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CHILDREN'S LAW REPORT

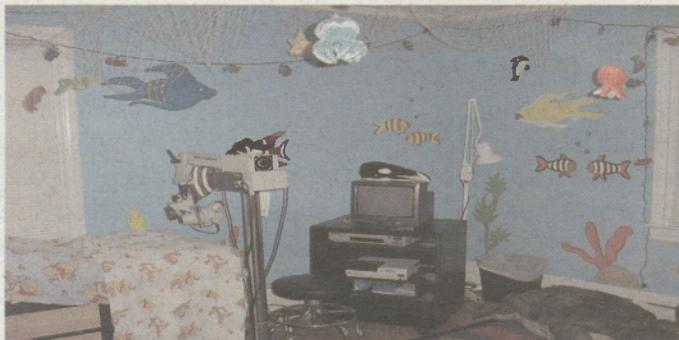
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Special Issue: Children's Advocacy Centers

Historical Overview

Children's Advocacy Centers began in Huntsville, Alabama, in the early 1980's as a response to the fragmented, duplicative, and often traumatizing approach to the investigation of child maltreatment. In most communities, child victims and their families were sent from one agency to another, including child protective services, law enforcement, medical professionals, mental health, and prosecutors. This type of approach predictably resulted in few cases reaching criminal court and produced additional trauma to the child. Protracted investigations, insensitive personnel, and multiple interviewers are among the aspects of the investigative process which interfere with children's ability to recover from their trauma.¹ Under the leadership of Congressman Bud Cramer (then District Attorney) professionals in Huntsville redesigned the system to focus primarily on the child victim and family. The concept they created has become a national model.



Children's Advocacy Centers utilize a child-centered approach by bringing together representatives of many disciplines and agencies in a child-friendly environment. Under one umbrella, comprehensive services are provided in coordination with investigatory functions. As this concept expanded, functions typically included: law enforcement, child protective services, prosecution, mental health treatment, and medical assessment.

Photo courtesy of Greenville CAC

Serious child abuse cases are often complicated by the simultaneous involvement of both the child protection and criminal justice systems, with separate investigations and court proceedings. A children's advocacy center provides an interface between these systems. A primary goal of the coordinated response is to reduce the re-victimization of children by the system. Team members can exchange information and

¹Karen J. Saywitz and Gail S. Goodman, *Interviewing Children In and Out of Court*, in *The APSAC Handbook on Child Maltreatment* (John Briere, et. al., ed., 1996)

coordinate their functions while maintaining the mandates of their particular agencies or profession. For example, one professional may interview the child after collaborating with other team members, who observe the interview via a video monitor. Benefits of collaboration include reduction in the number of interviewers; achieving more comprehensive and accurate information for prosecution and child protection; and more effective treatment and follow-up. Essential components are a child-friendly facility for interviewing, professional interviewers, multi-disciplinary investigation and case review, access to timely, specialized medical and mental health services, and follow-up services.

"...Children's Advocacy Centers enhance coordination between community agencies and professionals involved in the intervention system. They promote better understanding of and respect for one another's roles and expertise, more informed case management decisions, and most importantly, a minimization of the trauma children can suffer during the investigation and intervention process." *Best Practices, 2nd Ed., published by the National Children's Advocacy Alliance.*

The National Children's Alliance is a national network of children's advocacy centers, funded through the Office of Juvenile Justice and Delinquency Prevention. The National Children's Alliance establishes standards for programs, and awards and administers grants to develop and improve children's advocacy center programs throughout the nation. Two hundred fifty-nine children's advocacy centers are now fully operational throughout the United States, and several hundred programs are developing. Additionally, thirty-one states have established state chapters which provide training and coordination.

Membership in the National Children's Alliance entitles programs to apply for limited operational funds. Among the requirements for full membership are a child-appropriate facility, a multi-disciplinary case review team, provisions for medical examinations and mental health treatment either on-site or through referrals, and a case tracking system. Associate membership is a transitional category; many programs are associate members while developing the components required of full members.

National Evaluation

While some prior research has addressed multi-disciplinary team functioning², comprehensive research on the effectiveness of children's advocacy centers has not yet been done. A national evaluation is now in progress, under the leadership of David Finkelhor, of the University of New Hampshire Center for Crimes Against Children, and other researchers. The Lowcountry Children's Center in Charleston is one of four sites in this national study. Anderson County, which has not yet fully implemented a children's advocacy center, is serving as the control site. The study will compare the outcomes for two groups of children and families: those who receive services through a child advocacy center multi-disciplinary approach and those who receive services without a children's advocacy center.

South Carolina

The need for a coordinated response has been recognized in South Carolina as well. The first children's center was established in 1989 and, as early as 1993, a statewide interagency task force called for greater coordination of services to sexually abused children and their families. This group, which was convened by the S.C. Department of Mental Health upon the request of the Joint Legislative Committee on Children, recommended the development of a coordinated community response to intake/assessment and

² See e.g. P. Kienberger Jaudes and M. Martone, *Interdisciplinary Evaluations of Alleged Sexual Abuse Cases*, 89 *Pediatrics* 1164 (1992)

treatment services. However, no legislative initiatives were undertaken to implement this recommendation, due to budgetary constraints.

The South Carolina Children's Justice Act Task Force, a multi-disciplinary statewide task force, has recommended the expansion of children's advocacy centers throughout the state. This Task Force was established in 1995, in accordance with federal requirements, to enhance the overall investigative, administrative and judicial handling of child abuse cases, with an emphasis on sexual abuse. The South Carolina Network of Children's Advocacy Centers, initially established as a sub-group of the Task Force, has now become a state chapter of the National Children's Alliance. The Network provides a mechanism for member programs to share expertise and to provide information and training to developing programs. The ultimate goal of the Network is to have one center per judicial circuit.



South Carolina statutes clearly support the coordination of interventions in sexual abuse cases, a primary purpose of children's advocacy centers. For example, the Child Protection Reform Act encourages all state, law enforcement, and community agencies to coordinate their services to minimize the number of interviews of the child to reduce potential emotional trauma to the child. (S.C. Code Ann. §20-7-650(E) (Supp. 2000)). The needs and interests of the child are to be accommodated to the extent reasonably possible in making arrangements for and in conducting interviews. (§20-7-650(E)). DSS must notify law enforcement within 24 hours of receiving a report of sexual abuse to determine whether a joint investigation is necessary. (§20-7-650(R)). Additionally, DSS is called upon to seek the cooperation and involvement of local public and private institutions, groups, and programs concerned with matters of child protection. (§20-7-650(S)).



Photo courtesy of Greenville CAC

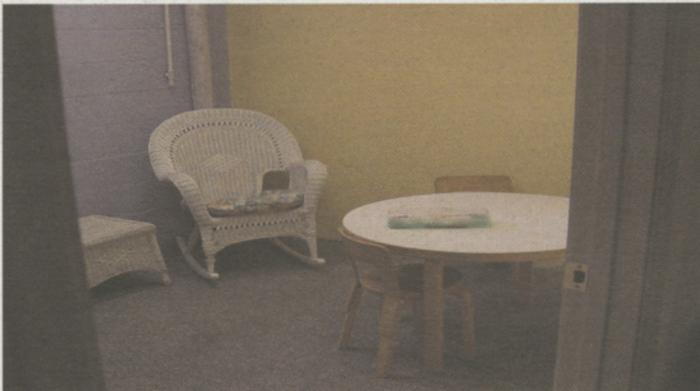


Photo courtesy of Greenville CAC

Although funding continues to be the major obstacle, South Carolina now has nine operational children's centers, with two others in development. Four of these have met requirements for full membership of the National Children's Alliance and two are associate members. All of these programs are described below.

The **Lowcountry Children's Center (LCC)** in Charleston was formed when a study committee appointed by the Charleston County Legislative Delegation identified the need for formal coordination of the delivery of services to children at risk. The study resulted in a recommendation to establish a center to coordinate services for child victims. The Junior League of Charleston, Inc., took responsibility for implementing that recommendation and, in 1989, a community-based task force and a board of directors were formed.

Located in a facility donated by the City of Charleston, the Center unites child protective services, law enforcement, medical, educational, legal, and mental health professionals into a cohesive network of organized care. Office space is provided for community agency staff assigned to the LCC. The LCC provides services to 850 children and families annually. Direct services include forensic interviews/clinical assessment with treatment recommendations, short and long-term treatment, and group treatment. In addition, case consultation, community coordination, training, research, a case tracking system (ARGUS), and a literature library are also provided. Physicians from the Medical University of South Carolina provide medical examinations on-site. The LCC has served children from thirty-eight counties in South Carolina and has memoranda of agreement with thirty community agencies or organizations. Eighty percent of the children served are from Charleston, Berkeley and Dorchester counties.

Elizabeth (Libby) Ralston has been Director since LCC's inception. She can be reached at (843) 723-3600. Dr. Ralston is also the chairperson of the South Carolina Chapter of Children's Advocacy Centers.

The **Assessment and Resource Center (ARC)** in Columbia became a fully operational child abuse evaluation, treatment, and referral center in 1992, and was accredited as a full member of the National Children's Alliance in 1999. More than 400 children are seen annually for a wide range of services including medical examinations, mental health evaluations, forensic interviews, joint investigative interviews, multi-disciplinary team staffings, and psychotherapy. The team has grown to include two full-time psychologists, one full-time therapist, one half-time pediatrician, one full-time nurse / case tracker, one full-time child life specialist, one full-time social worker, one full-time staff assistant, and a cadre of trainees in various fields. The multi-disciplinary team works closely with investigating agencies to reduce the secondary-trauma factors for child victims and enhance the quality of data collected by investigating agencies. Children are referred by DSS and law enforcement agencies in the Midlands area, as well as from other mental health and medical professionals seeking assistance or consultation. The team provides consultation, training, and expert testimony as well.



Assessment & Resource Center
The Children's Advocacy Center of Richland County
Serving the Midlands

Since its origination as the Abuse Recovery Center almost ten years ago, the ARC has been funded and administered by the South Carolina Department of Mental Health, Children's Hospital of Palmetto/Richland Hospital, and the USC Medical School. It is now being restructured under the guidance of a community task force that is pursuing a public/non-profit structure. The ARC is also partnering with the Children's Law Office to offer *Finding Words*, a comprehensive training course on forensic interviewing.

Allison DeFelice, PhD, is Mental Health and Administrative Director of the ARC and can be contacted at (803) 898-1470.

The **Children's Advocacy Center of Spartanburg** opened its doors in January 1996 to provide a collaborative, child focused approach to the assessment and healing of child sexual and severe physical abuse victims and their families. The CAC is a large, 13-room house that has been renovated and gaily decorated to help children feel safe and to allow the professionals who investigate, treat or prosecute child abuse cases to work together and provide services to children at the CAC rather than in their own offices. The Center has forensic assessment interviews, on-site medical evaluations, counseling, non-offending parent support groups, teen victim groups, and court support. These services are provided at the CAC by staff of the participating partner agencies to include the Department of Social Services, Department of Public Safety, the Sheriff's Office, Department of Mental Health, SAFE Homes/ Rape Crisis Coalition, Guardian ad Litem, the Solicitor's Office, and Dr. Nancy Henderson, pediatrician and CAC Medical Director. Forensic assessments are conducted on-site by four specially trained forensic interviewers who are hired part-time by the CAC. Case review and case staffing is provided by the CAC Child Abuse Response Team.

The CAC became a full member of the National Children's Alliance in 1998. The community and center were honored to receive the 1998 SCPSAC "Community Award" for "outstanding and dedicated service in responding to child maltreatment in South Carolina". Members of the Child Abuse Response Team participated in the 1999 SCPSAC Conference in Charleston, presenting a workshop on "When Community Collaboration Works" utilizing the CAC model.

Interagency policy agreements are updated and signed annually by the CEOs of all the participating partner agencies. A retreat is held annually with Child Abuse Response Team members and other designated staff of the participating partner agencies to evaluate the program, to review interagency policy agreements, and to set goals for the next year. Working agreements have also been established with all seven school districts, with each school superintendent having designated a school liaison to work with the CAC.

Dateria Johnson, Executive Director, notes that she is especially proud of the volunteer program. Volunteers from the community and the Junior League act as child advocates, provide public awareness, help to coordinate child abuse prevention programs and keep the building and grounds looking great.

Their motto, *Helping Children Heal Together*, has become a reality rather than just a nice-sounding phrase. For more information, contact Dateria Johnson, MPA, LMSW, at (864) 515-9922.

In 1994 **Durant Children's Center** was established in Florence as a program of the Pee Dee Coalition Against Domestic and Sexual Assault, a non-profit organization dedicated to the reduction of rape, family violence, and child abuse, and to meet the needs of victims.

Named for Elizabeth Pettigrew Durant, a long-time advocate for children in Florence, the Durant Center assists an average of 660 children annually. Through a partnership with the McLeod Regional Medical Center, physical examinations are provided on-site by a Pediatric Nurse Practitioner and her assistant. Clinical / forensic interviews are conducted in a child-friendly setting by two interviewers. Individual therapy and support group counseling are also available to child and adolescent victims and non-offending parents.

As a full member of the National Children's Alliance, the Durant Center staff and multidisciplinary team members meet twice monthly to staff cases and coordinate services in accordance with Memoranda of Agreement. Team members provide in-service training for professionals, supervision for student interns, workshops for state and national conferences, and expert testimony for family and circuit courts.

Located at 226 South Irby Street in downtown Florence and adjacent to the Pee Dee Coalition's primary crisis center, the Durant Center houses two interview rooms, an observation area, a medical suite, conference room, and work space for outstationed team members. A small outside playground is available for those awaiting services. Collaboration with additional Coalition program staff enables expedited services such as emergency shelter for a mother and her children and a support network of advocates in six counties surrounding Florence.

A community advisory council comprised of professionals and concerned citizens assist with program planning and oversight, resource identification, property maintenance, and participation in Child Abuse Prevention Month events during April.

Known as the *House Where the Healing Begins* the Durant Center has served as a prominent visible reminder of the community's responsibility to respond to child abuse in a more effective way. For more information contact the Durant Center Program Director, Anita Throwe, at (843) 664-4357 or the Pee Dee Coalition Executive Director, Ellen Hamilton, at (843) 669-4694.



Durant Center

The **Lexington County Children's Center** provides comprehensive assessment and treatment services for victims of child abuse in the Midlands of South Carolina. The center coordinates services provided by allied agencies in order to lessen the trauma experienced by children and their families. Children receive medical examinations, forensic interviews, and counseling at the Center, thus eliminating the need to transport the child to various service providers. The Lexington Children's Center can be reached at (803) 791-1511.

The **Children's Recovery Center (CRC)**, located in Conway, provides forensic assessment services including interviews and medical examinations. The Center accepts referrals from law enforcement agencies and the Departments of Social Services in Horry and Georgetown Counties. Interviews are conducted by trained forensic personnel and on-site medical services are performed by a physician trained in forensic medical examinations. A multi-disciplinary team participates in the assessment process and includes law enforcement, mental health providers, social services, guardians *ad litem* and others as needed. Follow up counseling services are also provided on-site and at other locations in the Horry and Georgetown areas. Individual and group therapy, support groups and non-offending parent services are available.

The CRC is located in a small, seven-room house which has been extensively renovated to provide a child-friendly atmosphere. A private, non-profit organization, the CRC currently receives funding through a variety of sources including United Way, grants, and private donations. In 2000, the CRC provided assessments to approximately 135 children and assisted with counseling services for an additional 200 children and adults. Current initiatives include development and delivery of child safety program for primary school-aged children and joint training with law enforcement/social services in computer crimes against children. Frank Rogers, Director, can be reached for more information at (843) 248-4838.

The **Children's Advocacy Center in Beaufort** was started in 1997 by a group of professionals who recognized the need for services for child victims of sexual assault and severe physical abuse in Beaufort County. In December 2000 the Center was asked by the South Carolina Department of Health and Environmental Control to expand their mission to include services to adult victims of sexual assault. The name of the Center has been changed to reflect the availability of services to any victim of sexual violence,

including survivors of child sexual abuse. The **Child and Adult Crisis Center** now serves child victims of sexual abuse and severe physical abuse and adult victims of sexual assault. The Center serves Jasper, Colleton, Hampton, as well as Beaufort Counties, and maintains offices in Colleton County, Hilton Head Island, and the main office in Port Royal. For additional information, contact Mimi Smith, Administrative Director, at (843) 524-2256.

The **Greenville Child Advocacy Center** is a child-friendly place where child abuse victims and their families can receive services. The goal of the Center is to improve the community's response to child victims of physical and sexual abuse. They facilitate and coordinate the multi-disciplinary team approach to the investigation, assessment, treatment, and prosecution of abuse cases. This comprehensive approach ensures that children receive services in an environment where their special needs come first. All the rooms in the Greenville Child Advocacy Center have been designed to make the child feel safe and comfortable, and allow the necessary services to be provided to them.

Services available include: forensic assessments by a counselor trained to interview children about abuse; child-friendly space for law enforcement and DSS interviews and court depositions; multi-disciplinary team staffings for child abuse cases; therapy services for child victims of abuse and their families; and community education about child abuse and the child advocacy center model. Intensive case management and support services for non-offending parents are provided through the Family Advocate Program. When the non-offending caregiver is supported, the child is safer and more likely to heal from the abuse. A Child Abuse Resource Library contains videos, books, and articles on the following topics: child sexual abuse, child advocacy center development, mental health treatment of child abuse, interviewing child victims and witnesses, tips for the investigations of child abuse, and other topics. For more information about the Greenville Children's Advocacy Center, contact Carolyn Waterfield, Program Director, at (864) 233-2882.

The **Child's Place**, a new child advocacy center to be built in **Greenwood**, is seeking funds for the building project targeting an opening date of September 2001. The center will serve the Eighth Judicial Circuit which includes Greenwood, Laurens, Abbeville, and Newberry Counties, and has a long-term goal of serving three additional counties (McCormick, Edgefield, Saluda). The Child's Place will operate in affiliation with the Sexual Trauma & Counseling Center, which currently provides the model process. Two pediatricians provide forensic medical exams two days per week and three forensic interviewers have completed training. Multi-disciplinary team staffings are held weekly. Counseling services for individuals, families, and groups are also available. For more information, contact Angie Shirley, Program Director, at (864) 227-1623.

The **Foothills Child Advocacy Center**, a program of the newly merged umbrella organization *Foothills Alliance ... Bridging the Journey*, has hired a program director effective July 1, 2001. The Center will reflect the collaborative effort to provide service to survivors of child sexual abuse and severe physical abuse and their non-offending family members. The Foothills Child Advocacy Center will serve Anderson and Oconee Counties of the Tenth Judicial Circuit. Focus now will be on establishing guidelines for the Child Abuse Response Team operation and beginning case staffings. In addition, focus will involve researching and obtaining funding for the center and its programs, obtaining service from a medical examiner via the hospital system to perform medical exams on child clients, and researching possible housing options. The Foothills Child Advocacy Center is currently housed at 608 North McDuffie Street in Anderson, along with Foothills Alliance and the Foothills Rape Crisis Center. Michelle Lewis, Program Director, can be reached at (864) 231-7273.

The **Palmetto Citizens Against Sexual Assault** is in its first year of implementing a children's advocacy center in Lancaster, South Carolina. This center covers the Sixth Judicial Circuit, but will be able to take referrals from other counties once up and running.

The Center is in its final stage of opening the doors to do child and family interviews of children who are suspected of being sexual abused or assaulted. The Center consists of a trained multi-disciplinary team with representatives from the Department of Social Services, Law Enforcement, Solicitor's Office, and Mental Health, as well as a forensic interviewer.

The Center's Children's Advocacy Center Task Force has now become their Advisory Council and consists of: the Sheriff, Chief of Police, Assistant Sixth Circuit Solicitor, Department of Social Services Director, Mental Health Director, Director of Nursing from the local hospital, and other key community representatives. At present, staff includes a Center Director, an Intake Coordinator, and a contracted therapist. The physical examination component is not yet ready, but the Center is in the process of meeting with medical professionals to implement this component.

Communities interested in beginning a children's advocacy center or a related program are encouraged to contact any of the above organizations, Libby Ralston at the Lowcountry Children's Center, or Carolyn S. Morris at the Children's Law Office.

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