

First Report of the Governor's Commission on Child Protection:

Strengthening Child Protection Services in New Hampshire

Brad Russ, Chair
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Executive Summary

This is the first report to Governor Craig Benson of the Governor's Commission on Child Protection. Commission members offer the following observations:

- *Governor Benson, Attorney General Peter Heed, and Department of Health and Human Services (DHHS) Commissioner John Stephen are deeply committed to the safety of New Hampshire's Children,*
- *New Hampshire measures favorably against other states in the nation in indicators of the well-being of children,*
- *Local, county, and state agencies must never be complacent in addressing policies and practices aimed at minimizing the victimization of children, and*
- *New Hampshire's professional communities in law enforcement, health, education, and child services stand ready to work collaboratively to improve upon current practices in child protection.*

Commission members are unanimous in their support of the following recommendations:

- *The child advocacy center (CAC) model is a "best practice" in child protection and should serve as the foundation of statewide efforts in the investigation and prosecution of child victimization cases,*
- *Every effort should be made to support the institutionalization of CACs in communities and counties throughout the state,*

- *Creative financing strategies should be developed to assist New Hampshire's communities to initiate and sustain child advocacy centers, and*
- *Joint education and training models should be developed and sustained to encourage professional competence in CAC protocols among law enforcement, health, education, and child service professionals in the state.*

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Introduction

The Governor's Commission on Child Protection was established by executive order of Governor Craig Benson. Governor Benson, Attorney General Peter Heed, and DHHS Commissioner John Stephen have assumed leadership roles in identifying the protection of New Hampshire's children as a key policy issue for the State. The Governor, with strong support from the Attorney General and Commissioner, has asked the Commission to study current child protection practices in the state and make specific recommendations, based upon best practice models, in order to make the state one of the safest in the nation for children to grow and thrive. This is the Commission's first report in response to its charge. This report addresses strategies to serve children who are victimized by criminal abuse, neglect, and maltreatment.

A Child Lost

Kayla* was a shy six year old about to start first grade in Clermont, Florida. She had a rough time in the few months prior to the start of school. Her biological mother could not care for her and sought out the parents of Kayla's biological father to see if they would assume custody. In the end, Kayla's father and his young wife agreed to take her into their home.

This appeared to offer some stability for Kayla, and matters seemed to brighten. Challenges remained, however. Kayla tested below grade level and required an individualized education plan at her school. Her teachers were fond of the frail young

* This narrative was excerpted from an NBC Dateline broadcast on October 4, 1999.

girl and they saw her make progress in school. They recommended that Kayla and her father seek counseling together to ease her transition to her new home.

The promise of Kayla's new life was short-lived. One weekend, she and her father visited a family friend. She had two large black eyes and what appeared to be other bruises. Alarmed, the friend insisted that he and Kayla's father drive her to the hospital. Both father and daughter reported she had fallen off a bike. The attending physician found internal bleeding, a broken nose, and contusions on her face. Both the doctor and family friend had their doubts about the bicycle story. The doctor asked her nurse to call Florida's Department of Children and Families (DCF).

A DCF worker was dispatched and interviewed the doctor, Kayla, and her father. The caseworker interviewed the friend as well. During each interview, the father was present. No one uttered the words "child abuse." At a court hearing the next day, the bicycle story prevailed and the presiding judge sent Kayla home with her father. There was a requirement that DCF monitor the family through home visits and a recommendation that psychological evaluations be done on father and child. DCF often contracted such cases to a private agency and they did so in Kayla's case.

Unfortunately, Kayla's case was not monitored by DCF or the private agency. Two weeks later, Kayla was absent from school. When she returned, she was wearing heavy make-up to cover what appeared to be more facial bruising. After yet additional bruising some time later, Kayla's teacher called DCF. Kayla explained that she had another bike accident. DCF referred the teacher to the private agency that it assumed was handling the case.

A private agency caseworker drove to Kayla's home and tacked a note on the door insisting that her father take Kayla to a hospital. The father complied. This time, another physician found large bruises on Kayla's back, abdomen, and head. The physician suggested that these were signs of chronic physical abuse. Kayla's father admitted that Kayla was a difficult child and he often spanked her with a paddle.

A new DCF caseworker drove to Kayla's home after the private agency referred the case back to the Department. The caseworker had not seen prior reports on Kayla's case. He believed that this was a new case. The caseworker interviewed Kayla while Kayla's father and his wife were in the room. The caseworker listened to Kayla's tale of bike accidents and mishaps at school, and did not object to Kayla's father's use of a paddle. The father offered that he had asked DCF several times for help with parenting Kayla. His pleas for help went unanswered. Moreover, no psychological evaluations of Kayla or her father had yet been done, although they were recommended long ago by the court. The caseworker left and never returned. He had no further contact with Kayla's teachers or physicians.

Kayla's teacher and guidance counselor were mystified that Kayla had not been placed in foster care. Kayla showed up twice more that fall with obvious bruises on her face and body. The last time, Kayla said she had been pulled down a flight of stairs by a dog. She had a lump the size of an egg on her forehead. In utter frustration, the teacher called DCF and demanded an investigation. Unfortunately, DCF had closed the case.

Four days after Thanksgiving, police found Kayla's lifeless body buried in a shallow grave in a national forest. Her father had beaten her in a fit of rage for the last time. The shy, frail six year old lost her life in the very home that promised her a new

life just seven months earlier. As he left a court hearing, Kayla's father stated that he asked for help many times, help that he and Kayla never received.

Kayla's story is a tragic tale of a child protection system gone terribly wrong. Teachers, physicians, caseworkers, and police worked separately on Kayla's case. Each knew only a part of the whole story. The lack of effectively structured communication among them contributed to Kayla's fate. A victim of chronic abuse by her father, she was further victimized by a fragmented child protection system. There was no coordinated support network over a seventh month period, and a six year old girl lost her life at the hand of an abusive parent in need of help. Kayla's story is ample cause to find successful ways to protect the lives of children in harm's way. We must do better. That may be the lesson of Kayla's tragic tale.

Child Victimization in the State and Nation

The protection of children is a public policy priority for two main reasons. First, children, unlike adults, have limited mobility to escape victimization. Dependent as they are on parents and families to meet food, housing, safety, educational, and developmental needs, children by themselves are unable to leave situations where these needs are not met. Second, there is considerable empirical evidence that victimization in childhood contributes to maladaptive behavior in adulthood, including depression, substance abuse, violence, and illness. These outcomes produce considerable and ongoing liens against resources necessary to provide health, safety, correctional, and social services to adults who were victimized as children. Efforts to minimize victimization among children is a cost-effective strategy to contain state spending in the long term.

Over the past thirty years, much progress has been made in protecting the safety of the nation's children. Informed by a comprehensive national research effort on the status and well-being of children, law makers, decision makers, the child welfare community, health care workers, teachers, and law enforcement have made concerted efforts to improve the safety and welfare of the nation's children. Child abuse, child sexual victimization, family violence, and bullying shows signs of decline. It may well be that greater public attention to these problems is, in some measure, responsible.

Much work remains, however. While it is true that child victimization appears to be on the decline, many children are still at risk. Recent national estimates indicate that 12.4 children of every 1000 children are victimized each year. Moreover, the younger the child, the greater the victimization risk. More than 80% are victimized by one or both parents. Sadly, approximately 1300 children die each year in the United States as a consequence of child abuse or neglect.

How are cases of suspected child victimization brought to the attention of child protection services? In New Hampshire, the larger share is referred by teachers, police, and physicians, in that order. In 2001, nearly 17,000 cases of suspected abuse and neglect were referred to child protective services in the state. Of that number, approximately 7,500 formal investigations and assessments were completed. Only 780 were substantiated cases of abuse or neglect. Approximately three quarters of these cases involved children 12 years old or younger. In that same year, one of those cases was a child fatality.

Is New Hampshire's record on child protection a good one? That is a difficult question to answer. We know that our child victimization rate is lower than that for the

nation as a whole. What we do not know is how effectively we are addressing the 17,000 referrals each year or whether or not there are other children at risk who escape the notice of teachers, police, physicians, and others. That very question may compel us to imagine a tighter system of support for those children. The thought of a single New Hampshire child in jeopardy and alone in the suffering is reason to try. In the short and long terms, we will pay a dear price if we do not.

The Child Advocacy Center Concept

Why We Need Child Advocacy Centers

The purpose of child advocacy centers (CAC) is twofold. First, try to avoid re-traumatizing child victims through numerous and repeated interviews conducted by multiple agencies within the law enforcement, child protective, and justice communities. Second, centers strive to improve prosecution rates of perpetrators through a more effective and coordinated investigation methodology.

The CACs are a neutral, child friendly environment staffed by child protection and forensic interviewing specialists. CACs include representatives from multiple agencies and build multi-disciplinary teams (MDT). A coordinated interview of the child victim is comprehensive, inclusive, and circumvents the inherent tension of the differing interests of the key players in an investigation. MDTs within the CAC also chart the progress of the investigation and prosecution of a case through on-going case reviews and status reports. This practice minimizes the trauma to the child victim, and avoids the danger of a child “falling through the cracks” as they may in less coordinated systems.¹ By applying the collective wisdom of multiple child protective specialists to these

complex cases, the likelihood of a successful outcome, both in terms of the case and the child's experience, is enhanced.

The interests of key players in a child protective case often differ, but the overarching goal of protecting the child is the same. In some cases, child protective services (CPS) may inadvertently inform the perpetrator that an investigation is in progress, making arrests and prosecution more difficult for law enforcement.² It is imperative, therefore, that the different agencies coordinate a single plan with input and review from one multi-disciplinary team. The following are core elements of the CAC investigative strategy: efficiency, inter-department communication, and more accessible service delivery to the victim. Preliminary research suggests that the collaboration of government agencies within the CAC system increases prosecution rates, confessions, and convictions of child abuse perpetrators.³

Multiple interviews of victims are common within traditional child protection systems. A 1997 study suggests that a child's definition of the investigative experience as "harmful" increased proportionately with the number of interviews.⁴ Multiple investigators may inadvertently exacerbate the traumatic experience for the victim. Moreover, repetition of "the story" by the child makes prosecution more difficult due to the inevitable discrepancies that surface with each subsequent interview. A New York City study, for example, determined that child sexual abuse victims repeated their stories an average of 8 times in a traditional investigation.⁵ The CAC model usually permits only one person to speak to the child, in a single interview, while representatives from key agencies offer input and questions from an observation room through an interviewer's

earpiece. This practice minimizes the dangers of multiple interviews in the traditional model while, at the same time, it meets the differing needs of the agencies involved.

By creating a comprehensive network of CACs in the state, the often-competing interests of the judicial system, law enforcement agencies, and child service representatives are met in a single interview with the child victim. Preliminary research indicates that the establishment of CACs significantly reduces the number of necessary interviews, improves communication, and increases confessions and prosecutions in child sex abuse cases.⁶

The Initial Formation of Child Advocacy Centers

The idea of child advocacy centers (CAC) was formulated in 1985 by district attorney Bud Cramer in Huntsville, Alabama with the establishment of the National Children's Advocacy Center. He suggested that a single, coordinated interview involving multiple key players in a child friendly atmosphere might improve the prosecution rate of sexual offenders. It may also lessen the traumatic effects of the investigation on the child victim.⁷ The initial impact of the program was encouraging. In 1987, it became the model for a nationwide movement to improve the investigative methodology of child sexual abuse victims. In response to the demands of grass roots community efforts, the National Children's Alliance (NCA) was formed. The NCA created a uniform set of protocols to improve the efficiency of child abuse investigations. In the early 1990's, Cramer was instrumental in the enactment of the Children's Advocacy Program Act by Congress. The Act established child advocacy centers as the "best practice" model in the Justice Department. In 2003 alone, the NCA will administer over \$5 million in federal funds to establish local CACs.⁸ The CAC model is based on a non-profit, locally controlled

organization accredited by a nationally based non-profit group (NCA) to allow for uniform protocols and evaluation methodologies.

The Establishment of CACs in Local Communities

Although CACs vary widely, the NCA has established criteria to create a uniform foundation upon which communities can build. These standards are based upon empirical evidence of effectiveness in the investigation of child abuse cases, and must be met to earn accreditation from the NCA. In order to meet the requirements, the locally based CAC must conform to established criteria. These include joint investigative interviews in a neutral facility, multi-disciplinary case review teams, and a case tracking system for the duration of the investigation and prosecution of the case.⁹ The strict adherence to common protocols allows for uniform evaluations of program effectiveness through more reliable and valid empirical data.¹⁰ It also creates a more efficient method of accountability. The CAC must report the outcomes of the program to the NCA, which are directly tied to the CAC's budget.¹¹ Sound evaluation standards are evolving, but the foundation of uniform practices and protocols has created a basis for systematic review of their effectiveness.

Summary

The advent of CACs was a response to the inefficiencies of traditional systems that often contribute to the tragedy of a child "falling through the cracks," when simple interdepartmental communication may help to avoid such outcomes. It also indicates a shift to a new model of the "best practice" for the investigation of child abuse cases. The institutionalization of the CAC model encourages professional collaboration among law enforcement, health education, child protection, and the legal professions. The CAC

methodology focuses on efficient and successful prosecution of the perpetrator. It also respects the need to avoid re-traumatizing the victim. The CAC model emphasizes tight case management and therapeutic intervention with the victim and non-offending family members. It illustrates a workable compromise between the goals of law enforcement in the prosecution of the perpetrator and the goals of child protective services in the therapeutic attention to the child victim.¹² The victimization of a child can be compounded by the investigation and prosecution of the case. The CAC model increases the likelihood that those who perpetrate a crime against the most vulnerable in our society will not go unpunished. Importantly, the victim is not lost in the process.

Opportunities in New Hampshire

New Hampshire is well-positioned to expand the use of the CAC model throughout the state. There are many reasons why this is the case.

- Leadership throughout the Executive Branch of state government is committed to improving the safety and protection of children,
- Currently, there are two operating centers in New Hampshire. Both are fully accredited by the NCA and can serve as models for a state-wide initiative. One center has increased the prosecution rate of child abuse cases by approximately 40% in the county since its inception,
- There is compelling evidence that CACs reduce costs by improving prosecution and conviction rates, thereby removing offenders at the time of first offense and reducing additional costs associated with recurring offending patterns,

- There is growing evidence that CACs decrease foster care placements by removing offending parents or guardians rather than victims from the home. Importantly, foster care is an expensive element of the child protection system,
- There is clear, case-specific evidence that multidisciplinary teams (MDTs) within CACs enhance the safety and services to child victims, while reducing the likelihood of victim retraumatization throughout the investigation and prosecution processes,
- The CAC model provides for evaluation standards of efficiencies and success. These standards are tied to continuing funding prospects, an asset in a state with scarce resources and an interest in investing in only those programs that clearly produce measurable results,
- New Hampshire is a state with a deep respect for governance at its most local level. The CAC model is one implemented, operated, and sustained by local interests at the municipal and county levels,
- Many professionals in the health, educational, law enforcement and social service communities around the state already have expressed interest in the CAC model, and finally
- The establishment and maintenance of CACs across the state by public/private partnerships allow for maximum service opportunities without an added burden to the taxpayer. The Rockingham County model has incorporated many innovative initiatives to raise money and maintain the CAC with the support of private business throughout the county.

OJJDP in the U.S. Department of Justice has established the CAC model as a “best practice.” New Hampshire appears ready to do the same.

Challenges in New Hampshire

While the CAC model offers great possibility to the state, there are challenges to meet. Careful consideration should be paid to the following conditions in the mapping of an action plan.

- New Hampshire has a population base of approximately 1.2 million people living in 234 communities in ten counties. Approximately 314,000 are children. It is unlikely that each community can support a separate CAC. Partnerships among several communities or county-wide collaboratives may need to be built to realize economies of scale and resources, while delivering needed services,
- Communities and counties will require support and direction as they struggle to build centers based upon NCA protocols. Ideally, a state-wide advisory group should be formed to provide this assistance, recognizing that group members would assume these advisory responsibilities on top of their existing job duties,
- Equal care must be given to the ongoing collection of data necessary to assess the efficacy and efficiency of case tracking and management within CACs,
- Funding strategies will need to be implemented. The following have become important funding sources for CACs in NH and other states:

1. Office of Attorney General funding,
 2. NCA funding,
 3. County support funding,
 4. Local fund raising efforts,
 5. Civic organization partnerships, and
 6. Business-Public Partnerships, among others.
- Continuing training formats must be developed and delivered successfully to the many professionals who will participate in CAC activities.

Any constructive change inevitably meets obstacles. Obstacles are not insurmountable, however. Nevertheless, it is wise to identify what they are and to be pragmatic in the plan to address them. The success of the CAC as a new component of New Hampshire's child protection system depends upon how well we address this task.

Recommendations to Protect New Hampshire's Child Victims

After careful study and lengthy deliberation, the Commission offers the following recommendations to improve protective services for child victims in New Hampshire. Each recommendation enjoys the complete support of Commission members.

- Establish the MDT model within CACs as the "best practice" for investigation and prosecution of child victimization cases in New Hampshire,
- Work closely with the executive, legislative, and judicial branches of state government to institutionalize the CAC model as a primary component of child protective services,

- Develop a public information campaign in concert with state media outlets to disseminate information to the public about local CAC services,
- Create a state-wide advisory group to establish a CAC state chapter and assist New Hampshire communities and counties in establishing local CACs,
- Search out short and long term funding strategies for municipalities and counties to implement and sustain CACs,
- Establish clear evaluation standards to assess the efficacy of CACs in the state, utilizing the expertise of social and behavioral scientists,
- Develop systematic, ongoing CAC protocol training opportunities for New Hampshire professionals in health, education, law enforcement, and social services, and
- Encourage the Governor to issue an executive order as a first step toward implementation of CACs, and support legislation to foster institutional longevity.

A Child Saved

We began this report with Kayla's story, a tragic story of a six year old girl in Florida whom the system failed. Kayla's case and other like hers are calls to action. We suggested that we should do a better job of protecting children who suffer at the hands of others. Certainly we should, but can we?

Indeed we can. Some communities in New Hampshire have answered the call to action and established Child Advocacy Centers both to protect children in crisis and to provide the support services they so desperately need. Many other communities across

the state are impressed with these Centers' successes, and are looking for direction to implement and sustain their own.

Grace^{*} is another shy six year old. She lives in New Hampshire. Some time ago, an adult close to her suspected that something was wrong. Grace was referred to the local Child Advocacy Center (CAC) to see if its trained staff could determine the nature of Grace's problem. There was a suspicion that Grace was deeply troubled by her mother's boyfriend. A trained CAC interviewer spoke alone with Grace. When asked why she might be at the CAC that day, Grace indicated that she "could not talk about what the bad man did or the monsters would hurt her." The interviewer wisely decided not to further burden the soft-spoken six year old and ended the interview. Other professionals, including a child therapist, were called in to help.

A multi-disciplinary team convened immediately at the CAC. The team included CAC staff, a therapist, a police officer, a prosecutor, and a caseworker from New Hampshire's Division of Children, Youth and Families. Grace's father, the parent with primary custody, was called in to develop with the team an appropriate plan.

The multidisciplinary team developed a viable strategy. Working with Grace would take time, the therapist reported, and her safety must be preserved throughout the process. The father guaranteed that Grace would have no further contact with her mother's boyfriend and agreed that the CAC team would assume primary responsibility for the difficult work ahead.

For six months, Grace and her therapist worked closely together. The CAC and Grace's father were in constant communication as well. Finally, at the end of six months,

^{*} Grace's tale is a true story. Her name and other details of the case were changed to protect her identity.

the therapist reported that Grace was ready to talk about what was wrong and what had happened with her mother's boyfriend.

The entire multidisciplinary team, including the police and prosecutor, convened in a separate room at the CAC. The room was wired for video and sound so that team members could see and hear what transpired during Grace's interview. Each team member could communicate with the interviewer through an earpiece. A trained CAC interviewer sat alone with Grace in an adjoining room. Quietly but comfortably, Grace described the horrific sexual abuse she had endured by her mother's boyfriend. The boyfriend was arrested, tried and convicted in criminal court thanks both to the brave and compelling testimony Grace offered at the CAC that day, and the patient, sensitive, competent, and collaborative work it took for the multidisciplinary CAC team to finally hear it. Happily for Grace, no monsters came for her in the aftermath.

Today, Grace is safe and continues to work with her therapist and the CAC team to lessen the impact of the trauma she endured. Unlike Kayla's, Grace's story has a happy ending. New Hampshire is at a crossroads. Do nothing and we surely will see another tragedy like Kayla's. Work together to establish and sustain CACs throughout the state and Grace's story will be the rule and not the exception.

A Next Step for the Commission

The Commission's recommendation that New Hampshire adopt the CAC model as "best practice" in child protection is an important first step but it addresses only one element of the overall system. The CAC model promotes effective and coordinated investigation and prosecution of criminal child victimization cases. The majority of child

abuse and neglect cases, however, do not rise to the level of criminal conduct. These cases are handled by DCYF attorneys, outside the CAC model, in the civil courts. They also have a tremendous impact on children and families. The Commission recommends that it examine this part of the child protection system, its resources and service delivery system, so that the Commission can suggest recommendations for legislative and executive action. The Commission has already begun to identify gaps in services and opportunities to improve the system. For example, the lawyers who bring the civil abuse and neglect petitions in district and superior courts are currently without training, ongoing supervision or clerical support. These initial proceedings in district court are crucial to the safety of the child. They establish the foundation for how the case will progress. We also are in the process of developing a survey to examine the strengths and challenges of DCYF. The survey will be administered to members of state agencies and systems who are concerned with the welfare of New Hampshire's children.

These and other parts of the child protection system deserve examination. The Commission recommends that its authority be extended an additional six months to allow for an examination of New Hampshire's practices in addressing non-criminal forms of child victimization.

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