, such as the Mississippi Children's Advocacy Center in Jackson, forensic interviewers are also licensed mental health clinicians who make assessments of the child's mental health needs and make recommendations for treatment as part of the forensic interview process.

A number of nationally recognized training programs exist which teach interview protocols and the fundamentals of child abuse investigation.[160] In Mississippi, all CAC forensic interviewers are trained to utilize the protocol taught by Finding Words, a forty-hour training academy established by the American Prosecutors Research Institute.[161] The research-based curriculum is designed to develop state-of-the-art child abuse investigation skills among frontline professionals.[162] The Southwest Mississippi Children's Advocacy Center in McComb, Mississippi spearheaded the effort to bring this training to the state, and in 2002 Mississippi became one of the first three states to establish a permanent Finding Words training academy.[163] The interview protocol taught by Finding Words Mississippi is now used by CAC forensic interviewers in Mississippi and by trained law enforcement and MDHS professionals who work within the multidisciplinary team framework.[164] Other MDT professionals who typically attend Finding Words include prosecutors, medical professionals, mental health practitioners, and youth court personnel.[165]

In addition to mastering a protocol for interviewing, participants at Finding Words Mississippi must read a significant volume of printed material, which includes research pertaining to memory, suggestibility, child development, investigation, and prosecution.[166] The multidisciplinary team concept is heavily emphasized in the Finding Words curriculum, and participants must attend with others from their multidisciplinary teams, so that the team learns together the important concepts of case coordination and

157. Katherine C. Faller & Patricia Toth, *APSAC Forensic Interview Clinics*, 16 APSAC ADVISOR 2 (2004); Linda C. Steele, *Child Forensic Interview Structure, National Children's Advocacy Center* 15 APSAC ADVISOR 2, 4 (2003); Ernd Olafson & Julie Kenniston, *The Child Forensic Interview Training Institute of the Childhood Trust, Cincinnati Children's Hospital* 16 APSAC ADVISOR 11, 11 (2004).

158. Olafson, *supra* note 157.

159. Olafson, *supra* note 157.

160. *See* sources cited *supra* note 157.

161. American Prosecutors Research Institute, *Half a Nation by 2010*, *available at* http://www.ndaa-apri.org/apri/programs/ncpca/half_a_nation_2010.html (last visited Oct. 19, 2005).

162. *Id.*

163. Finding Words Mississippi, *Interviewing Children and Preparing for Court*, *at* http://www.msfindingwords.org (last visited Oct. 21, 2005).

164. *Id.*

165. *Id.*

166. American Prosecutors Research Institute, *supra* note 161.

collaboration.[167] Only professionals who are part of the child abuse investigation process or who belong to existing MDTs are eligible to attend.[168]

Reading and classroom lectures are a part of the participants' week-long training.[169] Students must also demonstrate what they have learned and the skills they have acquired by interviewing an adult actor who portrays a child abuse victim.[170] The interview is videotaped and observed by fellow class members who provide feedback for improvement.[171] Participants also practice interviewing children who discuss non-abuse experiences, such as a trip to the zoo.[172] Finally, participants must take and pass a final exam in order to graduate from the course.[173]

While many Finding Words graduates continue to depend upon their regional Child Advocacy Center to perform forensic interviews, there are still areas in Mississippi where no CAC exists within a reasonable driving distance.[174] In these communities MDT professionals can now utilize the forensic interview skills taught at Finding Words to obtain the best possible information from child victims, while working in coordination with other team members.

One feature of the forensic interview process is the video recording of the child's interview. The benefits of creating a video record of the interview have been debated over the last twenty years, but the practice is finding increased acceptance.[175] Many states encourage the recording of child interviews because of the advantages to the case and to the child. The advantages of videotaping the child's interview include:

- preserving the exact wording of all questions and answers
- documenting the child's account before memories fade and contamination occurs
- capturing nonverbal communication, such as gestures and facial expressions
- preserving the child's appearance at the time of the allegation, since significant developmental changes may occur before the case reaches trial
- limiting the number of interviews a child must endure
- permitting the interviewer to critique the interview and improve interviewing skills

167. *Id.*

168. *Id.*

169. *Id.*

170. *Id.*

171. *Id.*

172. *Id.*

173. *Id.*

174. Children's Advocacy Centers of Mississippi, *supra* note 153.

175. Lucy McGough, *Good Enough for Government Work: The Constitutional Duty to Preserve Forensic Interviews of Child Victims*, 65 LAW & CONTEMP. PROBS. 179, 179–208 (2002).

- conserving valuable court resources by allowing the prosecution and defense counsel to evaluate the child's statement before making a decision to go to trial[176]

As one writer stated, "videotaping of forensic interviews of children should become standard operating practice. But . . . videotaping is not universally required, and, indeed, off-the-record forensic interviews of children continue to be tolerated as 'good enough for government work.'"[177]

E. Medical Professionals

Many children require medical exams when there are serious allegations of abuse. Including medical professionals on the multidisciplinary team serves several important functions. The medical professional can be an actual provider of services to the children whose cases are investigated by the team and can share information about the cases in team meetings.[178] Even when the medical professional has not examined each child, he or she can interpret medical records and weigh the significance of medical findings.[179]

When medical providers join an MDT they typically do so because of their interest in providing these specialized services and because they have received the necessary training. This is significant because not all medical providers possess the knowledge or training to perform these specialized exams, and many prefer not to do so for fear of becoming involved in time-consuming court cases. In one study, physicians were surveyed regarding their knowledge of prepubescent genital anatomy.[180] Only sixty-one percent of practicing physicians were able to correctly identify the hymen of a prepubescent girl.[181] One would have to assume that a doctor who could not recognize a child's hymen would also be unable to diagnose any injury to it. Specialized training allows medical providers to make better assessments and may also allay fears about court involvement. In Mississippi, such training has been sponsored by the Mississippi Coalition Against Sexual Assault, in coordination with the Mississippi Office of the Attorney General and the University of Mississippi Medical Center, and funded by MDHS.[182] This training provides physicians and advanced practice nurses with a strong knowledge base in the physiology and anatomy of the teen and prepubescent child. Participants learn diagnostic indicators of child

176. *See* PENCE & WILSON, *supra* note 79, at 60–64; AMERICAN PROSECUTORS RESEARCH INSTITUTE, *supra* note 143, at 480–84; AMERICAN PROSECUTORS RESEARCH INSTITUTE, INVESTIGATION AND PROSECUTION OF CHILD ABUSE, 42–43 (3d ed. 2004); *see also* McGough, *supra* note 175, at 179–208 (discussing the advantages and disadvantages of videotaping).

177. McGough, *supra* note 175, at 179.

178. Walsh, *supra* note 148.

179. Walsh, *supra* note 148.

180. Kristen A. Lentsch & Charles F. Johnson, *Do Physicians Have Adequate Knowledge of Child Sexual Abuse? The Results of Two Surveys of Practicing Physicians*, 5 CHILD MALTREATMENT 1, 72–78 (2000).

181. *Id.*

182. Interview with Elise J. Turner, Statewide Coordinator, Sexual Assault Nurse Examiner Training and Physicians Sexual Assault Training, in Jackson, Miss. (Sept. 22, 2005).

abuse and neglect, and they gain skills in preparing for trial and testifying in court.[183]

F. Mental Health Professionals

Child abuse is traumatic for children. The mental health professional serving on the multidisciplinary team provides valuable consultation for team members, assisting them in the understanding of child development and abuse dynamics and in making appropriate referrals for therapy.[184] Mental health clinicians also provide important information to teams about the behavior of offenders and the capabilities of non-offending caregivers.[185] Such information is vitally important for the team as the members confer on child protection and prosecution decisions.[186]

In some Mississippi communities, the staff of the Child Advocacy Center provides mental health consultation to the team. In other communities, representatives from regional community mental health centers may serve on the team. In either case, the mental health professional provides input into case decision-making in addition to direct therapy services to child victims.[187]

G. Youth Court Personnel

In Mississippi, children who are abused or neglected by caregivers come under the purview of the youth court.[188] Cases are investigated by social workers, who must present recommendations to the youth court for disposition.[189] In what is often referred to as the civil (as opposed to criminal) case, information that is gathered and presented to the court will determine the child's future placement and often whether the child is protected from further abuse.[190] The inclusion of the youth court prosecutor, youth court counselor, and/or the court-appointed guardian ad litem (GAL) in the multidisciplinary team allows for better information sharing and decision-making as recommendations are made to the youth court.[191] Including the GAL in the multidisciplinary team allows that advocate for the child to fulfill some of the responsibilities of that appointment as outlined in Mississippi Code section 43-21-121. The prosecutor, counselor, and GAL can receive information from all investigative sources that better enable them to make recommendations to the court.

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183. *Id.*

184. PENCE & WILSON, *supra* note 79, at 39–41.

185. PENCE & WILSON, *supra* note 79, at 39–41.

186. PENCE & WILSON, *supra* note 79, at 39–41.

187. For example, mental health professionals from the Mississippi Children's Advocacy Center serve on the Rankin and Hinds County MDTs.

188. MISS. CODE ANN. §§ 43-21-105, 151 (2004).

189. MISS. CODE ANN. § 43-21-353 (2004).

190. MISS. CODE ANN. § 43-21-601 (2004).

191. *See* Family Crisis Services of Northwest Mississippi, Child Abuse Review Teams, *at* http://www.watervalley.net/users/rcs/msmcartn.html (last visited Oct. 24, 2005) (listing professionals serving on Mississippi MDTs).

IV. BEST PRACTICES FOR THE FUTURE OF MISSISSIPPI'S CHILDREN

The use of the multidisciplinary team to increase coordination and collaboration in child abuse cases has been an important and worthy addition to the nation's fight against child abuse. However, as valuable as the team can be, most teams in Mississippi convene only once or twice a month. Child abuse happens every day, and important decisions must often be made quickly without team coordination, resulting in mistakes and lost opportunities for child protection and prosecution.

In many of the nation's larger cities, members of the multidisciplinary team have found a better way to coordinate their efforts by co-locating their offices in a single location. When co-located, the team members have immediate access to one another's information and can quickly and seamlessly coordinate their response and investigation. In Memphis, Tennessee, the Memphis Children's Advocacy Center houses the child protection social workers who investigate child abuse, the law enforcement investigators who are assigned to these cases, and the staff of the district attorney's office who prosecute these cases.[192] Along with the forensic interviewers and other staff of the CAC, the Memphis team meets each morning to staff every new case of child abuse reported in the previous twenty-four hours.[193] In Houston, Texas, the Children's Assessment Center houses the social workers, law enforcement investigators, and prosecutors for Harris County who handle more than 4000 cases of child abuse reported there each year.[194] Also housed there are forensic interviewers, mental health counselors, and a medical clinic where trained medical professionals perform specialized child forensic exams.[195] The Houston CAC also houses a training department, which provides training and technical assistance to child abuse professionals regionally and nationally.[196]

In the near future, Mississippi will join the ranks of those states offering state-of-the-art services to child abuse victims.[197] The Mississippi Children's Justice Center, slated to open in Jackson, will be a one-stop facility for children when there is a suspicion of child abuse. A specialized medical clinic will provide forensic exams for children who are alleged to be physically or sexually abused. Trained medical providers will staff the clinic to evaluate and treat children and to provide expertise to team members. The Mississippi Children's Advocacy Center will provide forensic interviews. Office space will be provided for all other members of the Hinds County multidisciplinary team. Professionals will be able to coordinate their responses to new reports more effectively.

192. Memphis Child Advocacy Center, *Our Team Approach: MCAC Model*, *at* http://www.memphiscac.org/ourteamapproach/mcacmodel.asp (last visited Oct. 24, 2005).

193. *Id.*

194. The Children's Assessment Center, *at* http://www.cachouston.org/About/Services.aspx?_ctl0%3aMenuLink1=services# (last visited Oct. 24, 2005).

195. *Id.*

196. *Id.*

197. Author's note: information about the Mississippi Children's Justice Center was obtained from attendance at planning meetings and board meetings during the period 2001–2005.

The Children's Justice Center will not be a facility for the Jackson area only. Children from all over Mississippi can and will receive specialized services there. Through telemedicine capabilities, child maltreatment specialists will provide case consultation to professionals and MDT members statewide. The Mississippi Children's Justice Center will also provide training and technical assistance to frontline child abuse professionals across the state, through conferences and training seminars held at the facility.

The Mississippi Children's Justice Center will fulfill an important role in training mandated reporters to recognize and address the problem of child abuse. In conjunction with the University of Mississippi Medical Center, the Children's Justice Center will serve as a training site for medical, dental, nursing, psychology, and other allied health professionals. Staff at the Children's Justice Center will be available to provide training to communities across Mississippi. They will offer training and assistance to teachers, daycare workers, and others who regularly come into contact with children so that those persons will understand their duty to report child abuse and will be equipped to make reports when appropriate.

There is no reason for another generation of Mississippi's children to suffer when a better way is possible. Every frontline child abuse professional must be trained to perform his or her job. The multiple agencies that respond to child abuse must coordinate their efforts from the moment a report is received. To do less will result in the re-victimization of children by the very system designed to help and protect them.

We now know a better way. Through training of professionals, team coordination, and implementation of best-practice standards, more children can be protected and more offenders can be held accountable. Instead of experiencing further trauma, children can receive the help they need to begin to heal. When that happens in every community, more children in Mississippi's future generations will escape the damaging effects of child abuse, and the result will be positive and far-reaching for all of Mississippi's citizens.