An Awesome Opportunity: The National Plan to End Violence across the Lifespan

Prepared by the National Partnership to End Interpersonal Violence

"It is possible to become discouraged about the injustice we see everywhere. But God did not promise us that the world would be humane and just. He gives us the gift of life and allows us to choose the way we will use our limited time on earth. It is an awesome opportunity."
--Cesar Chavez[1]

INTRODUCTION: SEEING PAST THE NUMBERS

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When discussing violence, we tend to speak of numbers. We note that 26.6% of girls and 5-16% of boys[2] will be sexually abused by an adult or a peer before the age of 18.[3] Somewhere between 17 and 28% of married or cohabitating partners experience interpersonal violence *every year*.[4] One out of five women are raped in college.[5] Although there is less research on the prevalence of elder abuse, we know it exists at high and concerning levels.[6] One study found that more than

[1] Cesar Chavez was a civil rights leader best known for his work in organizing farm workers. Chavez is the recipient of the Presidential Medal of Freedom, was selected by Time Magazine as Man of the Year, and is birthday is a holiday in three states. *See generally,* MIRIAM PAWEL, *THE CRUSADES OF CESAR CHAVEZ* (2014). The quote used in the introduction is available online at: http://www.brainyquote.com/quotes/authors/c/cesar_chavez.html (last visited July 24, 2014).

[2] Vincent J. Felitti & Robert F. Anda, *The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders and Sexual Behavior: Implications for Healthcare,* in RUTHE A. LANIUS, ERIC VERMETEN & CLARE PAIN (EDS) THE IMPACE OF EARLY LIFE TRAUMA ON HEALTH AND DISEASE: THE HIDDEN EPIDEMIC 77, 78 (CAMBRIDGE MEDICINE 2010).

[3] David Finkelhor, et al, *The Lifetime Prevalence of Child Sexual Abuse and Sexual Assault Assessed in Late Adolescence,* JOURNAL OF ADOLESCENT HEALTH (2014). A number of studies suggest that the sexual victimization of boys is underreported with boys disclosing less frequently than girls and often much later in life with one study finding that 44% of boys who did disclose took over 20 years to do so. Researchers have also concluded the "victimization and the way it is experienced are different for boys than for girls" and there is "a pressing need for studies which involve both populations (boys and girls) or that focus specifically on cases of sexual abuse in [Youth Serving Organizations] involving male victims." *See* Sylvie Parent & Joelle Bannon, *Sexual Abuse in Sport: What About Boys?,* 34 CHILD ABUSE & NEGLECT 354 (2012).

[4] Kathryn H. Howell, Sandra A. Graham-Bermann, Ewa Czyz & Michelle Lilly, *Assessing Resilience in Preschool Children Exposed to Intimate Partner Violence,* 25 VIOLENCE & VICTIMS 159 (2010).

[5] RAPE AND SEXUAL ASSAULT: A RENEWED CALL TO ACTION 10 (THE WHITE HOUSE COUNCIL ON WOMEN AND GIRLS, JANUARY 2014).

[6] *See e.g.* Bonnie S. Fisher & Saundra L. Regan, *The Extent and Frequency of Abuse in the Lives of Older Women and their Relationship with Health Outcomes,* 46 GERONTOLOGIST 200 (2006).

one of out of ten "cognitively intact" elders living within the community have been abused or neglected within the past year.[7]

Although these and other numbers are important, they are just scratches on a page incapable of drawing breath, marveling at the sun or moon, kissing a loved one, or folding a hand in prayer. They cannot create or appreciate beauty. They neither understand nor feel joy or loss. In the end, numbers mean nothing unless we look past them to find the faces they represent.

The national plan you hold in your hands is not about numbers, it is about people--real people with names and faces, flesh and blood. They are the people living in your homes and neighborhoods. The people on your son or daughter's school bus. The people you work with and play with and compete against. From the moment you appear in this world until the moment you pass, it is a near certainty you interact daily with boys and girls, men and women enduring enormous suffering. Until we see these people, actually *see* them, our efforts to address violence will remain more academic than substantive.

In our view, many think tanks and reports designed to reduce or end violence have failed to fully see the suffering and thus were mired in the muck of defining terms or offering safe solutions that will offend no one and, in the end, will make little difference. In many instances, recommendations are so broadly stated that no reader can disagree with the writing--nor know what to do with the words. Some reports offer singular solutions—as if one idea or approach is a panacea to the complexity of violence.

Other reports call only for more funding—more funding for research, for services, for personnel, for prevention, for public awareness, for anything that might help. Although funding is critical,

[7] Ron Acierno, Melba A. Hernandez, Ananada B. Amstadter, Heidi S. Resnick, Kenneth Steve & Wendy Muzzy, *Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study,* 100 AMERICAN JOURNAL OF PUBLIC HEALTH 292 (2010).

and is addressed in this report, we need to make allowance for the days when dollars are scarce. History is replete with examples of massive social reforms enacted with little funding but enormous heart and creativity. We may need to repeat this history.

The recommendations that follow are practical, long overdue and, in many instances, would not require large investments of additional public funding. They would, however, empower millions to *see*, to fully see the suffering of their families and friends and to act meaningfully.

This is not a report designed to play it safe, or to gather dust on a shelf. All of us who put our name on the report not only believe in the proposed reforms—we are fully invested in making them a reality. We are also fully invested in finding others who will grab our extended hand and join in this great cause.

King Solomon, purportedly the wisest who ever lived,[8] said there is a time to live and die, to weep and laugh, to tear and mend.[9] There is, Solomon claimed, "a time for everything."[10] If this is true, then there must be a time for ending violence and all the sorrow that accompanies it.

In the hope that time is at hand, we offer this report.

The Impact of Violence

Like a footprint in wet cement: the impact of violence throughout life

In 1998, medical professionals in a major weight loss control program found that the patients who were the most successful in losing weight would drop out of the program and rapidly regain the weight. As it turns out, these patients had endured various forms of childhood trauma, or

[8] According to the Bible, God responded to Solomon's prayer for wisdom by saying "I will give you a wise and discerning heart, so that thee will never have been anyone like you, nor will there ever be." I Kings 3:12.
[9] Ecclesiastes 3:2, 4, 7.
[10] Ecclesiastes 3:1.

"adverse childhood experiences" such as physical, sexual or emotional abuse. These patients ate excessively as an unconscious or conscious coping mechanism. To these patients, overeating was a solution to "problems dating back to the earliest years, but hidden by time, by shame, by secrecy…"[11]

Having found a correlation between obesity and child abuse, the researchers contemplated the possibility that other medical and mental health conditions could be related to abuse. To this end, they queried over 17,000 adult patients to determine if they had endured one or more of ten adverse childhood experiences.[12]

The Impact of Adverse Childhood Experiences: Calculating ACE Scores

A patient who fit into one category, such as physical abuse, received an ACE score of 1. This is true no matter how many times the patient was physically abused. In other words, a patient who was beaten one time and a patient who was beaten 50 times both received an ACE score of 1. If, though, the patient fit into a second category such as sexual abuse, they now received an ACE score of two. If they fit into a third category, such as emotional abuse, the ACE score became three and so on. Accordingly, a patient could have an ACE score ranging from 0 (no adverse

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[11] Vincent J. Felitti & Robert F. Anda, *The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders and Sexual Behavior: Implications for Healthcare,* in RUTHE A. LANIUS, ERIC VERMETEN & CLARE PAIN (EDS) THE IMPACT OF EARLY LIFE TRAUMA ON HEALTH AND DISEASE: THE HIDDEN EPIDEMIC 77 (CAMBRIDGE MEDICINE 2010).

[12] The ten categories of adverse childhood experiences and the percentage of patients having endured each experience is as follows:

- Emotional abuse (humiliation, threats) (11%)
- Physical abuse (beating, not spanking) (28%)
- Contact sexual abuse (28% women, 16% men)
- Mother treated violently (13%)
- Household member alcoholic or drug user (27%)
- Household member imprisoned (6%)
- Household member chronically depressed, suicidal, mentally ill, psychiatric hospitalization (17%)
- Not raised by both biological parents (23%)
- Neglect—physical (10%)
- Neglect—emotional (15%). Id. at 78-79.

childhood experiences) to 10 (meaning the patient had adverse experiences fitting into all ten categories).[13]

If a patient simply had an ACE score of 1 they were nonetheless more likely to suffer from numerous medical and mental health conditions including:

- Cancer
- Heart disease
- STDs
- Liver disease
- Smoking
- Alcohol abuse
- Obesity
- Drug dependence
- IV Drug Use
- Early intercourse, pregnancy
- Depression
- Anxiety disorders
- Hallucinations
- Sleep disturbances
- Memory disturbances
- Anger problems
- Domestic violence risk
- Job problems
- Relationship problems[14]

The risk of these and other conditions increased the higher the ACE score with patients having an ACE Score of 6 or more facing "a lifespan almost two decades shorter than seen in those with an ACE score of 0 but otherwise similar characteristics."[15]

Violence begets violence: the importance of poly-victimization research

In addition to the ACE studies, there is a growing body of research documenting that when a child is abused in one way, they are often abused in multiple ways and may be more susceptible

[13] Id. at 78-84.
[14] Id.
[15] Id. at 84.

to abuse from more than one person, as well as ongoing victimization throughout their lifespan. Specifically, researchers have found that 66% of maltreated children are abused in more than one manner, 30% experience five or more types of abuse, and 10% experience 11 or more different types of abuse.[16]

The interconnection of all violence and the necessity of ending silos

The ACE and poly-victimization research highlights the interconnectedness of all forms of violence. Stated differently, one form of child abuse often results or is correlated with multiple forms of abuse, and multiple forms of abuse lead to higher risks for future violence in adult relationships including domestic violence and elder abuse.

Research also finds a correlation between bullying and other forms of violence. Specifically, both bullies and victims of bullies have often experienced violence in their homes.[17] There is also a documented correlation between bullying and sexual violence.[18] Medical professionals have also noted connections between childhood trauma and other acts of violence later in life such as gun violence.[19] Several studies conclude there is a link between cruelty to animals and violence against human beings.[20]

Given the connectedness of all forms of violence, we can no longer afford silo thinking. Those dedicated to ending one form of violence, such as childhood sexual abuse, must understand and

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[16] Heather A. Turner, David Finkelhor, and Richard Omrod, *Poly-Victimization in a National Sample of Children and Youth,* 38(3) AMERICAN JOURNAL OF PREVENTIVE MEDICINE 323 (2010), David Finkelhor, Richard K. Omrod, Hather A. Turner, 31 JOURNAL OF CHILD ABUSE & NEGLECT 7 (2007).

[17] Denise Mann, *Bullying May be Linked to Violence at Home,* WEB MD, April 21, 2011.
[18] Dorothy Espelage, Kathleen C. Basile, Merle E. Hamburger, *Bullying Perpetration and Subsequent Sexual Violence Perpetration Among Middle School Students,* 50 JOURNAL OF ADOLESCENT HEALTH 60 (2012).
[19] Earchiel Johnson, *Doctors Link Childhood Trauma, Poverty with Gun Violence,* available online at: http://www.peoplesworld.org/doctors-link-childhood-trauma-poverty-with-gun-violence/ (last visited July 23, 2014)
[20] *See* Barbara Boat, *Child Abuse, Domestic Violence, and Animal Abuse: Linking the Circles of Compassion for Prevention and Intervention* in F.R. ASCIONE & P. ARKOW (EDS), ABUSE OF CHILDREN AND ANIMALS: USING THE LINKS TO INFORM CHILD ASSESSMENT AND PROTECTION 83 (1999).

be prepared to screen or otherwise respond to cases of physical abuse, emotional abuse or other forms of maltreatment. Those who work in the fields of domestic violence, elder abuse, bullying or other forms of violence must understand the correlation of these acts with trauma endured during childhood as well as the risk that those who offend against adults will offend against children. Those working with adult survivors of child abuse or domestic violence must recognize the unique dynamics involved when these victims are also elderly.[21] Simply stated, if we don't work simultaneously to end *all* forms of violence, we will have limited effect in addressing *any* form of violence.

[21] According to a study funded by the United States Department of Justice with support from the Department of Health and Human Services, it is important that "existing domestic violence, sexual assault and other victim assistance programs better meet the needs of older victims by allocating resources, collecting data, developing, and evaluating programs, and incorporating elder abuse issues into training and technical assistance." UNITED STATES DEPARTMENT OF JUSTICE, THE ELDER JUSTICE ROADMAP: A STAKEHOLDER INITIATIVE TO RESPOND TO AN EMERGING HEALTH, JUSTICE, FINANCIAL AND SOCIAL CRISIS 10 (2014).

SEIZING OUR AWESOME OPPORTUNITY: THE PLAN FOR ENDING VIOLENCE IN THE UNITED STATES

If fully implemented, the recommendations that follow will touch nearly every life in our country. This plan provides for multiple, evidence based prevention programs in every community. Under this plan, every man, woman and child who sees a doctor will be screened for multiple forms of trauma—and will receive appropriate medical and mental health services when maltreatment is discovered.[1] This plan also embraces the large body of research documenting the value of spiritual care for survivors without delineating or endorsing a specific creed, and offers concrete strategies to meet this critical need. This plan aids youth serving organizations in breaking free of the silo thinking of simply protecting children from sexual abuse within the organization—and catapults them into recognizing and responding to all forms of maltreatment. This plan calls for a more humane treatment of survivors in the criminal justice system and offers specific recommendations to achieve this end. Connecting research to the field, creating an infrastructure for effective public awareness campaigns, as well as infrastructure for effective public policy initiatives are also detailed in this report. None of this is achievable, though, unless the frontline professionals carrying out this plan are fully trained to address every aspect of violence. Accordingly, we begin with a fundamental, long overdue reform—adequately preparing professionals at the undergraduate and graduate level.

[1] There is evidence that "health and social care professionals" who are "equipped with the relevant knowledge and skills, can play a key role in the development of strategies and resources" to combat violence but that "research illustrates that primary health care professionals are uncovering abuse, such as DV, at much lower rates than that being reflected by the prevalence estimates reported in the literature." Nahla Mansour Al-Ali & Anne Lazenbatt, *A Cross-Cultural Comparative Study of Undergraduate Health Care Professional Students' Knowledge, Definitions, Education, and Training of Domestic Violence in Northern Ireland and Jordan,* SAGE OPEN 1, 5 (2012); *See also,* G.S. Feder, et al, *Women Exposed to Intimate Partner Violence: Expectations and Experiences when they Encounter Health Care Professionals: A Meta-Analysis of Qualitative Studies,* 166 ARCHIVES OF INTERNAL MEDICINCE 22 (2006); E. Kahan, et al, *Knowledge and Attitudes of Primary Care Physicians Regarding Battered Women: Comparison Between Specialists in Family Medicine and GPs,* 17 FAMILY PRACTICE 5 (2000); S. Rabin, et al, *"Primary Care Physicians" Attitudes to Battered Women and Feeling of Self-competence Regarding Their Care,* 2 INTERNAL MEDICAL ASSOCIATION JOURNAL 753 (2000).

I. IMPROVING EDUCATION AND TRAINING

A. Improving training at the undergraduate and graduate level

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Overview

Inadequate undergraduate and graduate training is the national norm

There is a significant and growing body of research documenting that judges, prosecutors, child protection attorneys, doctors, nurses, psychologists, social workers, law enforcement officers, clergy, teachers, and other professionals or mandated reporters are inadequately trained at the undergraduate and graduate level to address child abuse, elder abuse, domestic violence or other forms of trauma.[1]

Research on inadequate undergraduate and graduate training on child abuse

In a 2006 study, Winona State University analyzed the web sites of 1,416 universities and colleges. These universities offered baccalaureate degrees in criminal justice/law enforcement (393), social work (340), human services (113), nursing (390), medicine (96), psychology (794), sociology (639), and education (105). WSU professors searched these sites using the terms "child maltreatment," "child abuse and neglect," "child protection," "child welfare," and "child advocacy." Only 29% (410) of these web sites had *any* course work addressing issues of child maltreatment. Moreover, when course work was offered, it was typically in fields of sociology or

[1] *See generally,* Victor I. Vieth, *Unto the Third Generation: A Call to End Child Abuse in the United States within 120 Years (revised and expanded),* 28 HAMLINE JOURNAL OF PUBLIC LAW & POLICY 1 (2006).

psychology—thus leaving the vast majority of child protection professionals with no training at the undergraduate level.[2]

Even when universities had some undergraduate coursework on child maltreatment, the coverage was often cursory. Indeed, not one of the 1,416 universities analyzed had a concentration, much less a minor on child maltreatment.[3] This research echoes findings by other researchers and commentators.

Reporter Anna Quindlen describes a child protection worker's obstacles as follows:

> Their training is inadequate, and the number of workers is too small for the number of families in trouble. Some of the cases would require a battalion of cops, doctors, and social workers to handle; instead there are two kids fresh out of college with good intentions and a handful of forms.[4]

Commenting on his lack of training, social worker Marc Parent said he received "two weeks of solemn discussion on child protective issues, but little on getting a drug dealer to let you into an abandoned building or talking a restless police officer into sticking around until you get through with a case and back into your car."[5]

In a recent study from South Carolina, researchers interviewed 166 front line child protection professionals about their education. The vast majority of respondents indicated very little undergraduate or graduate training on child abuse. In fact, most respondents indicated they had

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[2] This research was conducted by Dr. Jackie Hatlevig, nursing professor at Winona State University. For further details concerning this study, contact the National Child Protection Training Center at 507-457-2890.
[3] *Id.*
[4] Anna Quindlen, *Forward* to MARC PARENT, TURNING STONES: MY DAYS AND NIGHTS WITH CHILDREN AT RISK (1996). Many individuals in the general public, as well as those in professions other than social work, use the term "social worker" to describe individuals who work in the child protection field. This is inaccurate and uninformed. Social work is a profession grounded by a specific theoretical orientation, body of knowledge, history, and code of professional ethics. Professional social workers comprise approximately 30% of the child welfare workforce nationwide. Many individuals in the child protection field are not professionally educated and trained social workers. The term "social worker" and "caseworker" are not synonymous. Working in a law firm or a hospital doesn't make an individual a "lawyer" or a "doctor" anymore than working in child welfare makes one a "social worker" if that individual does not have the requisite educational qualifications.
[5] *Id.*

no training on child abuse cases before entering the field. For example, one law enforcement officer told researchers he had "no college training on child sexual abuse cases" and no training at the police academy. Indeed, the officer stated the "the academy didn't really talk about children at all."[6]

A sheriff's deputy with a bachelor's degree in criminal justice reported he has handled more than 600 child sexual abuse (CSA) cases in his career but his entire training was "on the job." Similar sentiments were expressed by child protection professionals with graduate degrees. When asked about law school training on CSA, a prosecutor told interviewers he received "none." A pediatrician stated there were a "couple of lectures in medical school" and in her residency training on child abuse but her formal schooling on the subject could best be described as "very little."[7]

The problem extends to graduate schools as well. A study of American Psychological Association (APA) accredited graduate programs found that many of the programs "fall far short" of guidelines proposed by the APA for minimal levels of competence in handling child maltreatment cases.[8] The study finds the lack of graduate training for psychology students

[6] Victor I. Vieth, *The View from the Trenches: Recommendations for Improving South Carolina's Response to Child Sexual Abuse Based on Insight from Frontline Child Protection Professionals,* (Gundersen Health System 2013), published as part of the "Silent Tears" assessment of the South Carolina child protection system and available online at: http://www.gundersenhealth.org/ncptc/publications-resources/silent-tears (last visited September 3, 2014). Many of the recommendations made in this report are based on the Gundersen Health System recommendations for improving the response to child abuse cases in South Carolina.

[7] Id. at 5.

[8] Kelly M. Champion, Kimberly Shipman, Barbara L. Bonner, Lisa Hensley, and Allison C. Howe, *Child Maltreatment Training in Doctoral Programs in Clinical, Counseling, and School Psychology: Where Do We Go From Here?,* 8 CHILD MALTREATMENT 211, 215 (August 2003). As is true of most child protection professionals, many of our best and brightest psychologists acquired their knowledge through on the job training.

"contradicts the rapidly expanding literature on responding to maltreatment and the demands of this interdisciplinary, professional endeavor."[9]

Discussing her educational background, psychologist Anna Salter writes:

> In the two years I spent at Tufts getting a Masters degree in Child Study and the five years I spent at Harvard getting a Ph.D. in Psychology and Public Practice, there was virtually nothing on child sexual and physical abuse in any course I took. I had one lecture on the victims of child abuse, but not a single lecture anywhere on offenders. Ironically, many of the lectures were on maladies so rare I've yet to see them in twenty years of practice.[10]

The training provided to medical professionals is similarly inadequate. When it comes to medical schools, the reality is that "more than 40 years after the diagnosis of battered child syndrome entered the literature, our pediatric residency programs do not have a significant education requirement for preventing, recognizing, or managing child abuse."[11] As a result, egregious errors occur. In one study, for example, researchers found that 31% of abusive head trauma cases were not recognized by the physicians who first evaluated these victims.[12]

In a study published in 2012, researchers concluded the ability of medical professionals to "correctly identify genital and anal findings and interpret medical findings" in possible instances of child sexual abuse was "significantly associated" with "(t)raining, discipline, and clinical experience…."[13] In a national survey of pediatricians, researchers found "(t)hose who had received some child abuse" training in the field "expressed more confidence in their ability to

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[9] *Id.* at 215. To improve graduate training of psychologists, the authors recommended "team-taught classes, visiting instructors, and class visits by outside professionals" as "means by which to increase interdisciplinary training without developing entirely new programs." *Id.*

[10] ANNA C. SALTER, PH.D, PREDATORS 2 (2003).

[11] Ann S. Botash, *From Curriculum to Practice: Implementation of the Child Abuse Curriculum,* 8(4) CHILD MALTREATMENT 239 (November 2003).

[12] Carole Jenny et al., *Analysis of Missed Cases of Abusive Head Trauma,* 281 JAMA 621-626 (1999).

[13] Joyce Adams, Suzanne P. Starling, Lori D. Frasier, Vincent J. Palusci, Robert Allan Shapiro, Martin A. Finkel, & Ann S. Botash, *Diagnostic Accuracy in Child Sexual Abuse Medical Evaluation: Role of Experience, Training, and Expert Case Review,* 36 CHILD ABUSE & NEGLECT 383, 392 (2012).

identify and manage child abuse."[14] However, 22% of the pediatricians who had received field training did not feel adequately trained.[15] The researchers concluded "(g)reat variability in self-reported training and experience were noted in the current study, suggesting these variations may be partially responsible for previously observed problems in identification and reporting of child abuse" from pediatricians.[16]

Research on inadequate undergraduate and graduate training on domestic violence and elder abuse

A study of undergraduate nursing programs in the United States found limited education on any aspect of violence. Specifically, the researchers found that 75% of the programs had not developed violence-based student competencies and 68% of the programs did not evaluate violence content.[17] The programs that did provide education on violence offered very little. Specifically, the researchers found:

- **Child Abuse:** of the 359 undergraduate nursing programs reporting classroom hours on child abuse, 62% reported 2-4 hours of training and 18% reported only 1 hour of classroom instruction on child abuse or readings only.[18]
- **Domestic violence:** of the 374 undergraduate nursing programs reporting classroom hours on "woman abuse and battering", 56% reported 2-4 hours of instruction and 30% reported only 1 hour or readings only.[19]

[14] Emalee G. Flaherty, Robert Sege, Lori Lyn Price, Katherine Kaufer Christoffel, David P. Norton, and Karen G. O'Conner, *Pediatrician Characteristics Associated with Child Abuse Identification and Reporting: Results from a National Survey of Pediatricians,* 11(4) CHILD MALTREATMENT 361, 366 (2006).
[15] *Id*.
[16] *Id.*
[17] M. Anne Woodtli & Eileen T. Breslin, *Violence-Related Content in the Nursing Curriculum: A Follow-Up National Survey,* 41 JOURNAL OF NURSING EDUCATION 340 (2002).
[18] Id. at 345.
[19] Id.

- **Elder abuse:** of the 368 undergraduate nursing programs reporting classroom hours on elder abuse, 45% said the content was taught in 2-4 hours and 46% said the content was taught in 1 hour or in readings only.[20]

According to the researchers, the "major reason for inadequate curriculum attention was lack of time in relation to the total curriculum requirements" and "violence was not a faculty priority."[21]

These findings are consistent with research on the training of healthcare professionals around the world. A study of nurses in Finland found virtually no formal training on domestic violence.[22] A study of undergraduate training of health care professionals in Northern Ireland and Jordan found that 89% of the health care professionals had not attended university lectures on domestic violence.[23] Of the 11% who had attended lectures on domestic violence, only 7% said these lectures were part of their undergraduate program.[24]

Researchers have noted that dentists may be in a particularly good position to detect instances of elder abuse and yet studies find very little training on elder abuse in pre-dental or dental schools.[25]

U.S. Attorney General's Task Force Recommendations for undergraduate/graduate reform

The United States Attorney General's Task Force on Children Exposed to Violence has recognized the need to improve undergraduate and graduate training in this area and has called

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[20] Id.
[21] Id. at 346.
[22] A.M.E. Haggblom, L. R-M Hallberg, & Anders R. Moller, *Nurses Attitudes and Practices Towards Abused Women,* 7 NURSING AND HEALTH SCIENCES 235 (2005).
[23] Nahla Mansour Al-Ali & Anne Lazenbatt, *A Cross-Cultural Comparative Study of Undergraduate Health Care Professional Students' Knowledge, Definitions, Education, and Training of Domestic Violence in Northern Ireland and Jordan,* SAGE OPEN 1, 5 (2012).
[24] Id.
[25] *See* Melanie W. Gironda, Karen H. Lefever, & Elizabeth A. Anderson, *Dental Students' Knowledge About Elder Abuse and Neglect and the Reporting Responsibilities of Dentists,* 74(8) JOURNAL OF DENTAL EDUCATION 824 (2010).

for a "national initiative to promote professional education and training on the issue of children exposed to violence."[26] The task force specifically urges academic institutions to "include curricula in all university undergraduate and graduate programs to ensure that every child and family serving professional receives training in multiple evidence-based methods for identifying and screening children for exposure to violence."[27] The Attorney General's Task Force included sexual abuse of children in its definition of violence.[28]

In addition to the United States Attorney General's Task force on Children Exposed to Violence, the Academy on Violence and Abuse has said that a requirement for "institutional competence" in this area is to "adopt an interdisciplinary approach to [training on] violence and abuse."[29]

RECOMMENDATIONS

The impact of reforming undergraduate and graduate curricula on child abuse, domestic violence, elder abuse and other forms of violence cannot be understated. In nearly every community in the United States, victims of violence interact with doctors, nurses, teachers, social workers, law enforcement officers, prosecutors, child protection attorneys, judges and other professionals well positioned to make a profound difference in the lives of families. This can only happen, though, if these professionals are rigorously trained. To this end, we offer the following recommendations.

1. Undergraduate and Graduate Reforms

Within 5 years, every state must have at least two colleges or universities that have implemented a child and adult advocacy studies (CAAST) minor that provides

[26] *Executive Summary,* REPORT OF THE ATTORNEY GENERAL'S TASK FORCE ON CHILDREN EXPOSED TO VIOLENCE 5 (2012), available online at: http://www.justice.gov/defendingchildhood/ (last viewed May 6, 2013).
[27] *Id*. at 6.
[28] *Id*. at 1.
[29] AMERICAN ACADEMY ON VIOLENCE AND ABUSE, COMPETENCIES NEEDED BY HEALTH PROFESSIONALS FOR ADDRESSING EXPOSURE TO VIOLENCE AND ABUSE IN PATIENT CARE 9 (April 2011).

rigorous, experiential instruction to social work, criminal justice, nursing psychology, education and other students on addressing violence across the lifespan (child abuse, interpersonal violence, bullying, elder abuse, etc).

In 2003, Winona State University (WSU) received funding from the United States Department of Justice to develop an inter-disciplinary child protection minor to better prepare future social workers, law enforcement officers, mental health professionals, and nurses to respond to instances of child abuse. WSU contracted with the National District Attorneys Association to create the National Child Protection Training Center (NCPTC), a national entity that would assist in developing the curriculum and disseminating it to other interested universities.

In developing the curriculum, WSU and NCPTC examined 56 child protection training programs developed through federal funds to ascertain what content is being taught in the field that could be taught in the undergraduate level. The committee also worked from a curriculum outline originally published in the Journal of Aggression, Maltreatment and Trauma.[30]

Once developed, the minor was reviewed by panels of front line professionals as a check on the suitability of the training to prepare a student for work in the field of child protection.[31] The curriculum, entitled Child Advocacy Studies (CAST) has now been implemented at thirty three colleges or universities[32] in fifteen different states with some universities implementing the

[30] Victor I. Vieth, *Unto the Third Generation: A Call to End Child Abuse in the United States within 120 Years,* 12 JOURNAL OF AGGRESSION, MALTREATMENT & TRAUMA 5 (2006). A revised version was published in volume 28 of the HAMLINE JOURNAL OF PUBLIC LAW AND POLICY 1 (2006).

[31] This practice of involving front line professionals in the development of the courses has also been followed by other universities implementing the reform. For example, Montclair State University worked closely with New Jersey's Division of Youth and Family Services (DYFYS) and other child welfare experts in implementing its curriculum. *See* Robert H. McCormick, *The Master of Arts in Child Advocacy: A Contribution to an Emerging Discipline,* 12 (3/4) JOURNAL OF AGGRESSION, MALTREATMENT & TRAUMA 149 (2006).

[32] These universities are: Winona State University (MN), Montclair State University (NJ), Kennesaw State University (GE), University of Pittsburgh (PA), University of South Carolina-Upstate, Wilmington University (DE), Oklahoma City University, Michigan State University (first course offered in 2012, with plans for certificate to follow), University of Wisconsin-Platteville, Missouri State University, Athens State University (AL), Northern State University (SD), University of the District of Columbia, Judson University, New Mexico State University, Northeastern Illinois University, Arkansas State University, Northwest Arkansas Community College, Liberty

curriculum as a certificate, minor, major or even graduate program.[33] Preliminary research on CAST is promising.[34]

Expanding CAST to CAAST: the addition of Elder Abuse courses

The National Committee on the Prevention of Elder Abuse[35] in partnership with Indiana University of Pennsylvania[36] have taken the CAST curriculum to include a course on elder abuse. This expanded minor, then, includes intensive training on child abuse, domestic violence, and elder abuse—making it the first intensive, interdisciplinary minor addressing violence across the lifespan.

2. Medical school reforms

a. Within 5 years, at least 25% of accredited medical schools in the United States must have at least one course dedicated to addressing violence across the lifespan

b. Within 5 years, at least 25% of residency programs in the United States, irrespective of specialty, must provide specific, experiential coursework in recognizing and responding to violence across the lifespan

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University (CAST approved but not yet taught), University of Toledo (implemented CAST at the medical school), Florida Institute of Technology, Houston Community College, University of St. Louis-Missouri, and Alliant International University in San Diego.

[33] Montclair State University in New Jersey, for example, offers a post BA "certificate in child advocacy" for child protection workers and a Master of Arts in Child Advocacy with an optional concentration in child public welfare. This master's program provides students with knowledge of mandated reporting laws, investigative techniques including the child interview, and legal issues surrounding these cases. Reflecting the multi-disciplinary nature of child protection work, the faculty is drawn from diverse fields. *See* Robert H. McCormick, *The Master of Arts in Child Advocacy: A Contribution to an Emerging Discipline,* 12 (3/4) JOURNAL OF AGGRESSION, MALTREATMENT & TRAUMA 149 (2006).

[34] Winona State University has conducted examinations of students at the beginning of the CAST courses and again upon completion of the courses. This research shows a dramatic improvement in the knowledge of students who complete the courses. Students themselves acknowledge a dramatic improvement in their knowledge after completing only the first of the three courses. After the first class, for example, students were asked: "When I started this class I knew (0 very little; 10 a great deal about child maltreatment)." The answers ranged from 0-8 with the mean at 5.1, the median at 5 and the mode at 5. When asked their knowledge base after completing just the first course, the students had a range of 8-10 with the mean at 9.3, the median at 9 and the mode at 10. For additional information about the research being conducted on the CAST curriculum, contact the National Child Protection Training Center at (507) 457-2890.

[35] For additional information, see NCPEA website at: http://preventelderabuse.org/ (last visited September 3, 2014)

[36] For additional information, visit the IUP website at: http://www.iup.edu/ (last visited September 3, 2014)

The Council on Medical Student Education in Pediatrics (COMSEP) suggests the following competencies for medical students in the area of child abuse:

- list characteristics of the history and physical examination that should trigger concern for possible physical, sexual, and psychological abuse and neglect such as inconsistency in the history, unexplained delays in seeking care, injuries with specific patterns or distributions on the body, or injuries incompatible with the child's development;
- describe the medical-legal importance of a full, detailed, carefully documented history and physical examination in the evaluation of child abuse;
- discuss the concurrence of domestic violence and child abuse and describe markers that suggest the occurrence of family violence;
- describe the unique communication skills required to work with families around issues of maltreatment;
- summarize the responsibilities of the "mandatory reporter" to identify and report suspected child abuse; and know to whom a child abuse report should be made.[37]

Although these standards provide important guidance on what medical education in maltreatment should address, such training remains scarce and inconsistent. According to a survey of medical students and deans, 21% of medical students had no instruction on child abuse, and the median amount of child abuse instruction during medical training was just two hours.[38] When medical school training does take place, it is often a single offering, separated from the medical curriculum, rather than a coordinated, multifaceted, multidisciplinary approach.[39]

To address this issue, the University of Toledo College of Medicine and Life Sciences has implemented a nine-month medical school curriculum on child maltreatment. The course is

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[37] Council on Medical Student Education in Pediatrics (2012, August, 6) Retrieved from: http://www.comsep.org/curriculum/curriculumcompetencies/ChildAbuse.cfm (last visited May 22, 2013)

[38] Elaine J. Alpert, Robert D. Sege, & Ylisabyth S. Bradshaw, *Interpersonal Violence and the Education of Physicians,* 72 ACADEMIC MEDICINE S41-S50 (1997).

[39] JR Hill, *Teaching about Family Violence: A proposed Model Curriculum*., 17(2) TEACHING AND LEARNING IN MEDICINE 169-178 (2005).

taught by a multi-disciplinary group of child protection professionals and addresses prevention, identification, reporting and responding to all forms of child and adolescent maltreatment. When compared to students not taking the elective, the medical school students completing the child maltreatment course were "significantly more prepared" to:

- identify signs of maltreatment;
- report a case of suspected maltreatment (even if they were not 100% certain abuse occurred);
- recommend or secure services for a maltreated child or adolescent; and
- demonstrate improved knowledge in the areas of maltreatment identification and reporting.[40]

Although the medical school curriculum at the University of Toledo may not be optimal, we believe it represents a minimal standard all medical schools should meet. If expanded to include domestic violence, adult sexual assault, and elder abuse, the course could be a model for all medical schools in addressing violence across the lifespan. The course could then be expanded to include residency programs.

3. Law Schools and Continuing Legal Education

Within 5 years, 25% of accredited law schools in the United States must have at least one elective course addressing violence across the lifespan

Perhaps one of the greatest challenges to creating trauma informed practices across all disciplines is presented by how to incorporate victim-centered assessments and adaptations to the legal system. Currently, the focus of harm assessment, and therefore appropriate legal

[40] Michele Knox, Heather Pelletier, & Victor Vieth, *Educating Medical Students About Adolescent Maltreatment,* INTERNATIONAL JOURNAL OF ADOLESCENT MEDICINE (forthcoming 2013); *see also, See e.g.* Michele S. Knox, Victor Vieth and Heather Pelletier, *Effects of Medical Student Training in Child Advocacy and Child Abuse Prevention and Intervention,* PSYCHOLOGICAL TRAUMA: THEORY, RESEARCH, PRACTICE & POLICY (Forthcoming 2013)

consequences, is centered upon determining what were the harmful actions of an accused perpetrator, rather than the degree to which the victim has suffered. This creates a perpetrator centric system of assessment, rather than a victim-focused one. An unintended consequence of this method is the negative impact upon victims who have their experiences subjected to a level of skepticism and sometimes the withholding of support until it can be determined whether the harm they endured was a criminal act. While this may be necessary for assigning blame and establishing proper punishment/restitution in a court of law, compassion and support for those who have been hurt should not be a commoditized and rationed resource.

Although law students interested in becoming prosecutors or public defenders are the best candidates to interact with abused children, victims of domestic violence, or elder abuse before or during court, tomorrow's civil attorneys will also encounter victims of violence in divorce/custody cases, civil child protection proceedings, and in other instances involving civil litigation.[41] Future judges must also deal with child witnesses and adult victims of violence who may be reluctant or fearful to testify or who have unique challenges in presenting their testimony or other evidence in open court.[42]

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[41] For an overview of recommendations from front line prosecutors about improving the taking of statements from victims of violence, *see* Kimberlee Shannon Burrows and Martine Powell, *Prosecutors' Recommendations for Improving Child Witness Statements about Sexual Abuse,* 24 POLICING & SOCIETY 189 (2014).

[42] A recent survey of 2,240 judges found that barely 50% of them had received any child welfare training before hearing child dependency and neglect proceedings. *View from the Bench: Obstacles to Safety & Permanency for Children in Foster Care* (July 2004) (this survey was conducted by the Children & Family Research Center, School of Social Work, University of Illinois, Urbana-Champaign and is available on line at www.fosteringresults.org. Much has been written about the proper credentials for being a trial judge including courage, self-doubt, and a deep and genuine affection for the law. *See* Victor I. Vieth *Selecting Trial and Appellate Judges: Exceptions to the Rules and Rules to Find the Exceptions,* 18 HAMLINE J. PUB. L. & POL'Y 52 (1996). To this list should be added experience with child witnesses. Indeed, there is literature suggesting that unless a judge is well-versed in linguistics, child development, memory and suggestibility and other issues impacting on the child witness, that he/she is incompetent to serve as a judge in a case involving the testimony of children or in a case where the statements of children is an issue of some sort. *See* Victor I. Vieth, *When Cameras Roll: The Danger of Videotaping Child Abuse Victims Before the Legal System is Competent to Assess Children's Statements,* 7(4) JOURNAL OF CHILD SEXUAL ABUSE 113-121 (1999).

With respect to child witnesses, law schools should introduce tomorrow's trial attorneys and judges to the concept of court schools[43] and the art of preparing children for court.[44] Law students should understand the research on conducting developmentally appropriate oaths.[45] Most importantly, tomorrow's trial attorneys and judges must be introduced to the concept of questioning children in a manner they can understand.[46] Just as we would oppose questioning in English a child who could only speak Spanish, we must oppose the practice of questioning children in a manner they cannot comprehend. According to one study, 2/3 of public defenders and 1/3 of prosecutors admitted questioning children in a manner designed to confuse the child.[47] Law schools must take the lead in teaching the attorneys and judges of tomorrow that questioning designed to take advantage of a child's vulnerabilities is unethical.

The National District Attorneys Association (NDAA), in collaboration with the Gundersen National Child Protection Training Center, developed a law school course entitled *Child Abuse and the Law.* This practical, experiential course has been implemented at three ABA accredited law schools.[48] We believe the framework for developing this course—involving frontline professionals as well as academics—is a solid model that could be used in developing similar law school courses on domestic violence, elder abuse and other forms of maltreatment.

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[43] For an excellent overview of the concept and use of court schools, *see* Martha J. Finnegan, *Creating and Administering a Kids Court Program,* 13(5) UPDATE (2000) (published by APRI's National Center for Prosecution of Child Abuse, Alexandria, VA).
[44] *See* LYNN M. COPEN, PREPARING CHILDREN FOR COURT (2000).
[45] *See* Thomas D. Lyon & Karen Saywitz, *Young Mistreated Children's Competence to Take the Oath,* 3(1) APPLIED DEVELOPMENTAL SCIENCE 16-27 (1999).
[46] *See* ANNE GRAFFAM WALKER, HANDBOOK OF QUESTIONING CHILDREN (2d Edition) (1999); *see also* Myers, Goodman, & Saywitz, *Psychological Research on Children as Witnesses: Practical Implications for Forensic Interviews and Courtroom Testimony,* 27 PACIFIC L. JOURNAL 1 (1996).
[47] Michael R. Leippe, et al, *The Opinions and Practices of Criminal Attorneys Regarding Child Eyewitnesses: A Survey,* in CECI, ET AL, PERSPECTIVES ON CHILDREN'S TESTIMONY 100, 118 (1989).
[48] These law schools are: William Mitchell College of Law, Hamline University School of Law, and Liberty University School of Law.

In addition, we recommend the development of Continuing Legal Education Courses and partnership with the ABA, the NDAA and other appropriate attorney associations to see that CLE courses in trauma informed practices become a mandatory part of ongoing legal training in all 50 states, the District of Columbia, and at the federal level.

4. Seminaries and other Faith Based Educational Institutions

> **Within 5 years, at least 25% of accredited seminaries in the United States must have at least one elective course addressing violence across the lifespan**

We recommend that seminaries provide a minimum of ten hours of training on child abuse, interpersonal violence and elder abuse. The specific content of this training is detailed later in this report.[49]

5. Establish National Accreditation Standards Across Disciplines

> **Within 5 years, there must be a national accreditation process so that employers can make better informed decisions in hiring social workers, criminal justice professionals, medical and mental health professionals, pastoral care and other workers who may work with children or adults who have endured trauma**

Many of the front line professionals who lament about inadequate training at the undergraduate and graduate level are also in supervisory positions or otherwise play a role in hiring child professionals who will be involved in cases involving violence. To the extent these professionals believe undergraduate and graduate training on violence is important, they should actively seek candidates who have graduated from institutions that provide this training. As more academic institutions move in this direction, finding suitable candidates will become easier. In the meantime, all advertisements for open jobs should express a strong preference for students who have been trained in the core competencies required for the field of child protection, domestic

[49] See notes 124-126 and accompanying text.

violence, elder abuse or other areas the employee will be working in. In doing this, these agencies will assist academic institutions in understanding that reform is necessary if their graduates hope to obtain jobs in fields in which they will be working with survivors. There is some indication this may already be happening. In South Carolina, for example, professors of the CAST program at USC Upstate report their graduates are quickly finding jobs in the child protection field or admission to MSW programs.[50]

To assist employers in this process, NPEIV must put in place one or more reputable accreditation processes to ensure undergraduate and graduate training in these areas is sufficient to meet the needs of survivors and families the graduates of these institutions will be working with.

6. Develop Mentorship Program

> **Working with the Academy on Violence & Abuse (AVA) and other groups that have implemented a mentoring program, NPEIV should develop a wider scale mentoring program whereby students attending accredited CAAST institutions can be mentored by leading professionals in a more formal manner. This program should be up and running, and fully funded, within three years. Within 5 years, the program should be providing mentoring to at least 500 future professionals annually.**

The Academy on Violence & Abuse (AVA) has developed a mentoring program in which undergraduate or graduate students work on a research or other project and have the opportunity to be mentored by a national expert in the field. The mentoring is primarily done by e-mail and telephone contact but there is small stipend in which the student can attend a national conference, meet the mentor and perhaps present his or her paper. We believe this is a worthy concept that can be dramatically expanded. In its present capacity, and with limited funding, the program only impacts several students a year.

[50] Telephone interview with Jennifer Parker, director of the USC Upstate CAST program, May 22, 2013.

We believe there is a simple means by which this program can be expanded. First, CAAST or other universities working to develop tomorrow's professionals will have the opportunity to nominate students ideal for working with a national mentor on a specific research project. The AVA or other NPEIV partners will provide these students with a national mentor and otherwise administer the program. The AVA and other NPEIV partners will also assist in finding vehicles to publish the work of these students—the rising stars of the movement.

We believe this program should be fully operational and adequately funded within three years and, within 5 years, should be mentoring a minimum of 500 students annually from every region of the United States.

B. Improving Training in the Field

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Overview

Nearly all of the 166 child protection professionals interviewed in one study, indicated they had received training on child sexual abuse cases once in the field.[51] However, the professionals had numerous suggestions for additional training for themselves or other team members. A consistent theme from these interviews was the preference for "hands on" training in which skills are not simply presented in a lecture but the students are required to conduct mock forensic interviews, suspect interrogations, crime scene investigations, or mock trials.

In an online survey, a majority of prosecutors, law enforcement officers and clinicians/therapists noted at least some barriers to receiving ongoing training including lack of funding, lack of time

[51] Victor I. Vieth, *The View from the Trenches: Recommendations for Improving South Carolina's Response to Child Sexual Abuse Based on Insight from Frontline Child Protection Professionals,* (Gundersen Health System 2013), published as part of the "Silent Tears" assessment of the South Carolina child protection system and available online at: http://www.gundersenhealth.org/ncptc/publications-resources/silent-tears (last visited September 3, 2014).

and, in some instances, the unavailability of training.[52] Although 64% of DSS workers noted "no barriers" to accessing ongoing training, only 37% considered themselves sufficiently trained to work with victims of child sexual abuse.[53] Sixty-one percent of DSS workers who took the survey received no undergraduate or graduate training on child sexual abuse and 18% had not received any training on child sexual abuse once in the field.[54]

The impact of inadequate training generally—what other studies suggest

A number of studies illustrate the danger of inadequate training of child protection professionals at the undergraduate or graduate level or once these professionals are in the field. The greatest danger, of course, is that clear instances of abuse will be missed or that important evidence will not be collected.

According to the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4), a large percentage of maltreated children *identified* by mandated reporting professionals did *not r*eceive child protection investigation.[55] Specifically, only 50% of the nation's *identified* abused children received a child protection investigation and only 30% of the children suffering "serious harm" received child protection investigation.[56] The NIS-4 researchers labeled "serious harm" cases as those child abuse or neglect cases in which "an act or omission result in demonstrable harm."[57]

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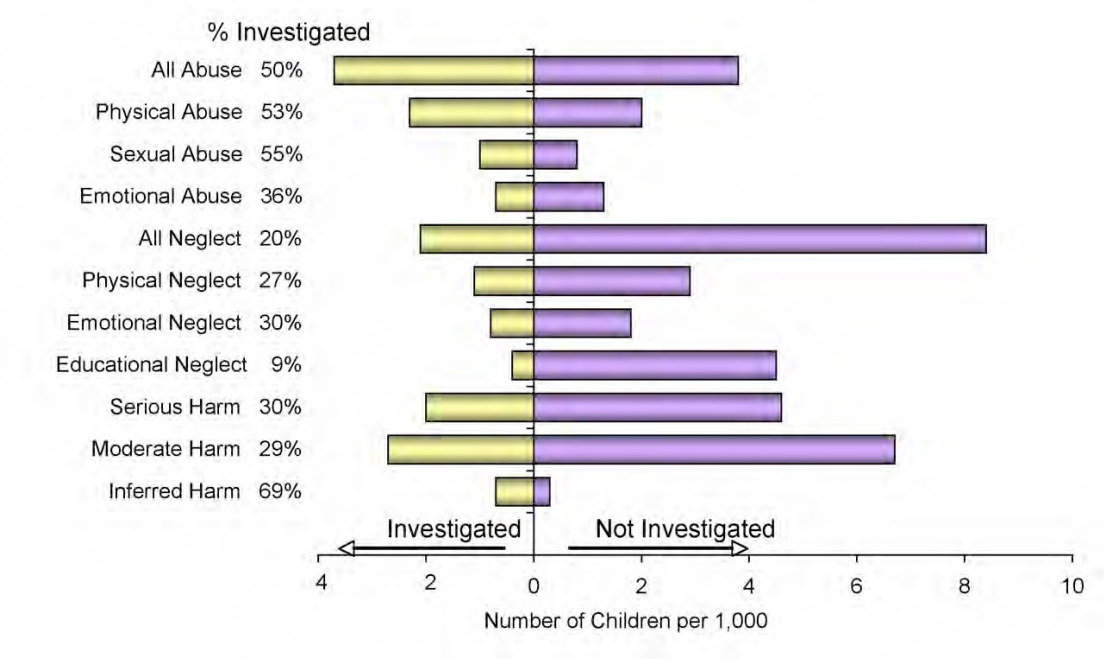
[52] Jennifer Parker, Kathleen Brady and Sarah Wilson, *Silent Tears Survey Analysis*, page 133-137, March 2013, available online at: http://www.gundersenhealth.org/ncptc/publications-resources/silent-tears (last visited September 3, 2014).

[53] *Id.* at 23-24.
[54] *Id*.
[55] The NIS-4 uses "sentinels" to collect data on children they encounter who may have been abused. For this study, the researchers had over 10,000 sentinels from 122 counties. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES FOURTH NATIONAL INCIDENCE STUDY OF CHILD ABUSE AND NEGLECT (NIS-4), 2-7, 2-8, 2-9 (2010).
[56] *Id.*
[57] FOURTH NATIONAL INCIDENCE STUDY OF CHILD ABUSE AND NEGLECT (NIS-4), U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES EXECUTIVE SUMMARY 3 (2010)

The NIS-4 data are summarized in the following graph taken from the report to congress:



This is not a recent or isolated finding but, rather, a finding that has been found repeatedly over a period of decades. Indeed, researchers note "Throughout its history, the NIS has consistently found that child protective services agencies (CPS) investigate maltreatment of only a minority of the children the NIS identifies."[58]

Although the NIS research is broader than simply inadequate training, other studies highlight the danger of limited training and experience. For example, a recent study of medical professionals found that "training, discipline and clinical experience were significantly associated with the

[58] *Id.* at 16.

ability to correctly identify medical findings and apply medical knowledge to correctly interpret findings" in cases of possible sexual abuse.[59]

In 1996, Richard Gelles, a pioneer in the field of child protection, wrote "If the current child welfare system is to be improved it will require three things: (1) training, (2) training, and (3) training."[60] More than twenty years later, national child protection experts continue to echo this refrain.[61]

RECOMMENDATIONS

Improving training may be as simple as developing minimal training standards on child abuse, elder abuse, domestic violence, and other forms of trauma. These minimal standards must include an emphasis on experiential training, locating or developing facilities ideal for hands on training, and developing cross-jurisdictional resources to free up professionals for training. These suggestions are explored more fully below.

1. Professional Standards

> **Within 1 year, NPEIV should establish nationally recognized minimal and ongoing training standards and, within 5 years, all professionals addressing violence across the lifespan must meet these standards.**

There are a number of organizations establishing minimum training standards for their members or for professionals handling one aspect of violence. For example, the National Children's Alliance has minimal training standards for forensic interviewers working in accredited CACs. These standards include at least 40 hours of initial training as well as ongoing training in the field of child abuse.

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[59] Joyce A. Adams, Suzanne P. Starling, Lori D. Frasier, Vincent J. Palusci, Robert Allan Shapiro, Martin A. Finkel, & Ann S. Botash, *Diagnostic Accuracy In Child Sexual Abuse Medical Evaluation: Role of Experience, Training and Expert Cast Review,* 36 CHILD ABUSE & NEGLECT 383, 392 (2012).
[60] Richard J. Gelles, THE BOOK OF DAVID (1996).
[61] Viola Vaughan-Eden & Frank E. Vandervort, *Invited Commentary on "Issues in Differential Response",* RESEARCH ON SOCIAL WORK PRACTICE 3 (published online February 27, 2013).

One week of training, to address primarily one aspect of one form of violence (in this case child abuse), highlights the complexity of adequately training professionals in the field. As undergraduate and graduate reforms unfold, the necessity of basic training of professionals in the field may be alleviated. In the near future, though, there will need to be intensive training on basic skills in responding to instances of violence. If this training is to cover violence across the lifespan, it will likely consist of several weeks of instruction.

Standards for basic instruction of workers in the field

Working with front line professionals from across the country, NPEIV should develop a national standard for basic training of professionals addressing violence across the lifespan and publish these standards within a year. Once promulgated, NPEIV will work to develop an infrastructure to meet these standards in every state.

Beyond the basics: standards for ongoing training

Once basic training is achieved, professionals will also need ongoing, annual training on the latest research, case law and other factors that impact our competence to work with survivors. At a minimum, professionals working cases of violence should have 12 hours of additional training each year. With the proliferation of high quality online child protection training initiatives,[62] this standard can be met with little or no additional expense to many professionals. This is simply a matter of educating MDTs about the availability of the training and for MDT supervisors to require a minimal base of ongoing training.

The importance of basic and ongoing training

[62] For example, the Midwest Regional Children's Advocacy Center hosts a number of on demand as well as low cost online courses. To learn more, visit their website at: www.mrcac.org This includes not only workshops for forensic interviewers but also investigators and prosecutors on topics such as corroborating evidence.

The critical importance of ongoing training in cases of child abuse, just one of many forms of violence professionals respond to, was reflected in the comments of many of the front line professionals participating in a South Carolina study. One law enforcement officer told researchers "these cases are worse than murder. When you're dead you're dead. These children die a little every day. You should have to work your ass off to be a child abuse investigator just like a homicide detective." Accordingly, this officer suggested that any child abuse detective be required to have 40 hours of training in forensic interviewing and specific training on child abuse crime scene investigation, corroborating evidence, and interrogation of sex offenders. One prosecutor told researchers he had observed a direct correlation between the level of training of various officers and the amount of corroborating evidence obtained and percentage of offenders from whom they received confessions or incriminating statements. One of the better trained officers participating in the study reported she had some corroborating evidence in 100% of the cases she worked and obtained incriminating statements from offenders in over 60% of the child sexual abuse cases she worked.[63]

2. Experiential training methods

Within 5 years the majority of training for professionals in the field must place an emphasis on experiential, laboratory training as opposed to lectures or less interactive models.

Benjamin Franklin said "Tell me and I forget, teach me and I remember, involve me and I will learn."[64] There is a growing body of research supporting, and a growing number of universities

[63] Victor I. Vieth, *The View from the Trenches: Recommendations for Improving South Carolina's Response to Child Sexual Abuse Based on Insight from Frontline Child Protection Professionals,* 22 (Gundersen Health System 2013), published as part of the "Silent Tears" assessment of the South Carolina child protection system and available online at: http://www.gundersenhealth.org/ncptc/publications-resources/silent-tears (last visited September 3, 2014).

[64] Northern Illinois University, *Experiential Learning,* available online at: http://www.niu.edu/facdev/resources/guide/strategies/experiential_learning.pdf (last visited July 24, 2014).

incorporating experiential based learning models which actively engage students in applying skills and making decision in response to realistic scenarios.[65]

In at least one study, professionals responding to cases of violence expressed a strong desire for hands on training courses such as mock trials, mock crime scene investigations, or mock forensic interviews. As one law enforcement officer noted, "I don't need any more PowerPoint presentations—I don't remember what's on the slides. I need trench training." According to this officer, "trench training" is experiential learning in which the MDT is processing a mock crime scene, testifying in a mock trial, conducting mock forensic interviews or suspect interrogations.[66]

When developing training for professionals working cases of violence, state and national associations should emphasize workshops and programs that provide experiential training. Similarly, the departments or supervisors sending staff to training should emphasize experiential training as the first resort. Only when "trench training" is unavailable, should traditional lecture training be considered.

3. Expand number of training facilities

Within 5 years, develop at least one laboratory, experiential learning facility in every state that includes mock houses, forensic interview rooms, courtrooms, medical and mental health facilities that can be used for intensive, realistic experiential training.

Experiential or "trench training" is best conducted in mock houses, courtrooms or forensic interview rooms that enable participants to practice skills or techniques. Many of the CAST or

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[65] *See generally,* SCOTT D. WURDINGER & JULIE A. CARLSON, TEACHING FOR EXPERIENTIAL LEARNING: FIVE APPROACHES THAT WORK (2010). There are also a number of organizations that assist universities and others in providing experiential learning. These organizations include the Association for Experiential Learning, whose website is: http://www.aee.org/ (last visited July 24, 2014).

[66] Victor I. Vieth, *The View from the Trenches: Recommendations for Improving South Carolina's Response to Child Sexual Abuse Based on Insight from Frontline Child Protection Professionals,* (Gundersen Health System 2013), published as part of the "Silent Tears" assessment of the South Carolina child protection system and available online at: http://www.gundersenhealth.org/ncptc/publications-resources/silent-tears (last visited September 3, 2014).

CAAST universities previously described have constructed or plan to construct such facilities. In addition to teaching undergraduate or graduate students, CAST universities may want to make these facilities available to professionals in the field.

As an additional option, frontline professionals may want to combine resources and work with public and private funders to develop a state training facility ideal for experiential learning. In the meantime, law schools, police academies and other institutions may have mock courtrooms, houses or other facilities available for trial advocacy or other laboratory training environments.

However this goal is achieved, every state should have at least one facility of this type and professionals responding to cases of violence should have available to them at least 15 "hands on" courses of 2.5 to five days that are offered annually.

4. Utilize online resources to disseminate information and training

Within 5 years, establish nationally recognized training portals to provide 24/7 instruction on basic skills for myriad disciplines responding to violence across the lifespan

There are some basic workshops every prosecutor, law enforcement officer, social worker, forensic interviewer, medical and mental health professional should take and that do not change very much, if at all, over the years. For example, every child abuse prosecutor needs to know how to cross examine a suspect in a child abuse case, how to prepare a child for court, and how to give an effective closing argument. Every law enforcement officer needs to know how to search for and collect corroborating evidence and to interrogate a suspected sex offender. Rather than offer these workshops sporadically as part of state or regional conferences, national and state organizations should have one or more training portals that can be accessed 24 hours a day, seven days a week. Within that portal, there should be sub-portals appropriate for each discipline from the team. Accordingly, a law enforcement officer could go into the criminal justice portal

and watch a training on suspect interrogation. The workshop could be further divided into the interrogation of a child abuse suspect, elder abuse suspect, domestic violence abuse suspect, etc.

Once developed and fully functional, this would be a low cost, efficient manner for ensuring that all professionals have immediate and permanent access to basic training. The concept of online portals is not inconsistent with the recommendation for experiential learning. First, online portals can also be experiential. For example, students can investigate a mock crime scene in a virtual, computer simulated house. Students can similarly do mock interrogations or even forensic interviews using computer simulations. This is not different from medical student education that often involves computer simulated operations.

Second, even if online portals provide traditional, lecture-based instruction, they can be precursors to experiential courses. For example, if an organization is offering a trial advocacy course, students could be required to watch in advance several required lectures before coming to the course and practicing their skills. In this way, the actual onsite class time can be lessened and perhaps more students can get away from busy schedules in order to attend.

In developing these portals, a number of resources already exist. For example, the National District Attorneys Association and the Midwest Regional Children's Advocacy Center have already developed a number of online, on demand workshops on basic investigation and prosecution topics. Simply providing a link to these already existing online programs could be immensely helpful.[67]

However and whoever develops the portals, there should be a centralized body that controls and maintains the portals and a passcode should be required. For obvious reasons, it would not be

[67] For a list of already existing "on demand" workshops for MDTs, visit: http://www.mrcac.org/elearning/on-demand/ (last visited May 12, 2013)

appropriate for offenders to be able to access information they could use to avoid detection or apprehension.

5. Account for unique challenges in rural settings

In every training initiative, instructors and organizations must take into account the unique needs of rural professionals

In rural communities and counties, professionals face unique challenges. By necessity, these professionals may not be able to specialize in child abuse, domestic violence, elder abuse or other forms of trauma but must handle everything from cases of speeding to murder. Distance may make it more difficult to attend a case review meeting, get a child or other victim to a children's advocacy center, or access other resources in a timely manner. With a limited number of employees, attending a multi-day training can be particularly burdensome to rural practitioners. In light of these and other challenges, resource guides and training programs should consistently take into account the unique factors of smaller communities and tailor their recommendations accordingly. When this is done, history shows that rural communities can do as well if not better than their metropolitan counterparts in responding to violence. [68]

6. Inclusivity and Specificity

In every training initiative, instructors and organizations need to provide both "population inclusive" and "population specific" education dynamics of diverse groups

Population inclusive training addresses factors that should be present in all responses to violence—such as responding with multi-disciplinary teams, recognizing various physical signs of abuse, etc. Population specific trainings address the unique dynamics that may be present in a

[68] *See generally,* Victor I. Vieth, *In My Neighbor's House: A Proposal to Address Child Abuse in Rural America,* 22 HAMLINE LAW REVIEW 143 (1998)

particular population. There are myriad unique issues in addressing violence in Indian Country,[69] with male victims,[70] with survivors who also have a disability,[71] with survivors in various faith communities[72] and with victims from the LGBTQ community[73]—to name only a small number of populations who may have unique needs or challenges. Training must take into account the diversity of our communities and adopt approaches that reflect this diversity.

[69] *See generally,* Victor I. Vieth & Michael Johnson, *The Key to Indian Country: Lessons Learned from Frontline Professionals,* 25(3) APSAC ADVISOR 18 (2013).
[70] *See generally* RICHARD B GARTNER, PH.D. BEYOND BETRAYAL; TAKING CHARGE OF YOUR LIFE AFTER BOYHOOD SEXUAL ABUSE (2005).
[71] *See generally,* E. HARRELL, CRIME AGAINST PERSONS WITH DISABILITIES, 2009-2011—STATISTICAL TABLES (BUREAU OF JUSTICE STATISTICS, U.S. DEPARTMENT OF JUSTICE 2012).
[72] *See generally,* Victor I. Vieth, *From Sticks to Flowers: Guidelines for Child Protection Professionals Working with Parents Using Scripture to Justify Corporal Punishment,* 40 WILLIAM MITCHELL LAW REVIEW 907 (2014).
[73] K.F. Balsam, T.P. Beauchaine, E.D. Rothblum, *Victimization over the Lifespan: A Comparative of Lesbian, Gay, Bisexual, and Heterosexual Siblings,* 73(3) JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY 477 (2005).

II. Improving Medical Health, Mental Health and Spiritual Care Responses to Instances of Violence

A. Improving medical and mental health care

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Overview

According to the Centers for Disease Control, 82.1% of adults have annual contact with a medical professional every year and 92.8% of children have annual contact with a health care professional.[74] All totaled, Americans make 1.2 billion hospital or physician visits every year.[75]

Given the large percentages of children and adults annually obtaining medical care, the potential for addressing family and other violence is enormous. As noted by ACE and other researchers, if physicians and other medical providers simply *asked* patients about the infliction or exposure to violence, many patients will disclose this information.[76]

Unfortunately, despite the enormity of the ACE findings, most medical providers fail to ask and continue to treat symptoms and not the actual causes of major medical and mental health conditions. In understanding the reason for this avoidance, Dr. Vincent Felitti and Dr. Robert Anda offer the following explanation:

> The very nature of the material in the ACE study is such as to make most of us uncomfortable. Why would a physician or leader of any major health agency want to leave the familiarity of traditional biomedical disease and enter this area of threatening uncertainty for which none of us have been trained? As physicians,

[74] Center for Disease Control and Prevention, *Summary Health Statistics for U.S. Adults: National Interview Survey 2012,* 10(260) VITAL AND HEALTH STATISTICS (February 2014), available online at: http://www.cdc.gov/nchs/data/series/sr_10/sr10_260.pdf (last visited July 24, 2014).
[75] Id.
[76] Vincent J. Felitti and Robert F. Anda, *The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders and Sexual Behavior: Implications for Healthcare,* in RUTH A. LANIUS, ERIC VERMETTEN & CLARE PAIN, THE IMPACT OF EARLY LIFE ON HEALTH AND DISEASE 84-85(CAMBRIDGE MEDICINE 2010).

> we typically focus our attention on tertiary consequences, far downstream, while the primary causes are well protected by time, social convention and taboo. We have often limited ourselves to the smallest part of the problem, that part in which we are erudite and comfortable as mere prescribers of medication or users of impressive technologies.[77]

RECOMMENDATIONS

1. Screen for ACES

Within 5 years, every medical and mental health professional in the United States should be routinely screening for Adverse Childhood Experiences and responding with excellence

With the evidence this clear, medical and mental health providers must overcome their reticence and routinely screen all patients for possibilities of violence. When patients are infants or otherwise too young to be asked directly, verbal or written questions should be posed to adult caretakers. With nearly every adult and child annually in the care of a medical provider, the potential of this simple approach for detecting instances of violence is enormous. To be truly effective, though, medical providers must not only ask, they must appropriately respond to any information provided. The need to respond with excellence further reinforces the recommendations, made elsewhere in this report for vigorous training at medical schools, residency programs and for professionals in the field.

2. "No Hit Zones"

Within 10 years, every hospital, clinic or other medical facility in the United States must implement a "No Hit Zone" and every employee of these institutions must be trained in responding to actual or threatened instances of violence.

A number of hospitals and clinics have implemented "no hit zone" policies. These policies include posters and other messaging that violence is not permissible within the

[77] Id. at 85.

institution. To be truly effective, all employees must be trained on how to intervene when violence is occurring or being threatened. If, for example, a hospital employee is walking through a waiting area and notices a parent is threatening to hit a child or is verbally abusive, what should the employee do? It can be as simple as deflating the situation with a kind word, directing the child to an appropriate activity, and making sure the family's medical provider discusses stresses and approaches to non-violent discipline. Gundersen Health System recently implemented a No Hit Zone in all of its hospitals and clinics and all 6,500 employees received online training on appropriate interventions.[78] Numerous other medical institutions are also moving in this direction. For example, the Kentucky Chapter of the American Academy of Pediatrics provides "materials, training and support to any physician office, clinic or hospital interested in becoming a no hit zone."[79]

In the way no smoking zones created an environment in which unhealthy behaviors were frowned upon, no hit zones may serve to educate nearly every adult and child about the unhealthy aspects of violence. Moreover, no hit zones provide myriad opportunities for medical and other providers to intervene in families where violence is inflicted and to move parents and children away from violent conduct.

No Hit Zones can also be the nucleus for implementing other evidence based approaches to non-violence. For example, brief multi-media programming delivered in pediatric waiting areas has been shown to influence parents' decisions to use less physical discipline.[80] A No Hit Zone creates a culture where medical communities may become

[78] Ann Budzak Garza & Deborah Sendek, *What is a No Hit Zone?,* presented at *Implementing Effective Child Abuse Prevention Programs,* Bloomington, Minnesota, July 23, 2014.
[79] For additional information, visit: http://www.kyaap.org/pediatric-resources-2/no-hit-zone/ (last visited July 24, 2014).
[80] S.J. Scholer, et al, *A Brief Primary Care Intervention Helps Parents Develop Plans to Discipline,* 125 PEDIATRICS e242-e249 (2010).

more proactive in implementing these and other programs that move families away from violence.

3. Treat child abuse imagery as public health issue

Medical professionals should regard violent pornography and media depicting child abuse and torture as public health issues facing children and work with families in addressing these issues

There is a growing body of research documenting the influence of pornographic and violent images on the developing brains of children, adolescents, and teenagers.[81] Violent and sexually explicit media increases the risk for high risk behaviors including alcohol and tobacco use, accelerated onset of sexual activity, and violent and aggressive behavior.[82] According to one literature review, "consistent findings have emerged linking adolescent use of pornography that depicts violence with increased degrees of sexually aggressive behavior."[83]

Although there are nuances to this research and its application to an individual family must be put in the context of myriad other factors, there is enough evidence that violent images influence behaviors to make this a public health issue warranting conversations between medical providers and their child and adolescent patients as well as parents.[84]

The National Partnership to End Interpersonal Violence (NPEIV) can help with this by developing materials summarizing the dangers that can be used by medical providers and

[81] *See generally,* CORDELIA ANDERSON, *THE IMPACT OF PORNOGRAPHY ON CHILDREN, YOUTH AND CULTURE* (2013); Debra K. Braun-Courville, MD & Mary Rojas, Ph.D, *Exposure to Sexually Explicit Web Sites and Adolescent Sexual Attitudes and Behaviors,* 45 JOURNAL OF ADOLESCENT HEALTH 156 (2009);
[82] *See e.g.,* Susan Villani, MD, *Impact of Media on Children and Adolescent: A 10 Year Review of the Research,* 40(4) J. AM. ACAD. CHILD & ADOLESCENT PSYCHIATRY 392 (2001).
[83] Eric W. Owens, Richard J. Behun, Jill C. Manning, & Rory C. Reid, *The Impact of Internet Pornography on Adolescents: A Review of the Research,* 19 SEXUAL ADDICTION & COMPULSIVITY 99, 116 (2012).
[84] *See* Kevin D. Browne, PhD, Catherine Hamilton-Giachritsis, Ph.D, *The Influence of Violent Media on Children and Adolescents: Public Health Approach,* 365 THE LANCET 702 (2005).

others working with child and adult patients.

4. Incorporate spiritual care training into all health care professions

Within 10 years every medical and mental health professional in the United States must have a working knowledge of research on the importance of spiritual care to many survivors and must be competent to provide this service or to make appropriate referrals

There is a large and growing body of research that spirituality can be a source of resiliency and may aid an abused child or other victims of violence in coping physically and emotionally.[85] The American Psychological Association ethically mandates clinicians to consider religion in addressing a patient's needs and recently published a textbook to aid clinicians in addressing spiritual needs during the course of child and adolescent therapy.[86] The American Academy of Pediatrics also "recognizes the importance of addressing children's spiritual needs as part of the comprehensive care of children…"[87]

Given the importance of spirituality to many survivors of abuse, medical and other professionals should routinely act to address these needs. In the same way a cancer patient is offered spiritual care from a hospital chaplain, spiritual assistance must be routinely offered to survivors who desire this comfort. Mental health providers should also be trained and otherwise equipped to address a patient's spiritual needs or to coordinate their work with a patient's spiritual leader.[88]

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[85] *See generally,* Thema Bryant-Davis, et al, *Religiosity, Spirituality, and Trauma Recovery in the Lives of Children and Adolescents,* 43(4) PROFESSIONAL PSYCHOLOGY, RESEARCH AND PRACTIVE 306 (2012); Donald F. Walker, et al, *Changes in Personal Religion/spirituality During and After Childhood Abuse: A Review and Synthesis*, 1 PSYCHOLOGICAL TRAUMA: THEORY, RESEARCH, PRACTICE & POLICY 130 (2009).

[86] DONALD F. WALKER & WILLIAM L. HATHAWAY, EDS, SPIRITUAL INTERVENTIONS IN CHILD AND ADOLESCENT THERAPY (AMERICAN PSYCHOLOGY ASSOCIATION 2012).

[87] Committee on Bioethics, *Conflicts Between Religious or Spiritual Beliefs and Pediatric Care: Informed Refusal, Exemptions, and Public Funding,* 132(5) PEDIATRICS 962, 964 (2013).

[88] *See generally,* DONALD F. WALKER & WILLIAM L. HATHAWAY, SPIRITUAL INTERVENTIONS IN CHILD AND ADOLESCENT PSYCHOTHERAPY (AMERICAN PSCYHOLOGICAL ASSOCIATION 2013).

Faith leaders must also be adequately trained to address the spiritual needs of survivors—a topic addressed in the next section of this report.

5. Recognize and train on unique issue posed by male victims of violence

Within 10 years urologists and other medical providers who treat male patients must develop greater sensitivity in examining boys and men who may be survivors of sexual or other violence.

Experts on violence have noted a "gender gap in the health care literature" focusing on the examination of men and women who may have been abused.[89] These experts note that medical literature addressing breast cancer, obstetrics, and gynecology point to the importance of slowing down an examination, inviting greater dialogue with a patient, and seeking permission to proceed.[90] These experts argue that although medical internists and urologists "examine men in a manner proximate to a gynecologist's examination of women…no recommendations exist to address the issue of childhood sexual abuse and its potential impact on adult male patients."[91] The experts make a number of concrete recommendations for more sensitive examination of men who may have been sexually or otherwise violated.[92] Implementing these changes can be as simple as reading an article or attending a workshop. Simply stated, this improvement in our responses to potential victims can and should happen immediately.

[89] Les Gallo-Silver, Christopher M. Anderson, and Jaime Romo, *Best Clinical Practices for Male Adult Survivors of Childhood Sexual Abuse: "Do No Harm",* 18(3) THE PERMANENTE JOURNAL (Summer 2014).
[90] Id.
[91] Id.
[92] Id.

Similar to the policies on no hit zones and ACE screening, more sensitive examinations of men may result in disclosures of abuse and enable the medical community to address the impact of violence with boys and men throughout the United States.

6. Seek options in cases of "religious refusal" of medical care

Address the medical needs of children whose parents withhold essential, even life-saving medical care on the basis of religious beliefs or longstanding cultural practice

The American Academy of Pediatrics notes that "religious refusals" to provide necessary medical care has "led to children's deaths from treatable conditions, such as pneumonia, appendicitis, or diabetes."[93] Two studies illustrate this fact.

First, the Centers for Disease Control and the Indiana Board of Health conducted a study of Faith Assembly members, who shun all medical care including obstetrics. Pregnant women in Faith Assembly communities were 86 times more likely to die than other expectant mothers in Indiana. The mortality rate for Faith Assembly infants up to 28 days old was 270% higher.[94]

Second, Seth Asser (MD) and Rita Swan (PhD) conducted a study of 172 children who died in the homes of parents who refused medical care on religious grounds. Asser and Swan concluded that 140 of these deaths "were from conditions for which the survival rates with medical care would have exceeded 90%" and that 18 additional children had expected survival rates exceeding 50%. The researchers concluded that all but 3 of the dead children would have benefited from clinical help.[95]Asser and Swan not only found

[93] Id.
[94] See Andrew Kaunitz, Craig Spence, et al., "Perinatal and maternal mortality in a religious group avoiding obstetrical care," American Journal of Obstetrics and Gynecology 150 (Dec. 1, 1984):826-31.

[95] Seth M. Asser, MD, and Rita Swan, PhD, *Child Fatalities from Religion-Motivated Medical Neglect,* 101(4) PEDIATRICS 625-629 (1998).

that most of the children would have lived with basic medical care, but that the children would have been spared "substantial" suffering.[96]

To address the substantial suffering, even death of these children, the AAP recommends better training of physicians to work with diverse faith communities to seek options for treatment whenever possible.[97] If need be, the AAP recommends legal interventions when necessary to save a child's life and the repeal and civil and criminal codes that may impede the ability of the child protection community to save these children. We support these recommendations.

B. DEVELOPING EFFECTIVE PARTNERSHIPS WITH FAITH COMMUNITIES

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Overview

Although the National Partnership to End Interpersonal Violence Across the Lifespan (NPEIV) is not faith based, some members of our coalition are from faith-based communities and all members of the partnership recognize the importance of faith traditions to many people. According to President Barack Obama:

> I think we make a mistake when we fail to acknowledge the power of faith in the lives of the American people…the discomfort of some progressives with any hint of religiosity has often inhibited us from effectively addressing issues in moral terms…scrub language of all religious content and we forfeit the imagery and terminology through which millions of Americans understand their personal morality and social justice….Of course organized religion doesn't have a monopoly on virtue, and one need not be religious to make moral claims or appeal to a common good. But we should not avoid making such claims or appeals—or abandon any reference to our rich religious traditions—in order to avoid giving offense.[98]

[96] *Id*. at 625
[97] Committee on Bioethics, *Conflicts Between Religious or Spiritual Beliefs and Pediatric Care: Informed Refusal, Exemptions, and Public Funding,* 132(5) PEDIATRICS 962 (2013).
[98] BARACK OBAMA, THE AUDACITY OF HOPE 213-214 (2006).

To fully appreciate the importance of faith to many Americans, and the critical role of involving faith leaders in any national plan to end violence, consider the following demographics. More than 90% of Americans believe in God,[99] 55% of Americans say religion is "very important" in their life,[100] 40% of Americans attend church weekly and 85% attend religious services at least sometimes.[101] Contrary to popular myth, church membership today is "far higher than it was in colonial times, and…the membership rate has been rising for more than 200 years."[102] Sociologists predict a rise in religious involvement in the years ahead fueled partly by our aging population, the rise in minorities (who tend to be more religious), and a migration to more religious regions of the United States.[103]

The prevalence of religious beliefs is only one reason for working with faith leaders. There is also a growing body of research documenting the positive or negative role faith can play in a survivor's physical and mental health.

The importance of working with faith communities: a summary of spiritual injury research

There is a significant body of research concerning the use of religion in sexual or other acts of child abuse, the impact this has on a child's sense of spirituality, and the frequency with which child sexual abusers manipulate the faith community into shielding an offender and further harming the victim. This research is summarized below.

The use of religion in sexual abuse

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[99] FRANK NEWPORT, GOD IS ALIVE AND WELL: THE FUTURE OF RELIGION IN AMERICA 10 (2012)
[100] *Id.* at 11.
[101] *Id*. at 11.
[102] ROGER FINKE & RODNEY STARK, THE CHURCHING OF AMERICA 1176-2005 (Rutgers University Press)
[103] FRANK NEWPORT, GOD IS ALIVE AND WELL: THE FUTURE OF RELIGION IN AMERICA 241-247 (2012)

There is evidence that most sex offenders are religious and that many of them use religion to their advantage. In a study of 3,952 male sex offenders, 93% of these perpetrators described themselves as "religious."[104] Research suggests that "religious" sex offenders may be the most dangerous category of offenders. One study found that sex offenders maintaining significant involvement with religious institutions "had more sexual offense convictions, more victims, and younger victims."[105] According to another study, clergy sex offenders share the same characteristics of non-clergy sex offenders with the exception that clergy are *more likely* to use force.[106]

The vast majority of these offenders use religious or spiritual themes in the abuse of their victims. For example, an offender may point to a child's biological reaction to sexual touching and comment "You had an erection, just like me. You enjoy the sexual contact as much as I do and you are as much to blame as me."

The frequency with which sex offenders manipulate church leaders

Child molesters, particularly those meeting the diagnostic criteria of pedophilia, are extremely manipulative not only of their victims but also the faith community as a whole. According to one treatment provider, "If children can be silenced and the average person is easy to fool, many offenders report that religious people are even easier to fool than most people."[107]

In the words of one convicted child molester:

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[104] GENE ABEL & NORA HARLOW, THE STOP CHILD MOLESTATION BOOK (2001).
[105] Donna Eshuys & Stephen Smallbone, *Religious Affiliations Among Adult Sexual Offenders,* 18 SEX ABUSE 279 (2006); *see also,* Philip Firestone, et al, *Clerics Who Commit Sexual Offenses: Offender, Offense, and Victim Characteristics,* 18 JOURNAL OF CHILD SEXUAL ABUSE 442 (2009).
[106] Langevin, et al, *A Study of Clerics Who Commit Sexual Offenses,* 24 CHILD ABUSE & NEGLECT 535 (2000)

[107] ANNA C. SALTER, PREDATORS 28 (2003).

> I consider church people easy to fool…they have a trust that comes from being Christians…They tend to be better folks all around. And they seem to want to believe in the good that exists in all people…I think they want to believe in people. And because of that, you can easily convince, with or without convincing words.[108]

Child molesters are skilled at deception because, in part, they have considerable practice at lying to their families, their victims, their friends, and to themselves. Sex offender treatment provider Anna Salter describes the abilities of molesters to lie convincingly in this way:

> Very few of us have ever been suspected of a crime, and fewer still have been interviewed by the police about one. Under such circumstances, detection apprehension would be very high for most of us…But that would change had we practiced lying over serious matters every day, had we lived a double life, had we been questioned by upset parents or by police numerous times in the past. You are never going to run into a child molester who is not a practiced liar, even if he is not a natural one.[109]

Not only are child molesters skilled at lying to pastors and parishioners alike, they are often *proud* of their abilities to fool the leaders and members of their congregations. In the words of one convicted child molester:

> (T)here was a great amount of pride. Well, I pulled this one off again. You're a good one…There were times when little old ladies would pat me on the back and say, 'You're one of the best young men that I have ever known.' I would think back and think 'If you really knew me, you wouldn't think that.'[110]

The impact of child abuse on spirituality

[108] *Id* at 29.
[109] *Id.*at 203.
[110] *Id.* at 199.

Whether or not a child is abused in the name of God, many children have profound spiritual damage as a result of maltreatment. For example, a study of 527 victims of child abuse (physical, sexual or emotional) found a significant "spiritual injury" such as feelings of guilt, anger, grief, despair, doubt, fear of death, and belief that God is unfair.[111]

In a review of 34 studies reporting on a total of 19,090 adult survivors of child maltreatment, scholars noted that most studies found abuse damaged the faith of children, often by damaging the victim's view of and relationship with God.[112]

When the perpetrator is a member of the clergy, the impact on the victim's spirituality may be even more pronounced. Clergy abusers often use their religion to justify or excuse their sexual abuse of children. According to one study, clergy in treatment for sexually abusing children believed that God would particularly look after the children they had victimized and otherwise keep them from harm.[113] Through their religious role, these offenders also engaged in "compensatory behavior" and believed that their good works in the community would result in God excusing their moral lapses with children.[114]

The religious cover used by clergy abusers is often communicated to the victims in a manner that irreparably damages their spirituality. Specifically, church attendance of these survivors decreases, they are less likely to trust God, and their relationship with God often ceases to grow.[115]

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[111] Lawson, Drebing, Berg, Vincellette, & Penk, *The Long Term Impact of Child Abuse on Religious Behavior and Spirituality in Men,* 22(5) CHILD ABUSE & NEGLECT 369, 376-377 (1998).
[112] Donald F. Walker, et al, *Addressing Religious and Spiritual Issues in Trauma-Focused Cognitive Behavior Therapy with Children and Adolescents,* 41 PROFESSIONAL PSYCHOLOGY: RESEARCH & PRACTICE 174 (2010).
[113] Adam Saradjian & Dany Nobus, *Cognitive Distortions of Religious Professionals Who Sexually Abuse Children,* 18 J. OF INTERPERSONAL VIOLENCE 905, 918 (2003).
[114] *Id.*
[115] Barbara R. McLaughlin, *Devastated Spirituality: The Impact of Clergy Sexual Abuse on the Survivor's Relationship with God,* 1(2) SEXUAL ADDICTION & COMPULSIVITY (1994).

The importance of spirituality for many abused children

Spirituality is of critical importance to most children. Indeed, a "growing body of theoretical and research literature suggests that spiritual development is an intrinsic part of being human."[116] Research from UCLA's Higher Education Research institute found that 77% of college freshman believed "we are all spiritual beings."[117] Eighty percent of these freshmen said they had an "interest" in spirituality.[118] Some studies suggest spirituality may be particularly important to vulnerable children. In a study of 149 youth in an institutional care setting, 86% of these children considered themselves spiritual or somewhat spiritual.[119] As an example of the importance spirituality plays for some vulnerable youth, a teenage survivor of the sex industry told a journalist "I admit that I'm still struggling, even after six months away from the business…Because I dropped out of school I have few career options…Yet I know what God wants for me. I need to be healed."[120]

With respect to victims of child abuse, research consistently shows that abuse victims "who maintained some connection to their personal faith (even if it was damaged as a result of abuse) experienced better mental health outcomes compared to adult survivors of abuse who did not."[121] Many victims turn to their sense of spirituality to cope with one study noting that many survivors of childhood abuse report praying more frequently and having a "spiritual experience."[122]

RECOMMENDATIONS

[116] *Id.* at 14 (citations omitted).
[117] *Id.* (citations omitted).
[118] *Id*.
[119] *Id*. at 14-15.
[120] PHILIP YANCEY, WHAT GOOD IS GOD? 73-74 (2010).
[121] Victor I. Vieth, Basyle Tchividjian, Donald F. Walker, & Katlin R. Knodel, *Child Abuse and the Church: A Call for Prevention, Treatment and Training,* 40 JOURNAL OF PSYCHOLOGY & THEOLOGY 323, 330 (2012); *see also,* Shondrah Tarrezz Nash & Latonya Hesterberg, *Biblical Framings of and Responses to Spousal Violence in the Narratives of Abused Christian Women,* 15(3) VIOLENCE AGAINST WOMEN 340 (2009).
[122] *Id.*

1. Increase use of and access to pastoral care workers

Within 5 years, pastoral care workers in every hospital should be integrated into the response to child and adult trauma

When confronted with violence against a child or adult, medical providers typically provide medical and mental health care as well as involve social services and criminal justice professionals. Although these practices should continue, the research on the importance of spirituality to many survivors makes clear that pastoral or spiritual care should also be offered to patients who have endured violence. This is, in fact, being done at some medical institutions, including Gundersen Health System.[123] To perform this role competently, hospital chaplains and other faith leaders must be better trained in addressing the spiritual needs of those impacted by trauma.

2. Improve training of pastoral care workers

a. Within 5 years, pastoral and spiritual care workers at every hospital or other medical facility in the United States must have completed a minimum of 40 hours of training in recognizing and responding to cases of violence across the lifespan.

As is true of most professionals, chaplains and clergy are often poorly trained to address any aspect of child abuse, domestic violence or elder abuse. Studies from 1989-2014 document inadequate, often non-existent seminary training on child abuse or other forms of violence.[124]

This inadequate training often extends into the field. For example, the pastoral care department of the Children's Hospital Medical Center of Akron, Ohio surveyed 143 clergy of numerous faiths and found that 29% believed that actual evidence of abuse, as opposed to suspicion was

[123] For additional information about this initiative, visit: http://www.gundersenhealth.org/ncptc (last visited July 25, 2014).
[124] Daniel H. Grossoehme, *Child Abuse Reporting: Clergy Perceptions,* 7 CHILD ABUSE & NEGLECT 743-747 (1998); Walker (2014).

necessary before a report could be made. The same study found that only 22% of the respondents were required by their denomination/faith group to receive child abuse training. This study also documented an under-reporting of suspected abuse cases.[125] The 143 clergy responding to this survey impact, at some level, the lives of 23,841 children.[126]

The Gundersen National Child Protection Training Center has developed a 21 hour course for pastoral and spiritual care workers entitled *Chaplains for Children.* Focusing primarily on child abuse, the course content includes instruction on:

- The prevalence of child abuse
- How children disclose sexual abuse
- The impact of sexual abuse on spirituality
- Behaviors indicative of sexual abuse
- What can be done to keep children safe in our faith institutions
- The interest sexual offenders have in faith based camps and schools and the methods often used in selecting children to be abused
- Effective policies for deterring sexual offenders
- Effective policies should a sexual offender nonetheless become active in a faith institution
- Helpful rules and lessons from youth-serving organizations
- Physical abuse signs (students learn to distinguish unusual bruising patterns, understand the meaning of a "patterned injury", and to recognize a potential hand slap)
- The five types of emotional abuse
- The role of background checks and worker interviews
- Correlation between animal abuse and child abuse

[125] Daniel H. Grossoehme, *Child Abuse Reporting: Clergy Perceptions,* 7 CHILD ABUSE & NEGLECT 743-747 (1998).
[126] *Id.*

- Research on the effects of corporal punishment, the present status of state and international law on this issue, and suggestions for discussing this issue in our seminaries, churches, and other faith institutions.
- How to respond when the church, seminary or other faith institution is sued by a victim or group of victims
- Case studies of abuse (students look at a case of child abuse arising in the faith community and, applying all the knowledge gained in course, walk through possible approaches to responding to the case)
- Suggestions for speaking with:
    - An adult survivor disclosing childhood maltreatment
    - An adult confessing child abuse

Consistent with the research on experiential learning, students are also given case scenarios in which a survivor of violence is asking spiritual questions. Working in small groups, the chaplains develop approaches for addressing the spiritual needs of the survivor while coordinating their work with appropriate medical and mental health providers.

A modified version of the Gundersen course is also being taught online to Rabbis through a partnership with Yeshiva University.[127] This is but one example of a framework that could be expanded to include additional instruction on domestic violence, elder abuse and other forms of trauma.

b. Within 5 years, every state should have a 40 hour course that meets the training needs of spiritual care workers assisting children and adults who have endured or witnessed violence

[127] *See e.g.* http://blogs.yu.edu/news/tag/victor-vieth/ (last visited September 3, 2014).

It is not enough to set a goal of 40 hours of training for clergy and other faith leaders. NPEIV, through its vast network of experts and program partners, should develop and execute a plan to make sure training of this kind is in place in every state. This can be as simple as developing a national course and then developing a train the trainer program to assist professionals across the country in teaching the model.

In developing and replicating the course, the program must also address meeting the needs of the workers who assist victims of violence. As detailed later in this report, these workers often endure vicarious trauma and meeting their spiritual needs is critical to keeping emotionally healthy those who help the hurting.

4. Create better partnerships between faith communities and abuse experts

Faith leaders should collaborate with child abuse experts in developing safety policies

Although many churches, synagogues, temples and other faith settings often have child protection policies, and many insurance companies require these policies, the writers of these policies are oftentimes not child abuse experts.[128] One area for collaboration between child protection and faith leaders is for clergy and other faith leaders to consult with child abuse prosecutors, child protection workers, and law enforcement officers in their community and ask for feedback on individual policies. In turn, these other agencies should be willing to provide this collaborative service to the faith community in the hope of preventing instances of child abuse in faith settings.

[128] For a discussion of this issue as well as a detailed proposal for ideal child protection policies, *see* Victor I Vieth, 2(1) JACOB'S HOPE (2011), available online at: http://www.ncptc.org/vertical/Sites/%7B8634A6E1-FAD2-4381-9C0D-5DC7E93C9410%7D/uploads/JacobsHope.NL.6.11.pdf (last visited May 12, 2013)

5. Faith leaders and MDT partnership

Within 10 years, every MDT in the United States must have at least one faith leader actively participating in child abuse case review teams

Given the large amount of research on the use of religious themes in the sexual abuse of children, as well as the large body of research about the profound impact of child sexual abuse on a child's sense of spirituality, MDTs should begin to discuss this aspect as part of case review processes and, in appropriate instances, assist children in accessing culturally appropriate spiritual care. To assist in this dialogue, it may be wise for Children's Advocacy Centers (CAC) to select a chaplain specially trained in child abuse to participate in case review processes under the same levels of confidentiality that would be required of any team member. The selected chaplain must pass a background check, be recommended by at least two members of the MDT, and must complete at least 40 hours of training on child abuse with the training being approved by the participating CAC.

In addition to serving the MDT in this way, the CAC/MDT may find other roles for clergy to add resources to the team and otherwise serve the needs of maltreated children. Attached to this report as **"Exhibit A"** is an article co-authored by child protection leaders from the American Professional Society on the Abuse of Children (APSAC), the National District Attorneys Association, the National Child Protection Training Center (NCPTC), and the University of North Carolina-Chapel Hill proposing 12 possible roles for clergy on the MDT. At the discretion of local MDTs, one or more of these additional roles may also be appropriate.

This is a concept that could be expanded. We see no reason, for example, that a properly trained chaplain could not be part of MDT case review or other responses to instances of domestic violence, elder abuse, sexual abuse or other forms of violence.

6.HALOS/Care in Action

Within 5 years, at least one third of the counties in the United States must be actively involved in a program such as HALOS or Care in Action that engages faith communities in adding resources to prevention initiatives.

In describing the potential of religion to reduce violence, Malia Robinson and Stephen Hanmer write:

> Religious communities have tremendous moral and spiritual influence and vast networks they can use to protect children against abuse and neglect. The all-encompassing and holistic nature of religion provides a unique entry point for collaboration between child protection actors and members of communities to address violence against children. Their long long-term commitments to achievement of peace, justice and social equality can be instrumental in addressing inequality, marginalization, stigma, conflict, and other issues that are drivers of violence against children.[129]

The potential for faith communities to prevent or otherwise address child abuse is also true for instances of domestic abuse, elder abuse and other forms of violence. The challenge, though, is to find a mechanism to involved the faith community as resources in more of these cases.

To this end, the Office of Victims of Crime has endorsed a creative program called HALOS (Helping and lending Outreach Support). HALOS proactively engages the faith community in providing child protection workers with additional resources in addressing child abuse and this program could easily be extended to other cases, such as elder abuse. HALOS was launched in Charleston, South Carolina in 1997 by Dr. Eve Spratt, a local pediatrician. Dr. Spratt worked with local churches, synagogues, public policy makers and child protection workers in creating the program.

The concept behind HALOS is simple. Local child protection workers articulate the unmet needs of children and families they are working with and participating churches provide financial or

[129] Malia Robinson & Stephen Hanmer, *Engaging Religious Communities to Protect Children from Abuse, Neglect and Exploitation,* 38 CHILD ABUSE & NEGLECT 600 (2014).

other resources to meet the need. In Charleston County alone, there are more than 1,800 open case files on abused and neglected children.[130]

The needs met by HALOS can be as simple as helping cover registration fees for summer camp, or assisting a child in foster care in acquiring a prom dress. A posting on the HALOS website tells of a case involving "a woman on a fixed income who took in two young grandchildren while their mother struggled with drug addiction. When the children outgrew their cribs, she needed beds to keep the children out of a foster home, but she could not afford new furniture. HALOS stepped in to provide a lightly used bunk bed donated by a local family."[131]

In 2004, HALOS received a federal grant from the Office for Victims of Crime to duplicate the program in three other locations including Dillon and Lancaster counties in South Carolina. The program has also been replicated in Greene County, Missouri and a similar program, called *Care in Action* operates in Minnesota.[132]

The Office of Victims of Crime continues to recognize the actual and potential value of HALOS and developed a toolkit to assist in replicating the model throughout the country.[133] We applaud the HALOS program for its work in three South Carolina counties, as well as other states. We suggest that ministerial and other associations of faith leaders throughout the country look at this model as a concrete method for adding critical services. We also encourage communities to consider the value of HALOS in other cases of violence or neglect.

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[130] This information is taken from the HALOS website at: http://www.charlestonhalos.org/index.php/site (last visited May 11, 2013)
[131] http://charlestonhalos.org/critical_needs.html (last visited May 11, 2013)
[132] http://careinactionmn.org/ (last visited May 11, 2013)
[133] This OVC Toolkit is available at: http://ovc.ncjrs.gov/notices/NewsFromOVC/halos.html (last visited July 25, 2014).

III. IMPROVING CRIMINAL JUSTICE AND CHILD PROTECTION RESPONSES TO INSTANCES OF VIOLENCE

A. Improving the Collection of Evidence

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RECOMMENDATIONS

1. New standards

Establish as a national standard the collection of at least 5 pieces of corroborating evidence and, within 5 years, criminal justice professionals should routinely meet this standard.

There is a growing body of research documenting the critical role that corroborating evidence and suspect interrogations play in convincing prosecutors to file charges and in convicting suspects of acts of violence. For example, child sexual abuse cases involving at least one corroborating witness are "nearly twice as likely" to result in a conviction.[134] If, for instance, a child says he was molested on a fishing trip, a witness who corroborates the boy and the offender went fishing together can have a significant impact. This same study suggests that evidence of this kind is more commonly present than many believe. Specifically, the researchers concluded "these results suggest that police and prosecutors are indeed finding evidence in many cases and that evidence has a bearing on the decision to file charges and on the conviction rate of offenders."[135]

In cases involving adult sexual assaults, researchers have also found a correlation between the filing of criminal charges and the presence of corroborating physical evidence.[136] Corroborating

[134] Wendy A. Walsh, Lisa M. Jones, Theodore P. Cross, & Tonya Lippert, *Prosecuting Child Sexual Abuse: The Importance of Evidence Type,* 56(3) CRIME & DELINQUENCY 436, 459 (2010).
[135] *Id* at 452.
[136] *See* C. Spohn & D. Holleran, *Prosecuting Sexual Assault: A Comparison of Charging Decisions in Sexual Assault Cases Involving Strangers, Acquaintances, and Intimate Partners,* NCJ 199720, WASHINGTON, DC: NATIONAL INSTITUTE OF JUSTICE, U.S. DEPARTMENT OF JUSTICE (2004).

physical evidence is also critical in prosecuting cases of elder abuse—provided criminal justice and other professionals are adequately trained to determine and explain to triers of fact indicators of elder abuse.[137]

There is also a predictable correlation between corroborating evidence and confessions. Generally speaking, the more corroborating evidence obtained, the greater the chance a suspect will confess or at least make incriminating statements.[138]

Despite the clear correlation between the collection of corroborating evidence, crime scene photographs, and case outcomes, studies continue to document the rarity of collecting corroborating evidence in cases of violence. In one recent study, for example, many child protection professionals noted that crime scene photographs are rarely taken and that corroborating evidence of any kind is seldom collected. This sentiment was echoed in an online survey wherein 66% of the responding solicitors and law enforcement officers reported that crime scene photographs were taken in no more than half the cases.[139]

In terms of corroborating evidence, 86% of the prosecutors and law enforcement officers agreed "there is usually not much corroborating evidence."[140] One MDT member reported "in the past three years, I've worked with 375-425 child sexual abuse cases and it is pretty rare there was corroborating evidence collected." However, this low rate of obtaining corroborating evidence was not universal. For example, one law enforcement officer told the researchers he obtains

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[137] *See generally,* JOHN E.B. MYERS, MYERS ON EVIDENCE OF INTERPERSONAL VIOLENCE: CHILD MALTREATMENT, INTIMATE PARTNER VIOLENCE, RAPE, STALKING, AND ELDER ABUSE 1133-1150 (2011) (discussing medical and other evidentiary indicators of elder abuse or neglect).

[138] See generally, Tonya Lippert, Theodore P. Cross, Lisa Jones, & Wendy Walsh, *Suspect Confession of Child Sexual Abuse to Investigators,* 15 CHILD MALTREATMENT 161 (2010).

[139] Jennifer Parker, Kathleen Brady & Sarah Wilson, *Silent Tears Survey Analysis*, page 138 (question #31), March 2013 (attached as Exhibit B).

[140] Jennifer Parker, Kathleen Brady & Sarah Wilson, *Silent Tears Survey Analysis*, page 138, March 2013 (attached as Exhibit B).

some corroborating evidence in at least 75% of his cases. Another officer contended she obtains corroborating evidence in 100% of the cases, noting "you can always find it if you dig." This same officer said that, in most cases, she collects 3-4 pieces of corroborating evidence per case.

With respect to obtaining incriminating statements from suspects, many officers participating in the study stated that incriminating statements are rare and outright confessions are even more rare. One experienced officer said confessions occur in only about 3% of the cases he has worked.[141] When incriminating statements are collected, one study found it is often the result of a failed polygraph examination. Indeed, 57% of the law enforcement officers and solicitors taking an online survey noted that polygraphs are "routinely used" in child sexual abuse cases.[142] Although polygraphs can be an effective tool in obtaining incriminating statements, research suggests this tool may only lead to confessions in about 25% of CSA cases.[143]

As is the case with corroborating evidence, low confession rates are not uniform. One officer reported obtaining incriminating statements or confessions in as many as 95% of the cases worked and noted the effectiveness of obtaining and using corroborating evidence in the interrogations.[144] Another officer reported obtaining incriminating statements from at least 60% of the suspects interrogated and an outright confession in at least 20% of the cases investigated. The same officer reported her success with interrogating offenders was directly attributable to

[141] Victor I. Vieth, *The View from the Trenches: Recommendations for Improving South Carolina's Response to Child Sexual Abuse Based on Insight from Frontline Child Protection Professionals,* 26 (Gundersen Health System 2013), published as part of the "Silent Tears" assessment of the South Carolina child protection system and available online at: http://www.gundersenhealth.org/ncptc/publications-resources/silent-tears (last visited September 3, 2014).
[142] Id at 26.
[143] S.E. Smith & G.S. Elstein, *The Prosecution of Child Sexual and Physical Abuse Cases,* AMERICAN BAR ASSOCIATION FUND FOR JUSTICE AND EDUCATION (1993).
[144] Note 141, *supra* at 26.

training, noting that other officers "can't play the game" of getting in the suspect's head because they have not specifically been trained on interrogating sex offenders.[145]

Inadequate training on interrogation and corroborating evidence clearly plays a role in the relatively low collection of this evidence. One officer, for example, reported that in 80% of the cases, the victim's statement is all that is necessary and that crime scene photographs are only important in the "big cases."[146]

We believe training on corroborating evidence and suspect interrogation is not only critical in child abuse cases, but in cases of domestic abuse, elder abuse, and other forms of trauma. As documented from the studies above, it is clear that, with training, crime scene photographs and multiple pieces of corroborating evidence can be taken and found in nearly every case.

2. Increase forensic interviewing capacity

Within 5 years, every CAC in the United States must have the capacity to conduct forensic interviews with alleged child victims within two hours of the report

Inadequate training, though, is only one factor leading to a low rate of collecting this evidence. The delay in many communities of conducting a forensic interview of alleged victims also contributes to a loss of evidence. In one study, child protection professionals reported it may take two or more weeks to conduct a forensic interview.[147] Although actions are taken to protect the child in the interim, this delay in conducting the forensic interview gives the suspect time to destroy evidence or pressure the child into recanting.

One law enforcement officer reported:

[145] Note 141, *supra* at 27.
[146] Id. at 31-33.
[147] Id.

> I think we have a pretty good working relationship [with the CAC]. I know in other states, if a report comes in they have a forensic interview immediately. That could be an improvement [here]…A lot of times you interview a child, they disclose, and by the time the forensic [interview is completed] a few weeks later the child has recanted or doesn't know the details. A more timely…interview could help.

Although the MDT may take steps to preserve a crime scene or other potential evidence, until the forensic interview is completed, it is likely the team has insufficient information to determine the location or locations of the crime or sources of potential corroborating evidence.

According to the forensic interviewing guidelines of the American Professional Society on the Abuse of Children (APSAC), interviewers are, when developmentally appropriate, to obtain "as many details as possible" during the investigative interview.[148] The APSAC guidelines also note the forensic interview "should occur as close in time to the event in question as feasible….The possible impact of delays on the child's ability to recall and willingness to report an experience should also be taken into account."[149]

The APSAC forensic interviewing guidelines also note the critical importance of corroborating the forensic interview:

> No interview is perfect. The child interview is only a part of a complete child protection or criminal investigation. Further investigation should be conducted to confirm or refute the allegations, and to see if details supplied by the child can be corroborated. Interviewers should always attempt to elicit information about specific facts that can be verified later—during a search of the scene as well as during interviews with other witnesses and the suspect. Additional investigation may corroborate facts elicited during the interview and thus prove the reliability

[148] American Professional Society on the Abuse of Children, *Forensic Interviewing in Cases of Suspected Child Abuse* 19 (2012)
[149] *Id.* at 7-8.

> of those facts, even at times when the interview was not conducted in a manner consistent with these Guidelines.[150]

We realize the demand for forensic interviews may not match the number of personnel and thus this may not be a solution that can be solved easily or quickly. Accordingly, we urge each CAC to establish a goal of being able to conduct a forensic interview within one week and to meet this standard within two years. Within five years, the goal of each CAC should be to have the resources to conduct a forensic interview within two hours of the time a report is made to the authorities. The timeliness of forensic interviews is urged by APSAC[151] and by many leading child protection professionals.[152]

This is not simply a responsibility of the CACs, but the MDT as a whole must work together to make sure forensic interviews are expedited and, when they are, that the team is following up quickly to seize corroborating evidence and otherwise complete the investigation in a timely manner.

To achieve this goal, each CAC should assess their annual volume of cases and determine what additional resources would be needed to have interviewed all these children in a more timely manner. To expedite the delivery of interviews, CACs should consider not only the possibility of adding additional full time interviewers, but also part time interviewers who can help fill the need. Finally, CACs may want to consider the possibility of using well-trained law enforcement officers or DSS workers to conduct forensic interviews when a CAC interviewer is not available. Private and public funders should work closely with CACs in developing the financial resources necessary to expedite the delivery of forensic interviewing services.

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[150] *Id.* at 4.
[151] APSAC urges the forensic interview occur "as close in time to the event in question as feasible." APSAC, *Forensic Interviewing in Cases of Suspected Child Abuse* 4 (2012).
[152] *See generally,* Detective Mike Johnson, *The Investigative Windows of Opportunity: The Vital Link to Corrobortion in Child Sexual Abuse Cases,* 1(9) CENTERPIECE (2009).

Having the ability to conduct an interview within two hours does not mean the team will always choose this option. There may be any number of exceptions to the rule of a timely interview, but these exceptions should be well thought out and reduced to writing so that all team members are on the same page. For example, if there are five reports of child sexual abuse in a matter of hours, it may be necessary to select the cases involving recent or ongoing abuse, as opposed to a case involving an offender no longer in the home. If a child is physically or emotionally injured to such an extent that a prompt interview cannot be completed, there may be justification for the delay. If a report is made late at night and there is no reason to believe lives are in danger or critical evidence will be lost, it may be prudent to wait until a child has a good night's sleep. Although these and other exceptions may be appropriate, the goal of the team should be to expedite interviews whenever possible and appropriate and to make delays the exception and not the rule.

3. Photograph child abuse crime scenes

MDTs should set a goal of taking crime scene photographs in every case of child sexual abuse

We suggest that, within a year, the taking of crime scene photos should be the norm. The sexual abuse of children always occurs in a physical location. Even when the abuse happened years ago, that physical location is often still present or, if it is not, family photo albums or other documentation of the crime scene may still be available. In speaking with solicitors in South Carolina, they routinely expressed the value of crime scene photographs in court. One solicitor said his investigators produce crime scene photographs in 80% of his cases and that "jurors love the crime scene photographs." The solicitor spoke of a case in which a child described items in

her closet that the offender used in the abuse and told us the photographing of the closet and the seizure of the items proved critical in demonstrating the child's credibility to the trier of fact.[153]

4. Within 5 years, every case of violence must result in poly-victimization screening

Given the interconnectedness of all forms of violence, it is critical that all professionals routinely cross-screen for all forms of abuse. For example, a forensic interviewer speaking with a child suspected of sexual abuse should also explore possibilities of other forms of abuse. A professional working with a victim of domestic violence should explore the impact of the violence on any children in a given home and also the possibility children have been directly abused. A professional working with a victim or offender of elder abuse should explore the possibility of childhood or other traumas may also be in play in one or more histories.

B. From Crime Scene to Trial: Resolving Cases more Quickly

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Overview

In some states, it may take two or more years for a case of child abuse or other prosecution involving violence to get to trial.[154]

Needless to say, delays of this length may result in loss of evidence, recantation and impair the ability of a victim to reach any level of closure. The National Center for Prosecution of Child Abuse, a program of the National District Attorneys Association, echoes these concerns:

[153] Victor I. Vieth, *The View from the Trenches: Recommendations for Improving South Carolina's Response to Child Sexual Abuse Based on Insight from Frontline Child Protection Professionals,* 34-37 (Gundersen Health System 2013), published as part of the "Silent Tears" assessment of the South Carolina child protection system and available online at: http://www.gundersenhealth.org/ncptc/publications-resources/silent-tears (last visited September 3, 2014).
[154] Id. .

> Continuances are a plague of the criminal justice system—exasperating to the courts and frustrating to victims and their families. Continuances are especially detrimental to the success of child abuse prosecutions. Pressures on the child and child's supporters are magnified when accompanied by the emotional rollercoaster of repeated changes in schedule…Once a determination has been made that enough evidence exists to file a child abuse case, most prosecutors find that the typical case only becomes weaker as time passes. When the prosecutor and child are prepared for trial, delays can decrease the likelihood of conviction by discouraging victims from cooperating, causing all witnesses to remember less, and reducing any sense of urgency by putting more time between the offense and the trial. Defense attorneys are well aware of this and often seek continuances in child abuse cases for these reasons.[155]

In recognition of these issues, the federal Victims of Child Abuse Act allows federal courts to give scheduling priority in cases of child abuse and to take into account the child's age and the impact of any delay in the proceedings on the child's well-being.[156] Although failing to specify a minimum time period in which a case must come to trial, at least 13 states have enacted "speedy trial" provisions related to cases of child abuse.[157] The American Bar Association notes that "long periods of uncertainty and judicial indecision can put pressure on children and families." The ABA proposes that 99% of all felony cases be resolved within 180 days from the date of arrest.[158]

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[155] NATIONAL CENTER FOR PROSECUTION OF CHILD ABUSE, INVESTIGATION AND PROSECUTION OF CHILD ABUSE254-255 (2004).
[156] 18 U.S.C.. § 3509(j).
[157] Wendy Walsh, Tonya Lippert, Theodore P. Cross, Danielle M. Maurice, and Karen S. Davison, *How Long to Prosecute Child Sexual Abuse for a Community Using a Children's Advocacy Center and Two Comparison Counties,* 13(1) CHILD MALTREATMENT 3, 5 (2008).
[158] *Id.*

RECOMMENDATIONS

1. Six Month Resolution Standard for Criminal Cases

Within 5 years, all states must implement and adhere to a national standard of resolving all criminal cases of violence within 6 months of the filing of criminal charges.

In states in which lengthy court delays remain a burden, it may be wise for governors to develop a bi-partisan commission of legislators, court administrators, appellate and trial judges, solicitors specializing in child abuse cases, defense attorneys, medical and mental health professionals and, most importantly, survivors or their families impacted by lengthy court delays. The commission should be charged to develop concrete recommendations to resolve cases of violence within the ABA guidelines. The recommendations may include:

a. Speedy trial legislation;
b. Court rules designed to expedite child abuse cases;
c. Required training of judges and other court personnel pertaining to the impact of lengthy delays in the court process on abused children and their families;
d. Standards for granting a continuance and requiring courts to make specific findings as to the likely impact of a continuance on the alleged victim;
e. Giving victims and their families the right to submit affidavits or other evidence concerning the impact of delays on their well-being;
f. Clearly enunciated ethical standards prohibiting any attorney from requesting a continuance merely to intimidate a child witness—and permitting significant fines and other professional sanctions against any attorney shown to abuse the court system in this manner; and
g. Funding research to show the efficacy of any enacted court reforms

h. Standards for issuing to victims and their families reports or certifications to ensure that delays in prosecution do no impact access to healing resources and or vitim support

C. Improving the Alternative or Appropriate Response System (ARS)

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Overview

In the past 40 years, there have been numerous shifts in federal child welfare policies which, in turn, have influenced the response of child protection agencies to instances of child maltreatment. The Child Abuse Prevention and Treatment Act of 1974 "set the tone for more frequent use of intrusive intervention in CPS."[159] As a result, child protection agencies removed "many at-risk children from their families and placed them in foster care."[160] However, research subsequently documented that "foster care placements were often unstable and were inherently traumatic for children"[161] Accordingly, there was a "national permanency planning movement" that "sought to elevate permanence for maltreated children to a level of importance equal to that of child safety."[162] The federal government enacted legislation requiring states to make "reasonable efforts" to prevent removal of children from their families and to quickly reunify families when removal was necessary.[163] Unfortunately, this over-emphasis of keeping families together resulted in some children continuing to endure egregious abuse. In 1997, the federal government enacted the Adoption and Safe Families Act "which reaffirmed and expanded programs to preserve and support families but which also clarified the reasonable efforts

[159] Ronald C. Hughes, Judith S. Rycus, Stacey M. Saunders-Adams, Laura K. Hughes, and Kelli N. Hughes, *Issues in Differential Response,* RESEARCH ON SOCIAL WORK PRACTICE (PUBLISHED ONLINE JANUARY 9, 2013).
[160] *Id*. at 1.
[161] *Id* at 1
[162] *Id* at 1.
[163] *Id*. at 1.

provisions….to ensure that children's health and safety would be the foremost criteria when making decisions to remove or reunify children."[164]

The need to balance child safety while also promoting family support structures made the concept of "alternative" (AR) or "differential" response (DR) attractive in that it allowed social service agencies to place "low risk" families in a supportive, engaging environment while utilizing the more traditional child protection investigation and court processes for families at higher risk to abuse. The "eventual development of a national advocacy team and access to significant federal and foundation resources to support the initiative together made DR one of the more widely replicated child welfare reform efforts in recent history."[165]

The national debate over alternative, differential or appropriate response systems

In January of 2013, a team of researchers headed by Ronald Hughes of the North American Resource Center for Child Welfare, published a strong critique of the differential response system.[166] Hughes and his colleagues made five critiques of the differential response system.

First, Hughes concluded "there is considerable variation in how DR programs have been defined, designed, and implemented across states and agencies and over time."[167] Hughes finds this problematic because "(w)ithout a consistent program model which is implemented with fidelity across jurisdictions and comparably evaluated, it is impossible to draw valid conclusions about the effectiveness, benefits and limitations of DR."[168]

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[164] *Id*. at 2.
[165] I*d* at 2.
[166] Ronald C. Hughes, Judith S. Rycus, Stacey M. Saunders-Adams, Laura K. Hughes, and Kelli N. Hughes, *Issues in Differential Response,* RESEARCH ON SOCIAL WORK PRACTICE 1-28 (2012).
[167] *Id* at 5.
[168] *Id* at 6.

Second, Hughes concluded there were significant "methodological problems" in the DR research "thereby calling into question the reliability and accuracy of many of the claims and conclusions made in these studies."[169]

Third, Hughes found there is "insufficient data" to conclude that children are, in fact, safe. Hughes says "this does not necessarily mean that children in AR tracks are unsafe. It does mean that child safety is not being uniformly assessed, accurately measured, or fully addressed in either DR programming or research."[170] Hughes also cautioned that "the principles that underlie DR programming may prevent a thorough assessment of risk and safety from occurring in alternative tracks. DR's stated preference that workers focus on family needs rather than incidents of maltreatment could clearly discourage practitioners from having the sometimes difficult conversations with families that are necessary to fully assess risk and to address safety concerns."[171]

Fourth, Hughes found some evidence that scarce social service resources were being shifted to families in alternative response systems as opposed to families in the traditional CPS system. Hughes and his colleagues cautioned "in an environment of chronically limited resources, CPS agencies should carefully consider the consequences of diverting their resources to serve lower risk families in alternative tracks, when families in traditional tracks cannot be adequately served because of insufficient fiscal, staffing, and community resource resources."[172]

Finally, Hughes concluded that "DR literature" misrepresents traditional CPS investigations in an effort to "enhance the alternative track."[173] Specifically, Hughes found "unprofessional and

[169] *Id*. at. 6
[170] *Id* at 8.
[171] *Id*. at 11.
[172] *Id.* at 12.
[173] *Id.* at 12

negative" stereotypes of the traditional CPS system as being inflexible, adversarial, judgmental, and "unable to provide sufficient services."[174] Hughes found this distortion to be inaccurate and lamented that "accepting the distortion as fact prevents a legitimate, balanced assessment of the real strengths and limitations."[175]

Hughes' critique of the differential response system has drawn strong and varied reactions. Viola Vaughan-Eden, the president of the American Professional Society on the Abuse of Children, co-authored a commentary in which she contends the Hughes' paper "may be the most important article in the child welfare arena in the past 15 years."[176] Vaughan-Eden concludes the literature and research supporting differential or alternative response is "deeply flawed methodologically and riddled with bias. In some instances, what has been presented as empirical research is, but thinly veiled advocacy…one must ask how a program with so little empirical support gained such favor—at least 35 states utilize some form of differential response—in this era of evidence based practice."[177]

Vaughan-Eden answers her own question, in part, by suggesting the differential response system is "politically popular" in that it "speaks to the concerns" of liberals "who see much of child welfare as unwarranted attacks on the poor, minorities, and otherwise disadvantaged" and to the needs of conservatives who "often for religious reasons promote a 'hands off' approach to family life."[178]

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[174] *Id.* at 13
[175] *Id.* at 13.
[176] Viola Vaughan-Eden and Frank E. Vandervort, *Invited Commentary on "Issues in Differential Response",* RESEARCH ON SOCIAL WORK PRACTICE (published online February 27, 2013).
[177] *Id.* at 1.
[178] *Id.* at 1.

L. Anthony Loman and Gary Siegel from the Institute of Applied Research in St. Louis, Missouri, concluded the Hughes paper was full of "misunderstandings, misinterpretations and errors" and is thus a "flawed vehicle" for assessing differential response.[179] Indeed, Loman and Seigel contend "(t)he only good we see coming out of the Hughes et al, paper is that readers may decide to read for themselves the reports referenced in it."[180]

Brett Drake from the Brown School of Social Work similarly objected to the Hughes paper, finding the "tone of the article to be unrealistically critical, casting one of the most well-researched areas in child welfare practice in undeservedly negative terms. Both the rigor of the research and the validity of the findings in DR are, in my view, considerably stronger than the authors of the current article suggest."[181]

Bryan Samuels and Brett Vaughn Brown from the Administration on Children, Youth, and Families of the United States Department of Health and Human Services responded to the Hughes critique by stating they have a "more favorable view of the more recent and rigorously designed evaluations of DR, which, while certainly not perfect—as no field-based research can be—are overall of good quality and establish DR as promising practice."[182]

RECOMMENDATIONS

[179] L. Anthony Loman & Gary L. Siegel, *Hughes et al.: Science of Promotion?,* RESEARCH ON SOCIAL WORK PRACTICE (published online February 5, 2013).

[180] *Id.* at 5.

[181] Brett Drake, *Differential Response: What to Make of the Existing Research? A Response to Hughes et al,* RESEARCH ON SOCIAL WORK PRACTICE 5(published online January 22, 2013).

[182] Bryan Samuels and Brett Vaughn Brown, *Differential Response: Response to Hughes and Colleagues,* RESEARCH ON SOCIAL WORK PRACTICE (published online May 1, 2013).

Some national experts, such as Viola Vaughan-Eden, have argued that "(p)olicy makers and child welfare staff on the frontlines should impose a moratorium" on the use of differential response "until the program is better defined and its utility is rigorously and honestly studied."[183] According to Vaughan-Eden, "(f)ailure to do so runs too high a risk of violating the fundamental commitment of child welfare practice: keeping children safe."[184]

Other experts claim the "notion that DR or any other systems level reform should not be implemented until the highest standard of research is conducted is unrealistic. The logical outcome of this perspective would have us suspending or eliminating many aspects of our approach to child protection, including training programs, judicial review procedures, and perhaps the entirety of the CPS system."[185]

We do not agree that there should be a "moratorium" on the implementation of differential response since there is some research to support the model even though, as Hughes points out, that research may be "overstated" or exaggerated. We are concerned that if differential response were scrapped or temporarily stopped, the children in the ARS system would not receive any services—they would simply be screened out.[186]

Although the issue of improperly screening children into the ARS system is of real concern, it should be noted that screening children in or out of the traditional child protection system is also

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[183] Viola Vaughan-Eden and Frank E. Vandervort, *Invited Commentary on "Issues in Differential Response",* RESEARCH ON SOCIAL WORK PRACTICE 4 (published online February 27, 2013)
[184] Id.
[185] John D. Fluke, Lisa Merkel-Holquin, and Patricia Schene, *Thinking Differently: A Response to Issues in Differential Response,* RESEARCH ON SOCIAL WORK PRACTICE (published online March 28, 2013).

[186] Victor I. Vieth, *The View from the Trenches: Recommendations for Improving South Carolina's Response to Child Sexual Abuse Based on Insight from Frontline Child Protection Professionals,* 48 (Gundersen Health System 2013), published as part of the "Silent Tears" assessment of the South Carolina child protection system and available online at: http://www.gundersenhealth.org/ncptc/publications-resources/silent-tears (last visited September 3, 2014).

concerning—with national data suggesting that a majority of identified instances of child abuse are never investigated.[187]

As we see it, then, the primary concern with the ARS system is ensuring the initial screening is conducted in the most rigorous manner possible and that professionals working with these families are fully equipped to conduct ongoing screening to ensure child safety. As noted in the recommendations below, there is solid research suggesting that MDT involvement in child maltreatment cases is critical to increasing the accuracy of screening decisions and child abuse assessments. We believe this research may be a basis for improving the ARS system and increasing the confidence of all parties in the screening decisions.

Within this context, we have two recommendations.

1. Analysis of alternative vs differential response

Within 1 year, NPEIV must be taking a leadership role in engaging public policy makers on strengths and weaknesses in the alternative or differential response system, evaluating research, and making recommendations.

The differential or alternative response system is one of the most important public policy debates in the history of child protection and will, for good or ill, impact the lives of millions of children throughout the United States. Accordingly, it is critical for federal and state policy makers be fully apprised of this issue and that these policy makers ask concrete questions of federal and state leaders advocating for ARS and implementing the system nationally and locally. This includes hard questions about the research supporting this model. These same policy makers should support funding for rigorous, impartial review of the ARS system and insist that any research neither over nor understate the positive and negative features of the system.

[187] U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES FOURTH NATIONAL INCIDENCE STUDY OF CHILD ABUSE AND NEGLECT (NIS-4), 2-7, 2-8, 2-9 (2010).

2. ARS cases use MDTs

Within 5 years, ARS cases and screening must include the involvement of multi-disciplinary teams

There is strong research suggesting that any screening or case assessment conducted by a limited number of professionals, particularly professionals from the same agency, may be prone to human error and bias. Dr. Mark Everson from the University of North Carolina at Chapel Hill notes there are seven studies documenting "substantial unreliability in professional judgments about abuse allegations" but that these studies had several limitations including sample size.[188] To this end, Dr. Everson and Jose Miguel Sandoval[189] developed the *Child Forensic Attitude Scale (CFAS)*, an instrument that was administered to 1,613 child abuse professionals, including over 500 child protective service workers, over a six year period.[190] What Everson and Sandoval found is that *all* professionals have different subjective biases that can play a role in our evaluation of various child sexual abuse case scenarios.[191] Indeed, depending on an individual's biases, he or she may be 6-7 times less likely than his or her peers to view a case of child sexual abuse as credible.[192]

In their research on bias, Everson and Sandoval include a finding that may help understand the disagreement about ARS screening and assessment decisions and, at the same time, offer a possible solution. Specifically, Everson and Sandoval found that child protective service (CPS)

[188] Mark D. Everson, PhD, *Assessing Evaluator Bias in Cases of Alleged Child Sexual Abuse,* presented at the San Diego International Conference on Child and Family Maltreatment, January 31, 2013.
[189] Mr. Sandoval works at the Center for Child and Family Policy at Duke University.
[190] Mark D. Everson, PhD, *Assessing Evaluator Bias in Cases of Alleged Child Sexual Abuse,* presented at the San Diego International Conference on Child and Family Maltreatment, January 31, 2013.
[191] *Id.*
[192] *Id.*

workers "exhibited an overall attitude profile…associated with a higher probability of disbelieving sexual abuse allegations."[193]

Everson and Sandoval conclude:

> This finding is troubling in light of the role of CPS as one of the primary gatekeepers for sexual abuse cases entering the system. Other players in the system include law enforcement, prosecuting attorneys, judges, juries and various mental health professionals. Ideally, these other players, in combinations that vary with case characteristics, function as checks and balances for CPS substantiation decisions. However, in most cases, there are no checks and balances for CPS decisions against substantiating allegations of abuse. As a result, if CPS sets standards for accepting or substantiating allegations that are too high, there is a risk of many true cases of child sexual abuse being screened out or unsubstantiated, leaving little recourse for abuse victims.[194]

One of the remedies to individual or agency bias, is a "'team' approach to assessment that emphasizes diversity in professional position or discipline, gender, and experience level…"[195] Everson and Sandoval contend a team approach to assessment is "likely to be useful in providing alternative perspectives to counterbalance individual biases."[196]

Consistent with Everson and Sandoval's research, we have two recommendations for reducing the possibility of screening or assessment errors and otherwise increasing MDT confidence in the ARS system.

First, the DSS screening instrument and process should be reviewed with prosecutors, law enforcement officers, medical and mental health professionals and other pertinent MDT

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[193] Mark D. Everson & Miguel Sandoval, *Forensic Child Sexual Abuse Evaluations: Assessing Subjectivity and Bias in Professional Judgements,* 35 CHILD ABUSE & NEGLECT 287-298 (2011).
[194] *Id*. at 296.
[195] *Id*. at 297
[196] *Id* at 297.

members. The background and experience of these individuals may provide valuable information for improving the initial screening of these cases and possible referral of some cases to law enforcement or other agencies.

Second, ARS cases should be part of MDT case review. Child abuse cases can be extraordinarily complex and involve issues of multiple types of victimizations. For this reason, it has long been considered best practice to involve multiple professionals in a given case. This is no less important in a case referred to alternative response. At the very least, a random number of ARS cases should be subjected to case review as a check to ensure there is proper screening. Even if the case was appropriately screened, families in the ARS system may benefit from having their cases reviewed by multiple professionals who can provide additional resources and assistance in addressing a child or family's needs. Other national experts have also recommended this as a common sense reform that would improve the country's emerging differential response systems.[197]

There is one more critical factor warranting greater involvement of the MDT in ARS cases. In many states, child protection or welfare workers experience the highest rate of turnover of any discipline represented on the MDT. In one study, 72% of MDT members in metropolitan communities and 70% of MDT members in rural communities agreed that child protection turnover in their jurisdiction is "very high."[198]

[197] Viola Vaughan-Eden & Frank E. Vandervort, *Invited Commentary on "Issues in Differential Response",* RESEARCH ON SOCIAL WORK PRACTICE 3 (published online February 27, 2013) (noting federal law urges the development of MDTs and that these teams "hold real promise for getting better educated, more seasoned, and more resourceful professionals involved in child welfare decision making." *Id.*).
[198] Jennifer Parker, Kathleen Brady & Sarah Wilson, *Silent Tears Survey Analysis*, page 9, March 2013 (attached as Exhibit B).

The Children's Bureau of the United States Department of Health and Human Services calls DSS turnover a "major concern in many child welfare agencies" and the president of the American Professional Society on the Abuse of Children recently wrote:

> Unfortunately, one result of high turnover is that child welfare professionals with the least amount of experience receive the most difficult cases. They lack the experience and training necessary to identify risk factors, differentiate severity of cases, distinguish their own biases, and make objective assessments of the children and families they are assigned, and are often left feeling overwhelmed and unappreciated.[199]

Although better training, beginning at the undergraduate level is part of the long term solution to this issue, getting more MDT members involved in developing screening tools and otherwise adding their own resources to the child protection system will reduce some of the concerns referenced above.

D. Improving the Mandated Reporting System

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Overview

In the wake of the child sexual abuse scandal at Penn State University, many in the nation were shocked that so many men, many of them well educated, failed to report even clear instances of sexual abuse to the authorities.[200] As a result of public outrage, there has been a great deal of work at federal and state levels to expand the list of professionals mandated to report and to increase the penalties for failing to report abuse.

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[199] Viola Vaughan-Eden and Frank E. Vandervort, *Invited Commentary on "Issues in Differential Response",* RESEARCH ON SOCIAL WORK PRACTICE 3 (published online February 27, 2013).

[200] As summarized by one national media source: (T)he 23-page grand jury report is littered with instances in which university officials and other authorities failed to act, effectively allowing the list of victims to grow. *Victim 1,* USA TODAY at 1A, 2A November 11, 2011

Although some expansion of existing laws may be appropriate, a significant body of research concludes that mandated reporting laws are the reason most professionals do not report. The low levels of reporting, and the reason for these failures are discussed below.

Research on failing to report cases of child abuse, domestic violence and elder abuse

A 1990 study found that only 40% of child maltreatment cases and 35% of the most serious cases known to professionals mandated to report were in fact reported or otherwise getting into the child protection system (CPS).[201] A study published one decade later found that 65% of social workers, 53% of physicians and 58% of physician assistants were not reporting all cases of suspected abuse.[202]

In a survey of 197 teachers, these educators were given two hypothetical cases of abuse. In the first hypothetical, the teachers were asked if they would make a report when a student tells them a stepfather has been touching their genitals. In the second hypothetical, the teachers were asked if they would make a report when a student tells them that another teacher was touching their genitals. Only 26% of the teachers said they would report the first instance to the authorities and only 11% said they would report the second incident to the authorities.[203]

According to this same study, 73% of teachers reported they had *never* made a report of child abuse and those who had a made a report averaged only one report.[204] This is true even though

[201] David Finkelhor, *Is Child Abuse Overreported?,* PUB. WELFARE, Winter 1990 at 25.
[202] Steven Delaronde, et al, *Opinions Among Mandated Reporters Toward Child Maltreatment Reporting Policies,* 24 CHILD ABUSE AND NEGLECT 901, 905 (2000).
[203] Maureen C. Kenny, *Child Abuse Reporting: Teachers' Perceived Deterrents,* 25 CHILD ABUSE & NEGLECT 81, 88 (2001). Journalists are echoing the work of scholars by documenting in mainstream media egregious instances of professionals failing to report unequivocal cases of child abuse. *See e.g.,* Annette Foglino, *Teachers who prey on kids: Why they're still going free,* GOOD HOUSEKEEPING (December 2003) p. 61.
[204] Maureen C. Kenny, *Child Abuse Reporting: Teachers' Perceived Deterrents,* 25 CHILD ABUSE & NEGLECT 81, 88 (2001).

the teachers in this study averaged 10 years of experience.[205] When reports are made, it is typically only to a supervisor.[206]

Failure to report suspicions of abuse is true for other forms of violence. For example, a national study of elder abuse concluded that 80% of suspected cases were *not* reported.[207]

Reasons some mandated reporters fail to report: what other studies tell us

Insufficient evidence, lack of certainty that abuse has occurred, the belief a report will cause additional harm, and the need to maintain a good relationship with patients and clients are some of the reasons cited by reporters failing to comply with the law.[208]

Physicians often worry about the effects of an unfounded report on their private practice.[209] In small towns, patients may be reluctant to visit a physician who has previously reported abuse, particularly if the report is viewed as frivolous.[210] Although the identity of a reporter is to be handled in confidence, small-town life is such that the identity of the reporter can often be detected.[211]

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[205] *Id.*
[206] *Id.*
[207] The National Center on Elder Abuse, American Public Human Services Association, *The National Elder Abuse Incidence Study* (Final Report, September 1988).
[208] Maureen C. Kenny, *Child Abuse Reporting: Teachers' Perceived Deterrents,* 25 CHILD ABUSE & NEGLECT 81 (2001).
[209] Martha Bailey, *The Failure of Physicians to Report Child Abuse,* 40 U. TORONTO FACULTY L. REV. 49, 55, 57 (1982).
[210] *Id.*
[211] Victor I. Vieth, *A Strategy for Confronting Child Abuse in Rural Communities,* 28 THE PROSECUTOR 15, 16 (September/October 1994).

Some skilled reporters recognize that child protection investigators must prioritize the reports received and may be able to respond to only the most serious. Recognizing this, some reporters may not call in a suspicion of abuse because it is believed no action can be taken.[212]

The correlation between reporting and training: a review of the literature

A lack of training may explain the ignorance of some mandated reporters about their obligations. In a 1989 survey of 480 elementary school teachers, 50% said they had not received any in-service training on mandated reporting and most of the teachers were not fully aware of their school's policies as to the handling of child abuse cases.[213] In a 1999 survey of 382 master's level social workers, pediatricians, physicians, and physician assistants, researchers found that 57% of the respondents had received less than ten hours of training on their obligations as mandated reporters.[214] In a 2001 study of 197 teachers, 74% said they received "minimal" or "inadequate" preparation in college to prepare them for the work of being a mandated reporter and 58% said they were receiving minimal or inadequate training on child abuse once they entered the field.[215]

In the case of the Penn State scandal, inadequate training of mandated reporters may have played a role in the failure of many adults to disclose evidence of abuse to the authorities. In a survey of 1,400 mandated professionals from 54 counties in Pennsylvania, 14% said they had *never*

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[212] Gail Zellman, *Reducing Underresponding: Improving System Response to Mandated Reporters*, JOURNAL OF INTERPERSONAL VIOLENCE 115, 116-117 (March 1991).
[213] *Teachers and Child Abuse,* National Center for Prosecution of Child Abuse UPDATE (American Prosecutors Research Institute, Alexandria, Virginia), October, 1989.
[214] Steven Delaronde, et al., *Opinions Among Mandated Reporters Toward Child Maltreatment Reporting Policies,* 24 CHILD ABUSE AND NEGLECT 901, 905 (2000). Inadequate training leading to a shortage of quality reports is also a problem in the faith community. The pastoral care department of the Children's Hospital Medical Center of Akron, Ohio surveyed 143 clergy of numerous faiths and found that 29% believed that actual evidence of abuse, as opposed to suspicion was necessary before a report could be made. The same study found that only 22% of the respondents were required by their denomination/faith group to receive child abuse training. This study also documented an under-reporting of suspected abuse cases with the most prevalent reason being "lack of trust in Children's Services Bureaus." The 143 clergy responding to this survey impact, at some level, the lives of 23,841 children. Daniel H. Grossoehme, *Child Abuse Reporting: Clergy Perceptions,* 7 CHILD ABUSE & NEGLECT 743-747 (1998).
[215] Maureen C. Kenny, *Child Abuse Reporting: Teachers' Perceived Deterrents,* 25 CHILD ABUSE & NEGLECT 81, 88 (2001).

received mandated reporter training.[216] Another 24% said they had not received mandated reporter training in the past five years.[217] The professionals that had received training on their obligations as mandated reporters, may not have received quality training. Approximately 80% of the respondents to the survey said the training was not approved for continuing education units or they were uncertain.[218]

A number of researchers have recognized the urgent need to improve the training of mandated reporters at both the undergraduate and graduate level as well as when these reporters are in the field.

Commenting on three decades of studies, one team of researchers concluded:

> Failure of professionals to report child maltreatment may leave hundreds of thousands of children and their families without needed interventions and at increased risk of further maltreatment. During the past 30 years, several reasons have been consistently found to influence professionals to ignore legal mandates to report suspected child abuse and neglect, including inability to recognize signs and symptoms of child abuse and neglect, misunderstanding State child abuse and neglect reporting laws, and fear of negative consequences resulting from the report. *These concerns may be easily allayed through increased availability of training programs, implementing educational programs that emphasize potential consequences of reporting, and improving the working relationship with CPS* (emphasis added).[219]

RECOMMENDATIONS

[216] *Mandated Reporter Survey Report,* THE PROTECT OUR CHILDREN COMMITTEE 1, available online at www.protectpachildren.org (last visited November 14, 2011).
[217] *Id.*
[218] *Id.* at 2.
[219] Krisann M. Alvarez, Maureen C. Kenny, Brad Donahue, & Kimberly M. Carpin, *Why are Professionals Failing to Initiate Mandated Reports of Child Maltreatment, and are there any Empirically Based Training Programs to Assist Professionals in the Reporting Process?,* 9 AGGRESSION AND VIOLENT BEHAVIOR 563, 574-575 (2004).

1. Mandated reporter training resource guides

Within 3 years, every state must publish a resource guide listing the availability of mandated reporter training in the state and must provide "consumer information" as to whether or not the content covers one or multiple forms of abuse, whether the content meets requirements for continuing education, whether the training has been endorsed by one or more state or national organizations, and whether the efficacy of the program has been evaluated and, if so, stating the results of the evaluation.

This recommendation is rooted in research finding a correlation between reporting and training. A resource guide along the lines contemplated in this recommendation not only aids schools, faith communities, youth serving organizations and others in locating mandated reporter training, it aids in finding quality training. The existence of resource guides along this line may also spur organizations that provide such training, particularly those who provide such training for a fee, to meet or exceed industry standards. NPEIV and its member organizations should actively promote this reform and aid state organizations or governments in meeting this standard.

2. "Two + Ten"

Within 5 years, every mandated reporter in the United States must adhere to a "two plus ten" plan

Nearly all of the available data on mandated reporting suggests that the success or failure of the system is largely dependent on training. Accordingly, public policy makers, funders and employers of mandated reporters should focus most of its efforts in this area.

We suggest adopting the goal of a minimum of two hours of in person training each year for mandated reporters. The value of in person training allows the student to interact with a presenter and hopefully have a connection with someone who can later be contacted with follow up questions or for advice on and individual case. We also suggest that the

two hours of annual training be supplemented with an additional ten hours of training that mandated reporters can access 24/7 online but must complete every three years. These courses can be included on a training portal accessed with a password provided through the agency or program providing the training.

The online courses should supplement the onsite training by covering topics not commonly discussed with mandated reporting professionals including recognizing cases of emotional maltreatment, the impact exposure to domestic violence has on children, adverse childhood experience research,[220] the impact of child abuse on spirituality, and the role of youth serving organizations in building resiliency factors that assist maltreated children in overcoming their trauma.

Organizations dealing exclusively with children may focus primarily on youth while organizations dealing primarily with elders or other populations may focus on issues relating to this group. Whatever the segment of the population concerned, though, the mandated reporter should be adhering to the "two plus ten" concept.

3.Educational materials for parents and caregivers

Within 1 year, NPEIV must develop and disseminate materials to aid parents in asking questions about the quality of training day care, school, youth sports, nursing homes and other organizations have adhered to in an effort to empower parents and other adults to make better consumer choices in protecting children or elders.

Protecting children, elders or other vulnerable populations is not simply the responsibility of mandated reporters and the professionals serving these populations—it is first, and foremost, the job of parents and other family members. Simply put, parents and other

[220] *See generally,* Vincent J. Felitti & Robert F. Anda, *The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders and Sexual Behavior: Implications for Healthcare,* in RUTH A LANIUS, ET AL, EDS, THE IMPACT OF EARLY LIFE TRAUMA ON HEALTH AND DISEASE: THE HIDDEN EPIDEMIC (2010)

caretakers who enroll their children in school, day care, little league, church or other youth serving organizations should inquire what child protection policies, if any, the organization has in place. Moreover, parents should inquire as to what training the organization provides its employees in recognizing and responding to instances of abuse. CACs and other organizations should educate parents on the type of questions consumers should ask before enrolling their children in various community activities. If parents have a choice in which organizations to enroll their children, they should consistently choose schools, day cares, churches and other organizations that take child protection seriously.

Similarly, there should be materials readily available to those considering nursing or other care for elders. The NPEIV and its member organizations can take a leadership role in developing these materials or making known already existing materials to its extensive network.

If even a small percentage of parents and adults demand this change, change will come.

E. Reducing Vicarious Trauma

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Overview

A significant body of research documents that law enforcement officers, prosecutors, forensic interviewers, therapists, social workers, medical and mental health professionals, and other professionals working daily with cases of violence can experience "vicarious trauma" as a result of hearing about these events or in otherwise aiding someone who has endured trauma.[221] The symptoms of vicarious trauma may resemble the symptoms of post-traumatic stress disorder

[221] *See generally,* Amy Russell, *Vicarious Trauma in Child Sexual Abuse Prosecutors,* 2(6) CENTERPIECE (2010).

including avoiding reminders of traumatic reports, withdrawal and isolation from others, anxiety and depression.[222]

A recent study involving child protection professionals contained poignant descriptions of the pain so many professionals experience. These comments included the following:

- "One of the things I noticed about doing this work, you don't have memory anymore. I can hardly even remember. It is a self-preservation mechanism, because it is gone. I can't be really specific."
- "It's not hearing the kids' stories that kill you, but it is truly coming in every day and deciding which kids I *can't* help. They all deserve help and it is gut wrenching and nearly inhumane. [Lowering our case load] would go a long way in stopping vicarious trauma."
- "Well our agency isn't very good at [dealing with vicarious trauma]. We don't have a lot of resources to handle burnout. We have a lot of time off and you can take that whenever you want. That's how I handle it, [if] I feel like I'm getting burned out I take a few days off and not think about work and do something else."
- "The sheriff brought in a therapist to meet with us…I haven't used her because she is the therapist for the kids I [work with] so it seems creepy. I work with her professionally. As a team we are pretty good checking in when people have a problem. We are conscious of each other…Honestly, our biggest issue would just be if they would properly staff us."
- "I feel like from team member to team member we are all very good at supporting each other. We are good at recognizing when we need someone to talk to and when we need to talk before we go home. As an agency we need to do a whole lot more—white water trips or other ridiculous things. I would love a week to audit charts and not have new clients so I could feel really good about where my work is [at]."
- "How do you win a war when soldiers are dying on the battle field? We need for our leaders to have creative ways to provide [emotional support]. Not just make us feel better…When we get desensitized we can't serve. We *need* to be upset about what is happening. We need to be attentive, not taking it home all the time. Specific therapists

[222] *Id.*

that could see staff that we don't work with all the time. A debriefing meeting where people can support each other [would also help]."

RECOMMENDATIONS

1. Vicarious Trauma Planning

Within 12 months, every employer of professionals working with victims of violence must have a written plan to address vicarious trauma and, at a minimum, addresses the factors detailed in this report.

Although many professionals working with victims of violence acknowledge their supervisors and agencies are aware of vicarious trauma and are generally sympathetic,[223] it is critical to develop a concrete plan to ensure workers are exercising self-care. Given the volume of cases many agencies see, and the dire consequences for any error, many employees will not, or cannot take care of themselves without strong leadership from within their organization.

Although the specifics of the plan will vary from organization to organization, common features may include:

a. Training. When workers feel lacking in the skills necessary to help children, their anxiety levels predictably increase. Accordingly, supervisors should ask employees what additional training, if any, they would like that can help with their work. The supervisor should make every effort to help the worker secure the training requested. In addition to increasing skills, training often "energizes child abuse professionals and gives…important contacts that can assist in the handling of difficult cases."[224]

[223] Silent Tears report at: ___

[224] Victor I. Vieth, *When Days are Gray: Avoiding Burnout as Child Abuse Professionals,* 14(4) UPDATE (2001) (published by the National Center for Prosecution of Child Abuse).

b. **Mandated vacations.** Some workers recognize the importance of vacations in reducing vicarious trauma. However, this is not true for every child protection or other professional. Child protection professionals sometimes worry that any leave of absence will hurt a child and they feel personally responsible for all the children whose cases are on their desk. When this happens, supervisors must intervene and remind the worker that the entire agency, indeed the entire team is responsible for the children and it is necessary for each member to practice self-care. Doing so is in the best interests of the MDT and the children for whom this is all about. Supervisors may want to remind workers of the instructions provided by flight attendants in case of an emergency—that it is critical to put on our own oxygen masks before assisting others.

c. **Encourage, if not require workers to have a "self-care" list.** Lisa Yazdanni, a child psychologist from Mississippi suggests that each child protection professional have a "self-care list" that is "specific, measurable, achievable, rewarded and time limited."[225] Yazdani suggests that each worker develop an annual list of things he or she will do to exercise self-care. The list must be concrete and include things that are easily achievable. For example, if a worker has always wanted to visit Paris but doesn't have the funds to do so, that should not be on the list. If, though, the worker has always wanted to canoe a nearby river, that can be on the list. To enforce the self-care plan, each worker can have a buddy whose job it is to periodically check in and see how you are doing and how much of the list has been checked off. To some extent, there is already an informal "buddy system" in place at many agencies with professionals looking out for one another. We

[225]Lisa Yazdani, *Vicarious Trauma: Coping with What we Hear,* presented at Beyond Finding Words, Tunica, Mississippi, March 6, 2009.

believe making this informal system more formal through the creation of a "buddy system" may help ensure that no professional falls through the cracks.

d. **Social events.** It is important for MDT members to get together in informal events and unwind. We suggest agencies host such an event at least once a month. It can be as simple as an ice cream social or more involved such as white water rafting (the suggestion one professional provided to researchers). If at all possible, these events should be held during office hours. It does not alleviate stress to require workers to come in for a social event that simply takes them away from their families. If community members or public policy leaders object to such events taking place on "company time," supervisors should strongly—and bluntly--explain that workers who spends months or years interacting with men, women and children who have been beaten, bludgeoned, burned, raped, starved, tortured and, in some cases murdered need some "company time" breaks in order to survive. Simply stated, the lives of the families these professioanls work with depend on our ability to keep these workers emotionally healthy.

e. **Encourage and create opportunities for workers to vent.** As one worker told us, "(w)e *need* to be upset about what is happening. We need to be attentive, not taking it home all the time." Simply stated, workers need to be able to express their frustrations and their feelings about children who have died, cases that have been lost, or even cases that have been successfully handled but the child's outcry has emotionally impacted one or more members of the team. Supervisors must be vigilant in asking workers how they are feeling, in organizing de-briefing sessions after particularly traumatic cases, and otherwise inviting honest expression of feelings, including worker frustrations with management. In the field of child protection, domestic violence, and elder abuse it is our

work that inflicts the most pain and, if at all possible, it is at work where we should leave the pain.

f. **Mental health support.** Every child protection agency must have an employee assistance plan that allows employees to access mental health care. As noted by some of the professionals with whom we spoke, the mental health provider must be someone other than a psychologist working on the team. As one law enforcement officer told us, it is "creepy" to speak to a psychologist who is also serving the children with whom you are working. Since a child protection professional may need to express frustration he or she has with other team members, it is critical that the therapist be someone who is not in any way connected to the MDT.

g. **Spiritual care.** Many hospitals, police departments, fire departments and branches of the military provide pastoral care or chaplains for their employees. Many of the child protection professionals participating a recent study reported the importance of their faith in coping with trauma. Accordingly, we support chaplaincy programs for child protection and other professionals working with cases of violence. To make these programs as effective as possible, though, we also encourage the development of training programs to assist these professionals in understanding the unique form of vicarious trauma experienced by so many child protection professionals.

h. **Manageable case loads.** Although managers and supervisors may currently lack the funding to reduce the case loads of their workers, they should get input from their workers to assist in determining reasonable case-loads as well as look at any recommended standards for a given profession. Supervisors should be visibly active in working to reduce case loads. Even if they are not successful, managers seen fighting the

good fight for the child protection and other professionals they supervise will aid in reducing the feeling of aloneness that some professionals experience.

i. **Rotation.** From time to time, a child protection worker, or professional working with or on behalf of adult victims of violence, may need to rotate out of a their unit. For example, a prosecutor may need to take a break from sexual abuse cases and, for a year or more, simply be assigned to prosecute crimes not involving children. If this happens, though, the supervisor must make sure it is a clean break. Other workers should not be calling or e-mailing the prosecutor rotated out of the unit for his or her advice on incoming child protection cases.

j. **In-house training.** Every year, every agency should have an in-house training on vicarious trauma. Simply stated, if there is not an open discussion about this issue, and management does not make it clear that addressing vicarious trauma is a top priority, every other effort will fall by the wayside.

k. **Getting out of the office.** There may be times a worker has to work through lunch or otherwise forego any break. This, though, should not be routine. All team members, including supervisors, should model self-care by getting out of their office for lunch—even if this simply means going to the break room and interacting with colleagues.

l. **Thank you files.** Workers should be encouraged to have a "thank you file" in their file cabinets or on their computer. Whenever children, parents or fellow professionals send a note of thanks, particularly in egregious cases in which a worker excelled, the note of gratitude should be maintained. When days are gray and the worker feels he or she has not made a difference, a supervisor or colleague may want to remind the worker to pull out the thank you file and remind herself of all the cases, and all the families to whom she made a world of difference.

m. **Community service.** Many professionals report they like getting out in the community to teach a class or otherwise interact with the public in a manner that doesn't involve asking children where they were touched or looking for semen on bed covers. Simply stated, being proactive in teaching a prevention class or educating a local youth serving group about child protection or other efforts to address violence in the community is a welcome change of pace for many professionals. Whenever possible, supervisors should encourage these sort of activities.

n. **Public recognition.** Given the high stress, high burnout nature of this field, it is critical for managers and supervisors to frequently and publicly praise the workers who have dedicated their lives to serving victims of violence. There should also be opportunities at staff meetings or other gatherings for colleagues to single out someone who excelled in handling a difficult case or who has otherwise assisted the team.

IV. IMPROVING THE DEVELOPMENT AND DELIVERY OF PREVENTION INITIATIVES

A. Expanding Prevention Initiatives

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Overview

Nine states do not collect, or at least report data to the United States Department of Health and Human Services on the level of preventative services implemented throughout the state.[226] Accordingly, it is challenging to assess the actual level of, much less impact of prevention programming in several parts of the country.

Even when data is available, many front line professionals do not know what prevention programs may be available in their communities or states nor are they aware which programs are evidence based or are otherwise solid approaches. In a recent study involving onsite interviews of child protection professionals, these child professionals were asked several questions to determine the existence of prevention programs and policies that may be present in the state.[227] In some instances, child protection professionals reported they were not aware of *any* prevention programs in their communities. A veteran child protection professional of 20 years said "there are no prevention programs I am aware of."[228]

Others spoke of personal safety and dating violence workshops in public schools. A number of professionals mentioned *Darkness2Light*. To the extent prevention programming and policies were in place, a number of professionals commented that these practices have not extended to the

[226] UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES, CHILD MALTREATMENT 2009, TABLE 6-1, P. 88.
[227] *See* Victor I. Vieth, *The View from the Trenches: Recommendations for Improving South Carolina's Response to Child Sexual Abuse Based on Insight from Frontline Child Protection Professionals,* 107-108 (Gundersen Health System 2013), published as part of the "Silent Tears" assessment of the South Carolina child protection system and available online at: http://www.gundersenhealth.org/ncptc/publications-resources/silent-tears (last visited September 3, 2014).
[228] Id. at 81.

faith community. One child protection worker commented "They don't understand it at my small church. They don't do screenings for Sunday School teachers or anything."[229]

A law enforcement officer reported she does child protection policy training for community groups. In her experience, the officer said most churches don't have child protection policies and, when they contact her for training or other assistance, the "vast majority" of the time it is "reactionary" to a case of sexual abuse having occurred as opposed to being proactive in preventing the abuse at the outset.[230]

In an online survey, child protection professionals were asked if they were aware of child safety programs in their community that were targeted to adults, to children generally, or to children in high risk populations. In metropolitan communities, 38% of respondents were unaware or were not sure of any such program and, overall, 44% were not aware of such programs in their communities.[231]

If even child protection professionals are often unaware of prevention programs, it is unlikely that lay persons or others are aware of these initiatives. The problem, though, is deeper than simply a lack of awareness of available programming.

There are many factors that contribute to child maltreatment, domestic violence or elder abuse. Caregivers engaging in substance abuse or who themselves had poor parental role models are at greater risk to offend against their children.[232] Parental age, stress levels, unemployment, poverty, and child characteristics such as disabilities are additional factors that increase the

[229] Id.
[230] Id.
[231] Jennifer Parker, Kathleen Brady & Sarah Wilson, *Silent Tears Survey Analysis*, page 121, March 2013. .
[232] JILL GOLDMAN, MARSHA K. SALUS, DEBORAH WOLCOTT, KRISTIE Y. KENNEDY, A COORDINATED RESPONSE TO CHILD ABUSE AND NEGLECT: THE FOUNDATION FOR PRACTICE 28-29 (U.S. Dep't of Health and Human Services, Washington, D.C. 2003).

chances of maltreatment.[233] These and other factors, however, may not be present in every community. For example, poverty may contribute to child abuse and yet not every community has measurable rates of poverty. Even factors that may be present in each community, such as substance abuse, may exist at different levels or take different forms. One community may have a significant problem with cocaine while another deals primarily with alcoholism.

In many communities, widespread ignorance about child sexual abuse increases pedophiles' success rate of abusing children undetected.[234] If prevention efforts can create a well-educated populace that understands child molesters can be the local softball coach as well as the community flasher, parents will be less likely to give a potential abuser unbridled access to their child.[235]

Given the numerous factors that contribute to maltreatment, and the different levels of these factors in each community in this country, we can never launch effective prevention programs unless these programs are designed at the local level by those closest to the situation and unless these programs are tailored to the dynamics unique to each community.

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[233] *Id.* at 32-33. Some people suggest that we can never significantly reduce child abuse until we significantly reduce poverty in the United States. According to John Myers, "If child maltreatment is a piece of cloth, poverty is the thread that holds it together. Cut the thread and the cloth unravels. Although we will never rid ourselves entirely of maltreatment, we guarantee high rates of suffering as long as we tolerate widespread poverty." JOHN E.B. MYERS, A HISTORY OF CHILD PROTECTION IN AMERICA 444 (2004). Although there is no question that reducing poverty would reduce the rate of some forms of maltreatment, this would not, by itself, eliminate child abuse. This is because maltreatment, at some level, exists among all socioeconomic classes. Moreover, it may not be an absolute necessity to reduce poverty before reducing the rate of child abuse among poor people. This is because most poor people do not abuse their children. If we can determine the skills, resources or other factors that prevent most poor families from maltreating their children, and instill these dynamics in poor families where maltreatment does occur, we may be able to limit the role of poverty in contributing to child abuse.

[234] See generally, Victor Vieth, *Suffer the Children: Developing Effective Church Policies on Child Abuse,* Jacob's Hope (2013).

[235] *See generally,* SALTER note 10.

Deborah Daro and Anne Cohn Donnelly evaluated the history of child abuse prevention efforts in America and found six factors contributing to the shortcomings of these efforts.[236] When the shortcomings of past prevention efforts are compared to the overall structure of the *National Plan to End Intepersonal Violence Across the Lifespan* (NPEIV plan), there is reason to believe this approach will be more successful.

First, Daro and Donnelly accuse prevention proponents of "oversimplifying things" and promoting "singular solutions."[237] Prevention as envisioned by the *NPEIV plan* will be just the opposite. Recognizing that prevention is complex and will differ from community to community, this proposal puts the responsibility of prevention in the hands of local professionals working with families or others in a given community.

Second, Daro and Donnelly accuse prevention proponents of overstating "prevention's potential, allowing rhetoric to outpace research and empirical support."[238] According to these authors, "prevention efforts are framed as offering the potential for success in all cases, an impossible standard to achieve."[239] The *NPEIV plan* realizes that prevention will not succeed in all cases and thus advocates for competent investigators and comprehensive, experiential training programs that will assist in the prosecution of those who commit acts of violence, and in working more sensitively with victims of crime through myriad means including speedier resolutions of criminal justice cases.

The third and fourth factors are related. Daro and Donnelly allege that prevention advocates "continue to misrepresent the pool of families they can successfully attract and retain in

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[236] Deborah Daro and Anne Cohn Donnelly, *Charting the Waves of Prevention: Two Steps Forward, One Step Back,* 26 CHILD ABUSE & NEGLECT 731 (2002).
[237] *Id.* at 737.
[238] *Id.* at 737.
[239] *Id.*

voluntary prevention services" and that these advocates have "failed to establish a significant partnership with their local child protective services."[240] In cases in which families are unable or unwilling to access preventative programs, the *NPEIV plan* provides training, beginning in college, to myriad professionals on the art and science of building prevention programs and getting these programs into the hands of those who will most benefit.

Fifth, Daro and Donnelly contend that prevention efforts have focused more on breadth than depth and there has been too much emphasis "on increasing the number of program sites before it fully understood what it would take to make these programs sustainable and effective."[241] Because the *NPEIV plan* contains recommendations, detailed below, that decentralizes prevention efforts, making them the responsibility of local professionals, these professionals will not implement prevention programs as if they were a franchise in a fast food chain. Instead, they will take ownership of their efforts and tailor them to local needs. This ownership will give these programs depth and, through the work of NPEIV and its vast network, the very best approaches will be shared with other communities interested in applying hopeful practices.

Sixth, Daro and Donnelly contend the "field has failed to establish the public will and the political clout to bring to fruition the policies and programmatic reforms needed to prevent child abuse."[242] Again, the *NPEIV plan* advocates teaching professionals beginning in college that they have a responsibility to prevent all forms of abuse across the lifespan and develop all necessary services from the ground up. This responsibility includes organizing their community and effectively communicating the needs of child abuse victims to local, state and national leaders.

Within this broader context, we offer seven additional recommendations.

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[240] *Id.* at 738.
[241] *Id.* at 738.
[242] *Id.* at 738.

RECOMMENDATIONS

1.Evidence based, locally developed prevention

Within 5 years, there needs to be a clear, national shift away from cookie cutter national prevention models to the development of evidence based prevention programs developed at the local level that reflect the unique dynamics of a given community.

As noted earlier, myriad factors contribute to violence and these factors take on different shapes and forms in a given community. Accordingly, there is not "one size fits all" prevention program that will work in every community, with every family. Accordingly, it is essential to educate professionals and community leaders to identify factors in play in a particular community and seek evidence based programs tailored to these dynamics. It is also important for professionals to partner with local colleges and universities to research the impact of a particular prevention program in their community.

2. MDT role in prevention planning

Within 5 years, multi-disciplinary teams in every community in the United States must be actively engaged in prevention planning. This should, at a minimum, include annual review of cases of violence to note repeated patterns that could have been prevented and then identifying and implementing evidence based programs tailored to these dynamics.

Given the complexity of violence, and the diversity of our communities, it is incumbent on professionals, those closest to the children and families impacted by violence, to periodically step back and analyze what, if any, prevention programs would actually make a difference in their communities.

To this end, we suggest that, once a year, an agency in each community in the United States agree to host a "prevention planning" day or, if need be, two days. During this event, the MDT would look at typical cases handled in the previous year and ask what, if anything, could have

been done to prevent abuse? Perhaps the team noticed an increase in teenage pregnancies and observed that many of these young parents were lacking in parenting skills and ended up physically hurting their children. In such a scenario, teenage pregnancy prevention programming or, where pregnancy cannot be averted, public health nurses or parenting classes for young mothers may have made all the difference.

There should also be an open discussion in which MDT members can share their observations over the years and offer thoughts on available programs that may have prevented at least some instances of abuse. From this discussion, the team should select 1-2 prevention initiatives they would like to implement (more than 2 likely becomes too much). A sub-committee should be formed to implement the program within a year.

There should also be an open discussion about prevention programming that is currently operating in a community but for which the team believes there is little evidence it is making a difference. Simply put, every program, no matter how popular, should be put under the radar of the local MDT.

If at all possible, MDTs should invite local colleges or universities to be part of the discussion and to consider helping the team research the efficacy of any new program being implemented or to research the efficacy of old programs the team is not sure are working.

The NPEIV, through its vast network of resources, can be a tool in aiding prevention discussions and helping locate evidence based models that may assist in responding to myriad situations.

3. “Prevention Scouts”

Within 5 years, multi-disciplinary teams in every community in the United States must have designated a “prevention scout” whose job it is to attend national and state conferences and engage prevention experts for programs and services that can

aid in addressing the needs of a particular community. The scout can then take these ideas back to the community for possible implementation.

Each year, every MDT in our country should assign one or more team members to be prevention scouts. Those assigned this honor agree to attend at least one national and as many state conferences as possible with the specific task of looking for evidence based prevention programs that might be a good fit for their communities. Once discovered, the job of the scout is to share these ideas with the local team and community. In this way, the team is constantly being invigorated with fresh ideas for taking prevention to a continually higher plane.

4. State Prevention Resource Guides

Within 5 years, every state must be publishing a prevention resource guide to aid MDTs and other community leaders in accessing evidence based prevention models addressing all forms of violence across the lifespan and these plans must be updated annually.

A number of frontline professionals have expressed an interest in promoting prevention but were unaware of available programs—sometimes even programs that were operating in their communities.[243] Some of these professionals have suggested the utility of a resource guide listing all the available programs in their jurisdiction so they could easily refer families in need or advocate for programming in the schools, day cares, churches and other institutions with which they interact professionally or personally.

Any number of state organizations, such as prosecutor or police associations, state CAC chapters or others could take a lead in asking their MDTs to list all of the prevention programs operating

[243] Victor I. Vieth, *The View from the Trenches: Recommendations for Improving South Carolina's Response to Child Sexual Abuse Based on Insight from Frontline Child Protection Professionals,* 82-83 (Gundersen Health System 2013), published as part of the "Silent Tears" assessment of the South Carolina child protection system and available online at: http://www.gundersenhealth.org/ncptc/publications-resources/silent-tears (last visited September 3, 2014).

in their communities and develop a comprehensive list of these programs complete with contact information, websites, etc. To this list should be added state or even national prevention programs—such as *Darkness2Light*--that could be implemented in interested communities. The list must be comprehensive—addressing all forms of abuse across the lifespan. To this end, merely developing this list will highlight weaknesses in programming or the shortage of programming in various communities.

Once developed, the resource guide should be on the website of every CAC, criminal justice, social service, hospital or other pertinent agencies that respond to violence. Simply put, every team member has a responsibility to educate themselves about prevention programming and to promote these efforts at every opportunity. This can't happen, though, until everyone is aware of existing programs and programs that could be implemented.

5. "Seven within Five"

> **Within 5 years, there must be 7 or more evidence based prevention programs in every county in the United States with the sum total of these programs addressing violence across the lifespan.**

Within 5 years, every county in the United States should be able to claim they have at least seven evidence-based violence prevention programs the sum total of which addresses all forms of violence and violence across the lifespan. NPEIV could have a national map and, when a county can list the seven prevention programs they have up and running—and also cite the research or other evidence to support the models--the county should be shaded blue on the NPEIV national map.

If policy makers are so inclined, counties meeting this standard should be able to post road signs at their borders announcing they are so dedicated to preventing violence that they have met the national standard necessary for being deemed a "blue county." It would be breathtaking to drive

through every county in the United States and, with the crossing of each border, read a sign proclaiming "you are entering a blue county."

6. Expand prevention training to more disciplines

Training for social service, criminal justice, medical and mental health professionals must include prevention instruction. These and similar professionals are often closest to families at high risk and can direct these families to needed programming and services.

Although prevention is both an art and science—it begins with education. As called for in this paper, prevention education should begin in college, extend to graduate school, and continue in the field. As reflected by Daro and Donnelly, those professionals most likely to intersect with families experiencing violence must know how to prevent violence and, when it can't be prevented from the outset, prevent its re-occurrence.

7. Use Technology to Expand Prevention Resources

Prevention should be made practical and personal through the creation of aps and other technology that can aid parents and children in asking the right questions, and making the best decisions in personal safety and awareness.

We live in a media driven age and the tech savvy youth of today will be the tech savvy adults of tomorrow. Accordingly, it is essential that prevention programming incorporate social media, aps and other forms of communication more likely to be accessed and understood by children and parents. It would be possible, for example, for many personal safety programming to be delivered through an ap or web friendly ap.

B. Youth Serving Organizations

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Overview

In the United States, millions of children participate in youth serving organizations. For example, more than 50 million children attend elementary or secondary schools,[244] there are 35 million children who play sports each year,[245] 2.6 million children are in Boy Scouts,[246] and 2.3 million children are in Girl Scouts.[247] Clearly, YSOs have an enormous opportunity to recognize and respond to multiple forms of violence including child abuse, domestic violence in the homes of these children, and bullying. YSOs are also tremendous sources of resiliency helping millions of maltreated children cope with trauma.

RECOMMENDATIONS

In the hope of maximizing this potential, we offer the following recommendations.

1. Universal Mandated Reporting among YSO Staff

Within 3 years, every YSO in the United States must make all employees and adult volunteers mandated reporters irrespective of state and federal laws.

A number of youth serving organizations determine their mandated reporting policies based on a review of which adults or volunteers are obligated to report in a particular state. This is problematic in that a coach or other worker may be obligated to report abuse when attending a meet in one state but not another. Moreover, not all types of abuse may be required to be reported. Policies of this nature mean that the protection of a child in a given YSO is simply luck of the draw. Moreover, it provides confusing direction for adults working or volunteering in a YSO.

[244] http://nces.ed.gov/fastfacts/display.asp?id=372 (last visited July 26, 2014).
[245] http://www.statisticbrain.com/youth-sports-statistics/ (last visited July 26, 2014).
[246] http://www.scouting.org/About/FactSheets/ScoutingFacts.aspx (last visited July 26, 2014).
[247] http://nces.ed.gov/fastfacts/display.asp?id=372 (last visited July 26, 2014).

A number of YSOs have made it clear that every adult in their organization is obligated to report irrespective of the type of abuse or the identity of the alleged offender. For example, the Amateur Swimming Association, the national governing body of swimming in Great Britain, concludes that "the rights of the child must be paramount in all situations" and therefore obligates its members not only to report instances of abuse within the sport but also respond to "allegations made about a parent, carer or someone not within the sport."[248] The governing body over swimming in Ireland similarly recognizes a responsibility to report abuse irrespective of the type of maltreatment or the identity of the offender.[249]

The Boy Scouts of America now requires all of its members to report all forms of abuse irrespective of state law. Specifically, BSA requires that:

> All persons involved in Scouting shall report to local authorities any good-faith suspicion or belief that any child is or has been physically or sexually abused, physically or emotionally neglected, exposed to any form of violence or threat, exposed to any form of sexual exploitation, including the possession, manufacture, or distribution of child pornography, online solicitation, enticement, or showing of obscene material. You may not abdicate this reporting responsibility to any other person.[250]

The trend in myriad youth serving organizations to obligate all its members to report abuse and to protect all children without distinction of the type or abuse or the identity of the offender is rooted in simple decency and common sense and is a trend worthy or replication.

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[248] WAVEPOWER 2012-2015 17 (2012)
[249] SWIM IRELAND SAFEGUARDING CHILDREN POLICIES AND PROCEDURES 2010 available online at: http://www.swimireland.ie/wp-content/uploads/downloads/2013/02/SI-Safeguarding-Children-Policies-and-Proceedures-2010.pdf (January 19, 2014).
[250] The BSA policy can be accessed online at: http://www.scouting.org/Training/youthprotection.aspx (last visited January 19, 2014).

2. Enact CDC standards for screening

Within 3 years, YSOs must adhere to CDC standards of pre-employment screening, personal interview, and written acknowledgment of the organization's code of conduct

The United States Department of Health and Human Services and Centers for Disease Control (CDC) recommends five pre-employment screening processes. First, they recommend informing an applicant about the organization's youth protection policies. This includes sharing the organization's code of conduct, requiring applicants to sign an acknowledgement of the child protection policies, and asking the applicant if they "have a problem with any of the policies and procedures" pertaining to child protection.[251]

Second, the CDC recommendations include a written application containing questions "pertinent to child sexual abuse screening."[252] This may include asking questions about various scenarios such as boundary issues to gauge the applicant's potential willingness to "disregard the organization's policies and procedures" or "handle a situation poorly."[253]

Third, the CDC recommends a "personal interview" to follow up on questions in the written application and to "ask additional questions to screen for child sexual abuse risk factors."[254] The National Center for Missing and Exploited Children has a similar recommendation for youth sports programs.[255]

[251] Janet Saul & Natalie C Audage, *Preventing Child Sexual Abuse within Youth-Serving Organizations: Getting Started on Policies and Procedures,* CENTERS FOR DISEASE CONTROL AND PREVENTION 7 (2007).
[252] Id at 5.
[253] Id.at 5-6.
[254] Id.
[255] SAFE TO COMPETE: AN INTRODUCTION TO SOUND PRACTICES FOR KEEPING CHILDREN SAFER IN YOUTH-SERVING ORGANIZATIONS 7 (NATIONAL CENTER FOR MISSING & EXPLOITED CHILDREN 2013) (Recommending that, during "an in-person interview or while conducting reference checks, certain types of questions may reveal areas of concern or raise 'red flags.'").

Fourth, the CDC recommends obtaining verbal, not just written references for applicants and matching references with employment history. The CDC also recommends a number of questions to be used in speaking to a reference that directly pertain to child protection including "how does this person interact with youth" and "is there any reason this person should not work with youth?"[256]

Finally, CDC/HHS recommends a criminal background check although it notes these checks "will not identify most sexual offenders because most have not been caught."[257]

3. Address all forms of abuse

Within 3 years, YSOs must have developed and implemented child protection policies that address not only sexual abuse but also physical abuse, neglect, emotional abuse, and bullying.

Although the aforementioned CDC guidelines for YSOs should be widely recommended, the policies focus exclusively on sexual abuse *within* a YSO. In other words, the policies do not address physical abuse, emotional abuse, neglect, witnessing domestic violence, bullying or other forms of violence a child may experience in the organization or at home. Moreover, the policies may do little to protect a child who is being sexually abused within his or her own home.

Accordingly, YSOs need to exceed the CDC standards and develop concrete policies for addressing all forms of violence. The NPEIV and its member organizations can serve as resources to YSOs in meeting these broader obligations.

4. Within 5 years, YSOs must provide annual, comprehensive training that cover all forms of maltreatment including physical abuse, sexual abuse, neglect and emotional abuse. The training should be provided to employers, volunteers, and parents.

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[256] Id at 7.

[257] Janet Saul & Natalie C Audage, *Preventing Child Sexual Abuse within Youth-Serving Organizations: Getting Started on Policies and Procedures,* CENTERS FOR DISEASE CONTROL AND PREVENTION 7 (2007).

The Centers for Disease Control/U.S. Department of Health and Human Services guidelines for youth serving organizations recommends training for three categories of people within a youth serving organization. First, the CDC recommends training for employees and volunteers.[258] Second, CDC recommends training for "parents and guardians" of youth in the organization.[259] Third, CDC recommends training for the youth in the organization.[260] Within each of these categories, CDC has recommendations for the content of each of the training categories.[261]

Allow YSOs should have training programs that adhere to these standards. However, these training programs must do more than address sexual abuse within the organization. They must also address physical abuse, emotional abuse, neglect, bullying, witnessing domestic violence, and sexual abuse within the home. In developing or implementing this broader array of training, NPEIV and its members can assist YSOs at multiple levels.

5. Personal Safety Training

Within 5 years, YSOs must provide personal safety training for all children participating in the organization

In reviewing academic studies on the effectiveness of abuse prevention education for children, researchers have found "ample empirical evidence" in support of these programs.[262] Another researcher concludes "the weight of currently available evidence shows that it is worth providing

[258] Janet Saul & Natalie C Audage, *Preventing Child Sexual Abuse within Youth-Serving Organizations: Getting Started on Policies and Procedures,* CENTERS FOR DISEASE CONTROL AND PREVENTION 24 (2007).
[259] Id. at 27
[260] Id. at 28.
[261] For example, the training for employees includes a listing of "child sexual abuse information" that includes defining the term, providing information about the prevalence of abuse, risk and protective factors for abuse, and addressing common myths about offenders. Janet Saul & Natalie C Audage, *Preventing Child Sexual Abuse within Youth-Serving Organizations: Getting Started on Policies and Procedures,* CENTERS FOR DISEASE CONTROL AND PREVENTION 24 (2007).
[262] Sandy K. Wurtele and Maureen C. Kenny, *Primary Prevention of Child Sexual Abuse: Child and Parent Focused Approaches,* in KEITH L. KAUFMAN, THE PREVENTION OF SEXUAL VIOLENCE: A PRACTITIONER'S SOURCEBOOK 107, 110 (2010).

children with high-quality prevention education."[263] Simply put, children are more likely to use self-protection techniques if they have been instructed on how to do this.[264] A number of state and national organizations, such as the Jacob Wetterling Resource Center, can assist YSOs in meeting these needs.[265]

6. Ensure Accessibility of training materials

YSOs must make all training materials accessible to children or adults with a disability

A number of studies find that children with a disability are at greater risk of abuse. [266] A publication from the United States Department of Health and Human Services recognizes this risk and proposes a number of prevention initiatives including training to help children with disabilities protect themselves.[267] According to the Children's Bureau:

> In the past, the mistaken belief that children with disabilities are not vulnerable to abuse or neglect and do not need information about it has kept some parents and professionals from communicating openly with children on the subject. Most researchers now agree that teaching children with disabilities about the risks of abuse and neglect as well as ways to communicate with others can help reduce maltreatment among this population of children.[268]

Accordingly, YSOs must act to make sure that children with reading, hearing, seeing or cognitive impairments are able to access personal safety or other programs. There are a number

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[263] Id., citing David Finkelhor, *Prevention of Sexual Abuse Through Educational Programs Directed Toward Children,* 120 PEDIATRICS 640, 644 (2007).
[264] David Finkelhor and J. Dziuba-Leatherman, *Victimization Prevention Programs: A National Survey of Children's Exposure and Reactions,* 19 CHILD ABUSE & NEGLECT 129 (1995).
[265] For additional information about JWRC, visit their website at: http://www.gundersenhealth.org/ncptc/jacob-wetterling-resource-center (last visited July 26, 2014).
[266] *See e.g.,* P.M. Sullivan & J.F. Knutson, *Maltreatment and disabilities: a population-based epidemiological study.* 24 CHILD ABUSE AND NEGLECT, 1257 (2000); K. Stalker & K. McArthur, *Child Abuse, Child Protection and Disabled Children: A Review of Recent Research,* 21 CHILD ABUSE REVIEW 24 (2012).
[267] Children's Bureau, United States Department of Health and Human Services, *The Risk and Prevention of Maltreatment of Children with Disabilities* 10 (March 2012), available online at: https://www.childwelfare.gov/pubs/prevenres/focus/focus.pdf (last visited January 17, 2014).
[268] Id. at 9.

of training programs that specifically address children with special needs that could be considered.[269]

7. Resiliency Training

Within 5 years, YS0s must teach resiliency research to employees, volunteers and parents

Researchers are increasingly interested in why some abused and neglected children do so much better than others. The answer, at least in part, seems to be that one or more persons or social structures helped build resiliency in the child enabling him or her to excel in spite of abuse.[270] Resiliency can be as simple as having supportive relationships—including those found among peers in youth sports or other organizations. Resilience can also come from a role model who demonstrates support for an abused child and demonstrates a different way to live—the sort of role model found among many coaches and YSO volunteers.

If resiliency research is specifically taught to YSO leaders, these adults can do a better job of instilling these aspects into all you with perhaps a special emphasis on those children an organization knows or suspects has endured trauma. The NPEIV and its members can be a resource to YSOs seeking to follow this recommendation.

8. Self-assessments

Within 5 years, national YS0s must be conducting baseline and follow up studies to determine the extent of abuse within the YSO, the manner in which offenses may be carried out and the effectiveness, or lack of effectiveness of various responses

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[269] Id. at 11.

[270] *See e.g.,* Michael Rutter, *Resilience, Competence, and Coping,* 31 CHILD ABUSE & NEGLECT 205 (2007); Stephen Collishaw, et al, *Resilience to Adult Pscyhopatholgy Following Childhood Maltreatment: Evidence from a Community Sample,* 31 CHILD ABUSE & NEGLECT 211 (2007); Sara. R Jafee, et al, *Individual, Family, and Neighborhood Factors Distinguish Resilient from Non-resilient Maltreated Children: A Cumulative Stressors Model,* 31 CHILD ABUSE & NEGLECT 231 (2007); Kimberly DuMont, et al, *Predictors of Resilience in Abused and Neglected Children Grown Up: The Role of Individual and Neighborhood Characteristic,* 31 CHILD ABUSE & NEGLECT 255 (2007); Victoria L. Barnyard, et al, *Women's Voices of Recovery: A Multi-method Study of the Complexity of Recovery from Child Sexual Abuse,* 31 CHILD ABUSE & NEGLECT 275 (2007).

Although there have been some studies about the prevalence of abuse within a sport or other YSO, there are "many under-researched areas of sport abuse" that might better shape future policies for prevention and response.[271] For instance, a baseline survey of 2118 athletes in organized competitive sport in Australia found that 13% of the females and 6% of the males had been sexually abused within the sport.[272]

In order to fully understand the possibilities of a baseline survey in sport or other YSO, it may be helpful to consider a survey of students done every three years in Minnesota. The Minnesota Department of Health conducts a student survey about myriad activities , experiences, and behaviors—including bullying and physical and sexual abuse. Given the large numbers of students who participate in the study, it provides strong baseline information as to the prevalence of various risk factors. Because the study is repeated every three years, it provides helpful data as to whether or not various risk or protective factors are increasing or decreasing. For example, we can say 5% of 6th graders, 7% of 9th graders and 7% of 12th graders in Minnesota have been sexually abused either inside or outside the home (such as in a youth serving organization). [273]

It is also possible to compare these numbers with previous years to see if sexual abuse among various ages is increasing, declining or remaining static. Below is a table showing these results for age categories from 1998-2010:

[271] Celia Brackenridge, *Violence and Abuse Prevention within Sport,* in KEITH L. KAUFMAN (ED), THE PREVENTION OF SEXUAL VIOLENCE: A PRACTITIONER'S SOURCEBOOK 401, 409 (2010).
[272] Trisha Leahy, et al, *Prevalence of Sexual Abuse in Organized Sport in Australia,* 8 JOURNAL OF SEXUAL AGGRESSION 16 (2002).
[273] Minnesota Student Survey Selected Single Year Results 1998-2010, available online at: http://www.health.state.mn.us/divs/chs/mss/ (last visited January 13, 2014).

	1998	2001	2004	2007	2010
Percent who report that someone inside or outside the family has ever touched them sexually					
6th Grade	5	6	6	5	5
9th Grade	9	8	8	7	7
12th Grade	8	8	7	7	7

The number below, also taken from the student survey, show the percentages of children physically abused so hard they had marks or were afraid:

	1998	2001	2004	2007	2010
Percent who report that an adult in their household has ever hit them so hard or so often that they had marks or were afraid of that person					
6th Grade	11	12	13	11	12
9th Grade	12	11	12	11	10
12th Grade	9	9	8	8	8

The student survey also measures sexual assaults between juveniles, finding that 10% of 9th graders and 15% of 12th graders had been "hit, hurt, threatened or forced to have sex" at the hands of someone they had gone out with.[274]

Although it would be challenging and could not be done overnight nor without the strong support of YSOs, parents and the youth participating in a given organization, the potential for a baseline study in one or more YSOs is enormous. If properly designed and implemented, a YSO could have concrete data as to the prevalence of abuse, the type of abuses practiced, how offenders may be operating and any number of data that could help the YSO in responding. The study could also document various resiliency factors that assist children in coping with trauma.

[274] Id.

The study could not only look at issues pertaining to abuse but could explore any number of other things that would be helpful to coaches or other YSO volunteers in working with athletes or other children. Indeed, expanding the study beyond issues of abuse might be critical in getting the agreement of many athletes and parents to support taking the study. Obviously, the research would have to be done by an independent, reputable university or research team and would need IRB and other clearances.

If a study of this nature had been conducted 25 years ago, national YSOs may very well have detected levels and types of abuse much earlier than they did. Although the past cannot be changed, it can instill valuable lessons. Unless and until a quality baseline study is conducted, no YSO can say with confidence what the level of abuse may be within the organization nor fully know how to address it.

9. Evaluate male victimization

Evaluate the level of victimization of boys

A number of studies suggest that the sexual victimization of boys is underreported with boys disclosing less frequently than girls and often much later in life with one study finding that 44% of boys who did disclose took over 20 years to do so.[275] Researchers have also concluded the "victimization and the way it is experienced are different for boys than for girls" and there is "a pressing need for studies which involve both populations (boys and girls) or that focus specifically on cases of sexual abuse in sport involving male victims."[276] In designing or cooperating with baseline or other research in a YSO, the potentially unique dynamics involving any male victims should be fully explored.

[275] For an excellent literature review of these and studies pertaining to the sexual abuse of boys in sport, *see* Sylvie Parent & Joelle Bannon, *Sexual Abuse in Sport: What About Boys?,* 34 CHILD ABUSE & NEGLECT 354 (2012).
[276] Id. at 357.

V. IMPROVING PUBLIC AWARENESS, PUBLIC POLICY AND RESEARCH

A. Connecting research to the work of front line professionals

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Overview

In addition to baseline surveys and promoting additional research on the sexual abuse of boys within YSOs, topics covered in the previous section, the NPEIV research committee can further the impact of research on the actual implementation of policies and programs simply by facilitating connections between researchers and practitioners. To this end, we offer the following recommendation:

RECOMMENDATION

1. Annual survey of professionals

On an annual basis, NPEIV will survey a minimum of 1,000 professionals from multiple disciplines to determine their awareness of evidence based practices, the best means for communicating this evidence to practitioners, and the issues these practitioners are facing that needs research. This latter analysis will aid researchers in determining the most relevant needs of the field. The findings of this survey will be published.

B. Public awareness

There are studies indicating public awareness campaigns can have an impact in reducing domestic violence or other forms of violence.[277] The problem, of course, is in determining what sort of educational campaign may work in a particular setting in addressing a particular form of violence. To further the goal of assisting communities in developing evidence based public awareness campaigns, we have the following recommendation:

[277] Wolfe, David A. and Peter G. Jaffe, 'Emerging Strategies in the Prevention of Domestic Violence', The Future of Children – Domestic Violence and Children, vol. 9, no. 3 (1999).

RECOMMENDATIONS

1. Literature Review of Public Awareness Initiatives

Within 24 months, NPEIV will draft a literature review on evidence based public awareness initiatives and a practical guide for frontline professionals and institutions to use in creating community awareness on all aspects of recognizing, responding and preventing violence.

2. Develop Strategic Media Partnerships

Within 24 months, NPEIV will identify strategic partnerships with major media, advertising, and information companies who can assist in creation of national public awareness campaigns through social media, viral marketing, and more traditional forms of advertising and outreach.

C. Public Policy

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Overview

The Public Policy Action Team of NPEIV believes the development of a specific public policy is complicated, yet a critical aspect for the prevention of violence and trauma. It is often recognized as the action taken by governments (local, state, federal and international) to address a particular public concern, therefore it should be informed by evidence (e.g. research) and practice involving experts in a given area. Evidence should not be narrowly defined to reflect a single model (e.g. medical model).

As we continue developing and improving a National Plan for the elimination of violence across the lifespan, there must be a process that helps to guide our understanding of the implications of a given public policy. Development of public policies requires critical decision-making to insure generalizability to the broader population that may be impacted by the public policy. The intent of the public policy is to protect and benefit the designated population, and to avoid unintended consequences and negative outcomes.

RECOMMENDATIONS

Within these critical parameters, we offer the following recommendations:

1. Ask questions of candidiates for public office

Within 2 years, state and national organizations must routinely ask candidates for position statements on violence, including (when appropriate) the candidates' response to this national plan, and publicize the answers to their constituents

In order to maximize their impact, most organizations or collections of organizations (such as NPEIV) must be bi-partisan and willing to work with all parties in addressing violence across the lifespan. However, NPEIV and its member organizations can facilitate a dialogue by asking candidates their positions on violence or even specific recommendations in this plan. Actions of this type create a dialogue and also help frontline professionals, who are themselves voters, make better choices in choosing public policy makers.

2. Survivor Partnerships

Within 3 years, national and state organizations responding to any aspect of violence, must be able to actively demonstrate working relationships with survivors who, more than anyone, deeply understand the needs of the field and who can provide a needed voice to the movement to end violence.

In shaping public policy, the voice of survivors have often been excluded. This is a flawed approach which excludes those who may best know what policies and programs are the most effective in helping those experiencing violence. Accordingly, organizations working in this field must work directly with survivors in developing policy and communicate this critical importance to policy makers as well.

3. Public Policy Advocacy Training

a. Within 10 years, CAAST universities should include instruction on public policy advocacy in universities and in the field

As reflected at the outset, effective public policy making is a process that involves appropriate experts, stakeholders, researchers and practitioners. We believe the CAAST university degrees unfolding across the country should include public policy making instruction as part of these courses. In this way, we will be teaching the child protection, domestic violence and elder abuse experts of tomorrow the basic tenets of public policy making which they can carry out long into the future. To this end, the NPEIV public policy team can be a resource to these universities in developing materials or otherwise assisting in shaping this course content.

b. Within 1 year, NPEIV must provide public policy advocacy instruction at national and state courses as well as online and written materials for communities who cannot otherwise access this instruction.

Many law enforcement officers, social workers, victim advocates, medical and mental health providers fail to understand the tremendous power they have to enact needed public policy reforms. Accordingly, NPEIV should take a leadership role in providing instruction at national and state conferences as to the art and science of effective public policy advocacy in addressing violence. These workshops and materials should also be offered in an online format for professionals and communities who cannot otherwise access this information.

5. Comprehensive background check program

Within 4 years, the United States Congress, working with national YSOs, must develop and fund a low cost, comprehensive background check program similar to the pilot program implemented at the National Center for Missing & Exploited Children

Youth Serving Organizations are under enormous pressure to conduct background checks on employees and volunteers. Unfortunately, background checks may be expensive and cumbersome for many YSOs. In addition, many YSOs fail to understand the limitations of background checks and may make poor consumer choices in selecting a company.

The reality is that even rigorous background checks catch very few offenders.[278] This is because most sex offenders, or other child abusers, are never caught. Indeed, one study suggests a sex offender could accumulate hundreds of victims with no more than a 3% chance of getting caught by the authorities.[279]

In a pilot study of rigorous, finger print based background checks of more than 100,000 applicants for youth serving work, only 2% failed the background check with an additional 4% being deemed a "yellow light"—meaning something appeared on the check that warranted caution.[280]

This is not, of course, to suggest that background checks are of no value. A rigorous background check may detect some offenders who have already been convicted and are seeking to gain access to children through a youth serving organization. A rigorous background check may deter convicted offenders from even applying to an organization if they believe they will be screened out.[281] Moreover, a rigorous background check sends a message to everyone that child maltreatment is real and precautions need to be taken.

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[278] Jerry Sandusky, who was convicted of sexually abusing multiple boys, would have passed a background check for most of his life. *See generally,* Malcolm Gladwell, *In Plain View: How Child Molesters Get Away with It,* THE NEW YORKER, September 24, 2012 (detailing Sandusky's "sophisticated grooming operation" and his use of child care professionals to access vulnerable children).

[279] Gene Abel, et al, *Self-Reported Sex Crimes of Nonincarcerated Paraphiliacs,* 3 JOURNAL OF INTERPERSONAL VIOLENCE 3 (1987).

[280] Kristen Anderson, National Center for Missing & Exploited Children, *Criminal Background Checks: They're not all the Same,* presented at the National Youth Symposium, Grapevine, Texas, October 14, 2013. *See also,* REPORT OF THE NATIONAL TASK FORCE ON THE CRIMINAL BACKGROUNDING OF AMERICA (2005).

[281] Some convicted sex offenders will continue to apply for membership simply as a "role of the dice" hoping that they will somehow beat the system. *See* Kristen Anderson, National Center for Missing & Exploited Children, *Criminal Background Checks: They're not all the Same,* presented at the National Youth Symposium, Grapevine, Texas, October 14, 2013.

In terms of the type of background check a YSO should use, a fingerprint based check is more likely to catch an alias or otherwise identify someone attempting to avoid detection.[282] However, fingerprint based checks are not as timely, may not be available to all non-profits,[283] are more expensive and still may not detect every conviction if, for example, a fingerprint was not taken at the time of the arrest.[284]

The National Center for Missing & Exploited Children (NCMEC) did operate a pilot nationwide fingerprint program that was able to generate results in no more than two days and which cost only $13.25 per check.[285] Unfortunately, this pilot program expired on March 31, 2011.[286] We believe YSOs should explore with NCMEC, congressional leaders and other interested parties the value of reinstating the NCMEC fingerprint program and the feasibility of participating in an even broader background check. Such an approach would not only be more comprehensive, it would make background checks more cost efficient for many organizations.

6. End all corporal punishment in schools

Within 5 years, corporal punishment should be abolished in all schools in the United States

There is a large and growing body of research documenting that corporal punishment is not an effective form of discipline,[287] with numerous medical and mental health bodies discouraging the

[282] *See generally,* Kristen Anderson, National Center for Missing & Exploited Children, *Criminal Background Checks: They're not all the Same,* presented at the National Youth Symposium, Grapevine, Texas, October 14, 2013. *See also,* REPORT OF THE NATIONAL TASK FORCE ON THE CRIMINAL BACKGROUNDING OF AMERICA (2005).
[283] This is because governmental agencies may not allow private companies to access their fingerprint data.
[284] *See generally,* Kristen Anderson, National Center for Missing & Exploited Children, *Criminal Background Checks: They're not all the Same,* presented at the National Youth Symposium, Grapevine, Texas, October 14, 2013.
[285] Id.
[286] Id.
[287] *See generally* ELIZABETH T. GERSHOFF, REPORT ON PHYSICAL PUNISHMENT IN THE UNITED STATES: WHAT RESEARCH TELLS US ABOUT ITS EFFECTS ON CHILDREN (2008), *available at* http://www.nospank.net/gershoff.pdf.

practice.[288] For example, the American Academy of Pediatrics contends that the negative consequences of corporal punishment outweigh any benefits and urges parents to find "methods other than spanking in response to undesired behavior."[289] According to one literature review on corporal punishment research, "[A]t its worst corporal punishment may have negative effects on children and at its best has no effects, positive or otherwise."[290]

Despite research and the discouraging of corporal punishment by respected medical and mental health organizations, most Americans continue to practice corporal punishment,[291] and many schools permit hitting children as a means of discipline.[292]

Although most states have banned school corporal punishment, 19 states continue to allow educators to physically strike students with instruments. According to the U.S. Department of Education Office of Civil Rights, approximately 200,000 children are physically struck annual in American schools with African American students with disabilities receiving disproportionately high rates.[293]

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[288] Organizations that have endorsed the *Report on Physical Punishment in the United States: What Research Tells Us About its Effect on Children* include: Academy on Violence and Abuse, American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, American Medical Association, American Professional Society on the Abuse of Children, American College of Emergency Physicians, Dave Thomas Foundation for Adoption, National Association of Counsel for Children, and National Association of Pediatric Nurse Practitioners.
[289] Am. Acad. of Pediatrics, Comm. on Psychosocial Aspects of Child and Family Health, *Guidance for Effective Discipline*, 101(4) PEDIATRICS 723, 726 (1998). Researchers have found that harsh physical discipline (pushing, grabbing, shoving, slapping, and hitting), even in the absence of more severe child maltreatment, is associated with higher risks of cardiovascular disease, arthritis, obesity, history of family dysfunction, and mental disorders. Tracie O. Afifi et al., *Harsh Physical Punishment in Childhood and Adult Physical Health*, 132 PEDIATRICS e333, e333–38 (2013).
[290] Elizabeth T. Gershoff, *Corporal Punishment, Physical Abuse, and the Burden of Proof: Reply to Baumrind, Larzelere, and Cowan (2002), Holden (2002), and Parke (2002)*, 128 PSYCHOL. BULL. 602, 609 (2002).
[291] Approximately two-thirds of parents report hitting children below the age of two and, by the time a child reaches high school, 85% have been physically punished with 51% having been struck with a belt or other object. GERSHOFF, *supra* note 2, at 10.
[292] For a detailed analysis of state laws on corporal punishment, see Ctr. for Effective Discipline, *Discipline and the Law*, THE CENTER FOR EFFECTIVE DISCIPLINE (Dec. 2012), http://www.stophitting.com/index.php?page=statelegislation#Minnesota.
[293] *See* http://carolynmccarthy.house.gov/recent-news/rep-mccarthy-introducing-bill-banning-corporal-punishment-in-schools/ (July 26, 2014).

We believe that schools should develop disciplinary policies supported by research and common sense. To the extent educators are willing to do this, state or federal policy makers[294] should act to repeal laws allowing educators to hit children.

7. Address human trafficking

Within 5 years, every county and/or state must enact public policy reforms to regulate the trafficking, sexual exploitation and violence occurring in strip clubs or other exploitive establishments.

There are a number of studies documenting that women and children employed in strip clubs often suffer violence, sexual assault and other forms of exploitation.[295] There are a number of common sense policies making it easier for law enforcement to enforce criminal codes[296] and thus make it easier to protect women and children who are often being exploited. Needless to say, the victims of these establishments should never be arrested or prosecuted—only the establishments and the offenders they market to. If communities simply enforce the existing criminal code and, where need be, enact ordinances making it easier for law enforcement to do its job, history shows that these establishments often close down.[297]

8. "No Hit Zones"

Within 10 years, policy makers should move toward requiring the implementation of "no hit zone" policies and training in government funded institutions

If the No Hit Zone policies we recommend for the medical institutions continue to prove effective, we urge policy makers to follow suit in courthouses or other public facilities. If local,

[294] U.S. Rep. Carloyn McCarthy has introduced legislation that would withhold federal aid to states that that continue to allow school corporal punishment. *See* http://carolynmccarthy.house.gov/recent-news/rep-mccarthy-introducing-bill-banning-corporal-punishment-in-schools/ (July 26, 2014).

[295] *See generally,* Victor Vieth, Cordelia Anderson, & Stephanie Smith, *In the Neighborhood: Endofing Child Sexual Abuse and Sexual Exploitation Statutes in Strip Clubs and Adult Bookstores,* 3(5) CENTERPIECE (2012) available online at: http://www.gundersenhealth.org/upload/docs/NCPTC/CenterPiece/CenterPiece.NL.Vol3.Iss5.pdf

[296] Id.

[297] Id.

state and national policy makers are interested in reducing violence, or at least curbing the culture permitting high rates of violence, drawing a line in the sand in in public institutions is a common sense starting point.

9. Expand Statutes of Limitations/Ethical Reforms

NPEIV and its members should actively work with state and federal legislators on the expansion of civil and criminal statute of limitations but, as part of this reform, ensuing civil litigation must address non-monetary reforms in advance of monetary settlements and lawyers must publicize what percentage of fees generated are donated back to violence prevention and the support of survivors.

There is evidence that the expansions of civil and criminal statute of limitations have enable more offenders to be prosecuted and forced more organizations to implement preventative measures and training.[298] To this end, a number of organizations, including the National District Attorneys Association has supported the expansion of civil and criminal statutes of limitations.[299] At the same time, some trial attorneys fail to recognize that most victims of abuse are less interested in monetary settlements but are rather interested in genuine reform of the institutions that may have been negligent in failing to protect them.[300] Accordingly, we encourage members of the coalition to work with courts and policy makers in expanding civil and criminal statute of limitations but to make sure that non-monetary settlements are agreed to in advance of monetary issues. Given the importance of reform to many survivors, trial attorneys should make clear their track record in causing genuine reform, as opposed to simply acquiring money from institutions, as well as share their firm's history of giving back money to child protection organizations or

[298] *See generally,* MARCI HAMILTON, JUSTICE DENIED: WHAT AMERICA MUST DO TO PROTECT ITS CHILDREN (CAMBRIDGE UNIVERSITY PRESS 2008); TIMOTHY D. LYTTON, HOLDING BISHOPS ACCOUNTABLE: HOW LAWSUITS HELPED THE CATHOLIC CHURCH CONFRONT CLERGY SEXUAL ABUSE (HARVARD UNIVERSITY PRESS 2008).

[299]

[300] See generally, Kelly Clark, *Institutional Child Sexual Abuse,* 36 WILLIAM MITCHELL LAW REVIEW 220 (2009).

other programs that benefit survivors. In this way, survivors can make better consumer choices as to the attorneys and law firms that will represent their primary interests.

10. Victim Certifications

Within 5 years, attorneys general for all 50 states, the District of Columbia, and the US Attorney General should create a standardized method to certify victims of crimes that were not successfully prosecuted so as to allow them access to victim compensation funds.

It is very common for victims of many crimes, and sexual violence in particular, to maintain their silence for many years, sometimes decades. For example, research has suggested that male victims of childhood sexual abuse delay disclosure of the crime for 20 years on average[301], and even then, victims do no often come forward to police and prosecutors[302]. In part, this is because restrictive statues of limitations lead some survivors to think there is little reason to do so

There is a great public benefit to having victims of crime come forward. It can be critically important for survivors of crimes even many years beyond statute of limitation caps to come forward. In some cases, the perpetrator(s) may have taken a victim across state lines. This would open up the path to prosecution of a defendant in a different jurisdiction, either within a state where abuse took place and where SOL limitations are not an issue, or via federal law has no SOL on child sex abuse. In addition, as has been shown by the Sandusky trial and many of the scandals involving Catholic priests, the most prolific perpetrators of sexual abuse against children often go unnoticed for decades, harming vast numbers of children. The more victims are encouraged to come forward the greater the likelihood that more of the most dangerous and prolific offenders can be found. Even if abuse of survivors from decades in the past cannot be

[301] See Scott D. Easton, Ph.D, ACSW, LMSW Technical Report prepared for MaleSurvior.org - Summary of Results of the 2010 Health and Well-being Survey, March, 2012 – Table 14 (POST TO MS WEBSITE)
[302] Ibid, Table 15

prosecuted, there is ample reason to suspect that a given perpetrator may well be continuing to abuse children in the present.

In addition to the public benefit, there is potentially even greater benefit to victims in coming forward and disclosing. For many survivors, disclosure is the first step on their journey to healing. However, their ability to make significant healing progress is often compromised by a lack of financial resources with which to pay for the best behavioral and medical health care. Many states and the federal government have victims' compensation funds that could enable many survivors to be able to connect to healing resources, but oftentimes survivors who might benefit from those funds are not able to access them because there was no conviction, and therefore no way for a person to prove that they were, indeed, victimized.

We recommend, therefore, that attorneys general in all the states in cooperation with the US attorney general develop a protocol whereby prosecutors can, in circumstances where time limits or other legislative restrictions make it impossible to bring a criminal complaint, certify that a person should nonetheless be eligible to access victim compensation funds. Doing so will enable many survivors to gain access to resources and support that can make a critical difference in their ability to make progress in their healing. In addition, it can serve as a powerful incentive that the state can wield to encourage victims to come forward, even if they believe that it might be impossible to prosecute the person or persons who harmed them.

VI. Sustaining the NPEIV Partnership

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Overview

If any of the recommendations in this report, much less most or all of them are to be enacted, it is crucial that the NPEIV partnership remain in place and assist in aiding individuals and agencies in taking next steps. Most of the proposals will not take very much money, but they will likely involve some expense. To this end, the Task Force should take a leadership role in finding philanthropists, public endowments, and other sources willing to fund the creation of a formal structure to oversee progress among the various entities engaging in activities consistent with this report. *The National Plan to End Violence Across the Lifespan* is not a report designed to generate paper—it is designed to make a difference in the lives of children and victims everywhere. Until this goal is reached, until the national plan belongs not to the NPEIV but the nation, the partnership must remain intact and fully engaged.

RECOMMENDATIONS

1. Create NPEIV Development Team

> **Within a year, NPEIV must have in place a development team with the specific mission of establishing an endowment that will aid in funding reforms set forth in the national plan.**

Although an endowment can be used to sustain a base of employees engaged with this work, this should not be the primary purpose of the fund. Instead, the fund should be also used to fund local, state and national projects consistent with the report.

2. Implementation planning

Within 1 year, the board of NPEIV shall agree upon preliminary steps for implementation for the plan, and begin recruitment of a team of experienced, respected leaders who will oversee national implementation efforts.

It will take more than just financial resources, however to ensure that the plan is implemented. Internal collaboration and communication between NPEIV partner organizations will need to be facilitated and managed. Instructional materials will need to be developed and disseminated to individuals in every part of society. Strategic partnerships between the government, private sector, media, and the non-profit sector will need to be identified, managed, and maintained at all levels. Perhaps most importantly, leaders in this effort must be willing to put aside partisan ideologies and be open to engaging partners from all sides of the ideological spectrum.

3. Full financial transparency

Within 3 years, NPEIV, or the organization empowered by its board of directors to oversee implementation of the plan, shall ensure full transparency with the public of all financial information.

Tasked with such a critically important mission, it is likely that the organization tasked with oversight and implementation, be it NPEIV or some other organization empowered by it to do the work required to ensure the plan moves forward, will require significant financial resources and staff. The only way to ensure accountability in leadership is to commit up front to complete financial transparency.

In addition, compensation for senior staff and board members of the organization should be capped at a percentage of annual organizational income in order to ensure that resources needed for implementation of the plan remain untouched. This will ensure that efforts to continually find new sources of support will remain a priority. The current income disparities in this country, while not itself the cause, is nonetheless a contributing factor to many struggles that

give rise to the trauma and abuse that we seek to address in this plan. More than mere monetary reward must motivate those who would work to oversee the implementation of this plan.

3. Public Progress Reports

Every 5 years, NPEIV must provide a comprehensive report to the nation on progress made on every aspect of the national plan. As part of this report, NPEIV may make appropriate adjustments to the national plan.

Although NPEIV should regularly provide updates on its website and through its myriad partnering organizations, it must also provide comprehensive reports to the county detailing progress made on each aspect of this report. If there are not progress reports, if professionals do not see gains in the struggle against violence, hope will be lost—and the movement as a whole will die.

CONCLUSION

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In organizing farm workers, Cesar Chavez lamented an escalation of violence within his union and the movement as a whole. Without consulting key leaders, he began a fast that drew criticism and opposition within his own ranks—but that slowly transformed and galvanized Chavez' union and even the nation.

Each night, a mass was held as growing crowds of diverse faiths gathered to pray with Chavez and hear messages of peace. One historian writes, "(T)he longer the fast, the more impressive Chavez's sacrifice, the more emotional the response. His willingness to risk his life moved people of all faiths, and the ecumenical touches gave the services universal appeal."[303]

Even so, not everyone understood Chavez' display of penance at the risk of his own life, much less the connection this sacrifice had to the cause of non-violent social change. In explaining this issue to two friends, Chavez "pointed to a white wall and told them to imagine rows of colored ping pong balls jumping up and down, twelve different colors, each representing something different: religion, organizing, publicity. People would be drawn to different colored balls, but the trick was to keep your eye on one ball. Everyone could find one ball to which he or she could relate. Keep your eye on that one."[304]

In other words, Chavez' grand gesture brought diverse parties into the movement and, within this larger framework, each party found their unique role in creating lasting social change. The decision of NPEIV to publish a national plan to end all violence is likewise a bold gesture that may not be fully understood, at least not at first glance.

[303] MIRIAM PAWEL, THE CRUSADES OF CESAR CHAVEZ 162 (2014).
[304] Id. at 165.

It is our hope, though, that in reading this report everyone will find their role in history. In keeping with Chavez' analogy, every reader must find his or her ball. When located, there is no need to wait—this plan gives all who hold it multiple options for immediate action. Those connected with a university can implement undergraduate and graduate reforms. Those working at a hospital or clinic can work to implement No Hit Zones. Doctors who treat men can immediately reform urological or other examinations to improve sensitivity toward male survivors of sexual abuse. Teams of professionals in every community can begin the process of prevention scouting and tailoring programs to violence across the lifespan. Youth serving organizations can immediately make all their employees and volunteers mandated reporters and expand their training to include multiple forms of abuse. Criminal justice professionals can immediately set as their goal the collection of corroborating evidence in every case and seek training that will achieve this goal. Faith leaders can immediately begin to reform seminary and field training on these issues and then put this newfound knowledge to work in addressing the spiritual needs of the suffering. Policy makers and court leaders can immediately set about to expedite the criminal justice process when it comes to cases of violence. Employers can take actions to protect the emotional health of those who work with survivors of violence. All of us can stop hitting our children and tell our friends to do the same. All of us, beginning this very hour of this very day, can speak about adverse childhood experiences in the way we speak about cancer—and thus create a culture where it is okay to get help

Change cannot be decreed; the majority will not embrace this plan if it is forced upon them. Leaders in this effort must have an eye towards building consensus with partners on all sides, and from the ground up. Everyone can be a victim of trauma or abuse, and everyone has something to contribute to the work of healing. This report does not require a massive pool of

funds, a presidential decree, or the shouts of millions—it simply requires all of us to take one step forward. The stepping forward of one person may inspire a community. An inspired community may move a state. An inspired state can move a country and one nation can change a world.

The skeptics and doubters who choose the comfort of inertia will find little in this report to cheer. They will, instead, see this report as little more than a fanciful dream of those two feet off the ground. But to the practical dreamer, the sort of man or woman who can envision a markedly different world in which violence is merely a museum memory, this plan provides a path to that better day.

It is an awesome opportunity.

Exhibit A
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Chaplains for Children: Twelve Potential Roles for a Theologian on the MDT

Victor I. Vieth, JD[305]
Mark D. Everson, Ph.D[306]
Viola Vaughan-Eden, Ph.D, LCSW[307]
Suzanna Tiapula, JD[308]

"The task of the modern education is not to cut down jungles but to irrigate deserts. The right defense against false sentiments is to inculcate just sentiments."

--C.S. Lewis[309]

Introduction; the historic role of the MDT in child abuse cases

It has long been considered, and is widely accepted as best practice to respond to cases of child abuse as part of a multi-disciplinary team (MDT). Indeed, the manual for the National Center for Prosecution of Child Abuse states, "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…plays in building strong child abuse cases."[310] Generally speaking, there are two multi-disciplinary teams.

First, there is the core investigative team typically consisting of law enforcement, child protective services and the prosecutor's office.[311] This team responds to an initial report of abuse and arranges forensic interviews, medical examinations, mental health referrals, search warrants, interrogation of perpetrators and other investigative functions.

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[305] Executive Director, National Child Protection Training Center, a program of Gundersen Health System in partnership with Winona State University, Northwest Arkansas Community College, New Mexico State University, and William Mitchell College of Law. Mr. Vieth thanks Megan Rowley of William Mitchell College of Law for her research assistance on this article.
[306] Director, Program on Childhood Trauma and Maltreatment, University of North Carolina at Chapel Hill, Department of Psychiatry.
[307] President, American Professional Society on the Abuse of Children
[308] Director, National Center for Prosecution of Child Abuse
[309] C.S. LEWIS, THE ABOLITION OF MAN 13-14 (1944)
[310] AMERICAN PROSECUTORS RESEARCH INSTITUTE, INVESTIGATION AND PROSECUTION OF CHILD ABUSE THIRD EDITION xxiv (SAGE 2004)
[311] *Id* at xxxvii

Second, there is a broader "service planning" or case review team that discusses the ongoing needs of a maltreated child and his or her family.[312] The team typically consists of "professionals providing therapeutic and other support services" including medical professionals, CPS workers, mental health practitioners, victim-witness advocates, and school guidance counselors or social workers.[313]

This list, though, is not definitive and most states allow case review teams to include other members of the community.[314] In some instances, MDTs have utilized theologians as part of the case review team.[315] Indeed, some state laws specifically include religious institutions as appropriate members of the team.[316] This may happen because a faith-based school is represented on the team or because a particular faith leader is well connected with community resources.

Even when a theologian is not part of a local school or is well connected with a community, he or she may bring other benefits to an MDT. This article explores twelve potential roles for a theologian on a child maltreatment multi-disciplinary team.

1. Investigative consultant on institutional abuse within a religious setting

In previous issues of *CenterPiece,* we have offered investigative tips for those assessing sexual or physical abuse practiced or condoned in the name of religion.[317] As part of this process, an investigator may want to explore the theological dynamics present in a particular congregation that may lead the institution to protect an offender more than a victim. In doing this, the investigator way want to consult a theologian or other expert about a particular faith tradition whose teachings or conduct has played a role in the maltreatment.

In one congregation, for example, the church musicians played emotional music while the pastor urged parishioners to publicly confess their sins. One man stood up and tearfully disclosed sexually abusing all his children. The pastor then asked the children to confess their role in the sexual activity. After hearing the "confession" of the children, the pastor announced that victims and offender alike were forgiven and there was no need for anyone to discuss it outside the congregation. Indeed, the pastor explained that anyone discussing the matter outside the congregation would lose the grace of God and be condemned eternally.[318]

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[312] *Id* at xxxvii
[313] *Id.*
[314] *Id* at xxxv.
[315] *See* Victor I. Vieth, *In My Neighbor's House: A Proposal to Address Child Abuse in Rural America* 22 HAMLINE LAW REVIEW 143 (1998) (noting the importance, particularly in many rural communities, of involving the faith community in addressing child abuse at multiple levels).
[316] 325 ILL. COMP. STAT. 5/7.1 (2013).
[317] *See* Victor I. Vieth & Basyle Tchividjian, *When the Child Abuser has a Bible: Investigating Child Maltreatment Sanctioned or Condoned by a Religious Leader,* 2(12) CENTERPIECE (2010); *see also* Stephen A. Kent, *Religious Justifications for Child Sexual Abuse in Cults and Alternative Religions,* 3 INTERNATIONAL JOURNAL OF CULTIC STUDIES 49 (2012).
[318] This is a case NCPTC consulted on.

In any case of child abuse, the investigators turn to experts to sort through difficult dynamics. In a case such as this, when the dynamics involve twisted theological constructs that may impair a child victim from talking to the police out of fear of going to hell, it may be wise to consult a theologian who can help the officer in understanding the dynamics present in the church and proposing approaches that may alleviate the victim's fears about disclosure. Where is this pastor's theological views rooted? Is the code of silence he is pronouncing rooted in scripture, in a church council, an article of faith—or is it simply something the pastor is making up? Understanding the answer to these questions may assist the investigators not only in speaking with the victims but also the offender and the pastor.

2. Consultant to the mental health professionals working with victims

Ninety three percent of convicted sex offenders describe themselves as religious or very religious.[319] Sex offenders who have the most victims, the youngest victims, and who get away with abuse for the longest period of time before being caught tend to be the offenders most active in their respective congregations.[320] The vast majority of these offenders use religious or spiritual themes in the abuse of their victims. For example, an offender may point to a child's biological reaction to sexual touching and comment "You had an erection, just like me. You enjoy the sexual contact as much as I do and you are as much to blame as me."

When this happens, victims not only suffer physical and emotional damage but also suffer significant spiritual injuries.[321] In a review of 34 studies reporting on a total of 19,090 adult survivors of child maltreatment, scholars noted that most studies found abuse damaged the faith of children, often by damaging the victim's view of and relationship with God.[322] Nonetheless, research consistently shows that abuse victims "who maintained some connection to their personal faith (even if it was damaged as a result of abuse) experienced better mental health outcomes compared to adult survivors of abuse who did not."[323]

In order to maintain this connection to faith, though, the MDT may need to assist the victim in addressing his or her spiritual questions. In one faith setting, for example, a child molester told his victim that he was abusing her because her breasts were the most developed. As a result, the child struggled spiritually. If God knows all things, then surely God knew that in developing her

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[319] GENE ABEL & NORA HARLOW, THE STOP CHILD ABUSE BOOK (2001)
[320] Donna Eshuys & Stephen Smallbone, *Religious Affiliations Among Adult Sexual Offenders,* 18 JOURNAL OF CHILD SEXUAL ABUSE 442 (2009).
[321] Barbara R. McLaughlin, *Devastated Spirituality: The Impact of Clergy Sexual Abuse on the Survivor's Relationship with God,* 1(2) SEXUAL ADDICTION & COMPULSIVITY (1994).
[322] Donald F. Walker, et al, *Addressing Religious and Spiritual Issues in Trauma-Focused Cognitive Behavior Therapy with Children and Adolescents,* 41 PROFESSIONAL PSYCHOLOGY: RESEARCH & PRACTICE 174 (2010).
[323] Victor I. Vieth, Basyle Tchividjian, Donald F. Walker, & Katlin R. Knodel, *Child Abuse and the Church: A Call for Prevention, Treatment and Training,* 40 JOURNAL OF PSYCHOLOGY & THEOLOGY 323, 330 (2012); *see also,* Shondrah Tarrezz Nash & Latonya Hesterberg, *Biblical Framings of and Responses to Spousal Violence in the Narratives of Abused Christian Women,* 15(3) VIOLENCE AGAINST WOMEN 340 (2009).

breasts early she would be targeted by this offender. If this is true, is God to blame for the abuse? Did God have some purpose in allowing this suffering?[324]

Survivors may have engaged in drug and alcohol usage, committed delinquent or other criminal offenses, or suffer from mental health or behavioral disorders. In one instance, a survivor committed criminal vehicular homicide while under the influence of meth—a drug he said he used to self-medicate from the emotional pain of childhood trauma.[325] Although many of these victims come to realize that adverse childhood experiences contributed to their behaviors,[326] they also believe their conduct was wrong or "sinful." How, these victims ask, will God sort through all of this when evaluating their lives?

Although there are clear mental health aspects to questions such as these, there are also spiritual dimensions beyond the expertise of many mental health professionals. In a national study of more than 400 clinical psychologists, only one-third professed competence in addressing spiritual issues raised by clients and only 5% had training on this issue.[327]

When this is the case, the team can benefit from having a pool of theologians well trained on child abuse that can assist the team in directly or indirectly responding to a child's spiritual injuries.[328] Unless and until the spiritual questions are addressed, many survivors will not be able to cope physically or emotionally.[329]

3. Clergy as support person

Research shows that the presence of a support person helps children to respond to direct and cross examination questions in court.[330] Moreover, a number of state legislatures and a "substantial body of case law approves of such support."[331]

To better understand the simple compassion in permitting the child victim a support person, Professor John Myers poses the following scenario. "Imagine," Myers writes, "five-year-old Susie, about to enter the hospital for the first time. Susie is scheduled to undergo an unfamiliar

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[324] This is a case NCPTC consulted on.
[325] This is a case NCPTC consulted on.
[326] Robert F. Anda & Vincent J. Felitti, *The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders and Sexual Behavior: Implications for Healthcare,* in RUTH LANIUS, ET AL, EDS, THE IMPACT OF EARLY LIFE TRAUMA ON HEALTH AND DISEASE 77 (2010).
[327] Edward P. Shafranske & H. Newton Malony, *Clinical Psychologists' Religious and Spiritual Orientations and their Practice of Psychotherapy,* 27(1) PSYCHOTHERAPY 72, 75, 77 (1990).
[328] As an example of a theological framework in which theologian could address the spiritual needs and questions of both victims and perpetrators, *see* Victor I. Vieth, *What Would Walther Do? Applying Law & Gospel to Victims and Perpetrators of Child Sexual Abuse,* 40 JOURNAL OF PSYCHOLOGY AND THEOLOGY 255 (2012).
[329] *See generally,* Donald F. Walker, et al, *Addressing Religious and Spiritual Issues in Trauma-Focused Cognitive Behavior Therapy with Children and Adolescents,* 41 PROFESSIONAL PSYCHOLOGY: RESEARCH & PRACTICE 174 (2010).
[330] JOHN E.B. MYERS, MYERS ON EVIDENCE IN CHILD, DOMESTIC AND ELDER ABUSE CASES page 71-73 (2005) (citing Goodman, et al, *Testifying in Criminal Court,* 57 MONOGRAPHS OF THE SOCIETY FOR RESEARCH IN CHILD DEVELOPMENT 1,1992).
[331] JOHN E.B. MYERS, MYERS ON EVIDENCE IN CHILD, DOMESTIC AND ELDER ABUSE CASES 157 (2005).

and painful medical procedure. Mother drives Susie to the hospital, stops in the parking lot, opens the car door, and says 'Okay, honey, run along into the hospital and find the doctor. I'll be back in a couple of hours to pick you up. Bye.' Mother drives off, leaving little Susie standing all alone outside the hospital. Preposterous you say? Mother won't do that. She'll walk Susie into the hospital and remain at her side to provide comfort, reassurance, and support."[332]

Just as it would be cruel to deny a child a support person during a difficult medical procedure, Myers' argues it is equally cruel to deny a support person to a child testifying in a case of child abuse. Specifically, Myers writes at "the hospital, emotional support is part of treatment, and parents are partners in therapy. At the courthouse, however, things are different. The tradition in court is that the child must go it alone."[333]

If a child has been told that he or she is condemned or will otherwise suffer repercussions in speaking about abuse committed in the name of God, the child may benefit from having a trusted theologian in the courtroom as a reminder that God is not upset with her—but rather the person who molested or otherwise mistreated her. In one case, for example, an abused child walked into a crowded courtroom only to have numerous church elders and ministers present in support of the father accused of molesting her. Upon witnessing this spectacle, the child openly wondered if God was also opposed to her.[334] In cases such as this, a theologian supportive of the child may make a significant difference in the court process, and perhaps throughout the child's life.

4. Providing child protection professionals with additional resources

Many social service agencies are financially strapped and lacking human resources. In addressing this need, many faith communities are willing to help. For example, *Care in Action* is a coalition of churches and other faith based organizations that provide child protection professionals with additional resources in meeting the needs of children and families impacted by abuse.[335] Based in Minnesota, the organization has an "adopt a social worker" program. Under this program, social workers tell the organization of unmet needs of a family—such as an abused child's desire to attend little league baseball—and the organization works to address the need. A similar program operates in the state of South Carolina.[336]

5. Prevention

If it is true that most sex offenders are religious,[337] it is elementary that many will operate inside a faith setting. With respect to physical abuse, many parents who inflict violence on their

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[332] *Id* at 54.
[333] *Id.*
[334] This is a case from one of the authors' experience.
[335] See www.careinanctionmn.org (last visited March 25, 2013)
[336]To learn more about the South Carolina project entitled HALOS, visit: www.charlestonhalos.org (last visited March 25, 2013).
[337] GENE ABEL & NORA HARLOW, THE STOP CHILD ABUSE BOOK (2001)

children do so in the name of religion.[338] For these reasons alone, it is critical to engage theologians in taking a leadership role in speaking out about abuse within faith settings and challenging the religious dogmas that tolerate sexual or physical abuse[339] or in any way blame children for their victimization.[340] Having one or more trusted theologians serve as part of the broader case review team can aid in developing these men and women into leaders more fully equipped to address the spiritual needs of maltreated children and to reform local religious communities.

6. Addressing the vicarious trauma of MDT members

Most hospitals[341] and many police departments[342] have chaplains able to address the spiritual needs of professionals who have seen death or experienced a lifetime of children recounting incidents of abuse.[343] Although these chaplains may need some additional training on the unique issue of vicarious trauma resulting from working as a child protection professional,[344] they can be of significant assistance in addressing the emotional well-being of some team members.[345] In one instance, a law enforcement officer specializing in child abuse began to wonder why God did not allow him and his wife to have children but allowed so many abusive parents to have a child. Questions such as these may need the aid of a professional counselor but may also require the expertise of a theologian sensitive to the officer's faith.

7. Consulting on culturally sensitive child placements

In most states, child protection workers are required to take into account a child's cultural background, including religious affiliation, when placing the child out of home or in selecting services.[346] A theologian or other religious expert on the case review team may be helpful in determining culturally appropriate placements or services. The theologian would work to not

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[338] *See generally,* Christina M. Rodriguez & Ryan C. Henderson, *Who Spares the Rod? Religious Orientation, Social Conformity, and Child Abuse Potential,* 34 CHILD ABUSE & NEGLECT 84 (2010).
[339] WILLIAM J. WEBB, CORPORAL PUNISHMENT & THE BIBLE (2011) (the author, a theologian, challenges centuries of belief that the Bible requires parents to inflict physical violence on their children as a means of discipline).
[340] S*ee* Victor I. Vieth, *What Would Walther Do? Applying Law & Gospel to Victims and Perpetrators of Child Sexual Abuse,* 40 JOURNAL OF PSYCHOLOGY AND THEOLOGY 255 (2012)
[341] *See e.g.,* Pastoral Care Program at Gundersen Health System, at: http://www.gundluth.org/pastoral (last visited March 25, 2013).
[342] *See e.g,* International Conference of Police Chaplains, at: http://www.icpc4cops.org/ (last visited March 25, 2013).
[343] There are also chaplains for the military (http://www.goarmy.com/chaplain/about/benefits-and-incentives.html), fire departments (http://firechaplains.org/), and even businesses (http://www.chaplain.org/) (all sites last visited March 26, 2013).
[344] *See generally,* Amy Russell, *Vicarious Trauma in Child Sexual Abuse Prosecutors,* 2(6) CENTERPIECE (2010).
[345] For an overview of research discussing the correlation between spirituality and physical and emotional well-being, *see* FRANK NEWPORT, GOD IS ALIVE AND WELL: THE FUTURE OF RELIGION IN AMERICA 47-71 (2012).
[346] *See e.g.,* FLA. STAT. SECTION 409.175 (requirement to safeguard the "cultural, religious, and ethnic values of achild"); MICH. COMP. LAWS SECTION 722.23 (citing as one factor in determining custody the ability of the parties to continue "raising of the child in his or her religion or creed"); MONT. CODE ANN. SECTION 41-3-101 (stating it is the public policy of Montana to "ensure that whenever removal of a child from the home is necessary, the child is entitled to maintain ethnic, cultural,, and religious heritage whenever possible").

only educate workers but serve as a bridge or conduit with the foster family. Even within similar cultures and religions, there are varying practices. As discussed, child abuse has many religious connotations and it is imperative that the foster family be adequately assessed and educated about the emotional and spiritual needs of the child to avoid exacerbating the child's trauma. Additionally, other service providers may have a limited understanding of the cultural aspects in which the child was raised and therefore use intervention techniques that can be viewed by the child or foster family as insensitive, thereby failing to engage them in needed services.[347] Simply put, theologians are in a unique role to assist the child, team, foster family, and other providers in making the often necessary transition to foster care and treatment services.

8. Empowering victims to disclose

There is a large and growing body of research that religion is often used to justify maltreatment and to keep the child from disclosing abuse.[348] The child may feel guilty that he or she is sinful because of a biological reaction to touching or because the offender or another church leader told the victim he or she was equally to blame. In one instance, a child sexually assaulted by an elder was told by her pastor that if she did not cry out, the Bible does not consider her to be a victim of sexual abuse.[349]

Jack Schaap, a protestant pastor in Indiana, molested a teenage girl in three states and boldly used religious themes in suggesting to the girl that the abuse was pleasing to God. In one letter to the victim, Schaap claimed:

> You opened your heart wide to me—you made me more than a Pastor/Rescuer—you made me your friend, your confidant, your beloved….In our 'fantasy talk' you have affectionately spoken of being 'my wife.' That is exactly what Christ desires for us. He wants to marry us & become eternal lovers! I tried to craftily catch your heart…Thank you for the privilege of helping a struggling teenager…You have such a wonderful life ahead of you. I must be careful not to spoil that with my selfish fantasy desires…When we get scared, Jesus sends his spirit to live within us…I must follow the example of Christ. I have espoused you to Him as a chaste virgin…[350]

When toxic theology such as this impairs a child's ability to disclose, a theologian consulting the MDT could assist in three ways. First, the theologian may be able to offer insights into a particular church dynamic feeding these blocks and offer suggestions for overcoming the block while staying within the child's cultural framework. Second, a theologian working with a

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[347] *See generally,* Lisa Aronson Fontes, CHILD ABUSE AND CULTURE: WORKING WITH DIVERSE FAMILIES (2005); Lisa Aronson Fontes, INTERVIEWING CLIENTS ACROSS CULTURES: A PRACTITIONER'S GUIDE (2008).
[348] *See generally,* Victor I. Vieth, *When Faith Hurts: Overcoming Spirituality-Based Blocks and Problems Before, During and After the Forensic Interview (Revised and Expanded),* 2(10) CENTERPIECE (2010).
[349] See *Shattered Faith,* ABC News 20/20 Documentary, airing April 9, 2011 and available online at: http://abc.go.com/watch/2020/SH559026/VD55121488/2020-48-victims-forced-confession (last visited March 25, 2013).
[350] Jill R, Koster, *Government Sentencing Memorandum, United States of America vs. Jack Alan Schaap,* p. 9-10 (March 13, 2013) available online at: http://www.chicagotribune.com/news/local/breaking/chi-jack-schaap-sentencing-memorandum-20130314,0,4467793.htmlpage (last viewed March 25, 2013)

qualified mental health professional, may assist a child overcome these hurdles over the long term.[351] Third, theologians proactive in speaking publicly against toxic theology may find their messages reach victims, if only through the accessing of social media or other forums. When toxic theology is openly challenged in multiple venues, the message may penetrate even the most closed communities.

9. Empowering offenders to confess

A theologian on the MDT can take a leadership role in educating other faith leaders about the attraction many sex offenders have to churches and the frequency with which they manipulate both the clergy and the church.[352] In explaining his attraction to church, a convicted sex offender noted:

> I consider church people easy to fool…they have a trust that comes from being Christians…They tend to be better folks all around. And they seem to want to believe in the good that exists in all people…I think they want to believe in people. And because of that, you can easily convince, with or without convincing words.[353]

When properly educated about these dynamics, clergy may be less willing to forgive offenders without requiring the offender to take meaningful steps to address his or her crimes—such as turning himself into the police, accessing sex offender treatment, and informing his victim's medical provider about the harm he inflicted on a child's body. There is a growing awareness in theological circles of the need to show "tough love" to sex offenders.[354] As this awareness spreads, churches may serve less as safe havens for offenders seeking to continue molestation, and more as institutions that hold offenders accountable to their victims and to society as a whole. Given the importance of religion to many offenders, this overdue reformation may increase the willingness of local child molesters to confess to the police and otherwise accept governmental punishments or other consequences.[355]

10. Establishing community credibility

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[351] *See generally,* MARION BILLICH, SUSAN BONFIGLIO, & STEVEN CARSON, SHARED GRACE: THERAPISTS AND CLERGY WORKING TOGETHER (2000); John C. Gonsoriek, et al, *Ethical Challenges and Opportunities at the Edge: Incorporating Spirituality and Religion into Psychotherapy,* 40(4) PROFESSIONAL PSYCHOLOGY: RESEARCH AND PRACTICE 385 (2009).
[352] *See generally,* Donna Eshuys & Stephen Smallbone, *Religious Affiliations Among Adult Sexual Offenders,* 18 JOURNAL OF CHILD SEXUAL ABUSE 442 (2009).
[353] ANNA C. SALTER, PREDATORS (2003).
[354] *See generally,* Victor I. Vieth, *What Would Walther Do? Applying Law & Gospel to Victims and Perpetrators of Child Sexual Abuse,* 40(4) JOURNAL OF PSYCHOLOGY AND THEOLOGY 257 (2012).
[355] *See e.g.* WCBJ TV News Report, *Alchua Pastor Arrested for Sexual Assault,* March 25, 2013, available online at: http://www.wcjb.com/local-news/2013/03/alachua-county-pastor-arrested-sexual-assault (last visited March 25, 2013) (noting a pastor turned himself into the police and confessed to acts of child molestation).

When seeking help, families impacted by abuse often turn first to their faith leaders.[356] For example, members of a congregation are more likely to seek counseling from a member of the clergy than a clinician.[357] Simply stated, many congregants know and trust their spiritual leaders but are often wary of psychologists and other members of child protection MDTs.[358] Unfortunately, some faith leaders fuel this mistrust of secular professionals.[359] Having a theologian on the MDT can send a message to the faith community that the child protection team and the services they provide are worthy of respect and use by families in need.

11. Spokesperson in explaining MDT actions to the faith community

The theologian on the MDT can assist other clergy in understanding MDT processes and decisions. In one instance, a pastor at a ministerial association meeting complained that a CPS worker removed a child from a family in his congregation. The pastor angrily denounced the conduct, noting that several weeks had passed without any court hearing or sharing of information of the child's whereabouts with the parents.

The theologian on the MDT listened to the pastor's complaint and then calmly explained that state law required a court hearing within 48 hours of a child's removal and the court had to review the matter every seven days until a final decision was made. The theologian on the MDT suggested the distraught pastor request his parishioners to sign a release so that he could talk directly with social services and see for himself whether or not the parents' claims were truthful.[360]

12. Developing ethical responses to maltreatment

When Dietrich Bonhoeffer contemplated the study of theology, his father and other members of his family were wary of the usefulness of scholarship not rooted in science.[361] And yet, as the Third Reich consumed Germany and much of Europe, it was Bonhoeffer's ethical code, strongly rooted in religious concepts, which enabled him and others to resist Nazi savagery even to the point of losing their own lives.[362] Indeed, one of Bonhoeffer's most acclaimed works is a treatise

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[356] Victor I. Vieth, *Keeping the Faith: A Call for Collaboration Between the Faith and Child Protection Communities* in SHARON W. COOPER, ET AL (EDS), MEDICAL, LEGAL & SOCIAL SCIENCE ASPECTS OF CHILD SEXUAL EXPLOITATION 947, 953 (2005).
[357] Ann A. Hohmann and David B. Larson, *Psychiatric Factors Predicting Use of Clergy,* in EVERETT L. WORTHINGTON, JR. (ED), PSYCHOTHERAPY AND RELIGIOUS VALUES 71-84 (1993)
[358] *See generally,* Victor I. Vieth, *Keeping the Faith: A Call for Collaboration Between the Faith and Child Protection Communities* in SHARON W. COOPER, ET AL (EDS), MEDICAL, LEGAL & SOCIAL SCIENCE ASPECTS OF CHILD SEXUAL EXPLOITATION 947, 953 (2005).
[359] *See generally,* MARY PRIDE, THE CHILD ABUSE INDUSTRY (1986) (The author, whose work was published by a Christian publishing house, argues the child protection system "threatens every North American family.").
[360] This is an anecdote from an MDT one of the authors participated in as a prosecutor.
[361] *See* ERIC METAXES, BONHOEFFER 37-40 (2010).
[362] *See generally,* ERIC METAXES, BONHOEFFER 37-40 (2010). Ethical principles rooted in religion resulted in many other pockets of resistance to the Nazis. For example, *see* EDWIN ROBERTSON, THE LIFE OF EIVIND BERGGRAV (2000).

on ethics exploring not simply when it may be appropriate to overthrow a government but also to lie or engage in other conduct often viewed as unethical.[363] Many scholars[364] and both conservative and liberal political leaders[365] have noted the common ethical thread woven into the world's religions and the utility of this ethical code in shaping good behavior.

In commenting on the value of religion in promoting moral behavior and decisions, President Barack Obama writes:

> When we ignore the debate about what it means to be a good Christian or Muslim or Jew; when we discuss religion only in the negative sense of where or how it should not be practiced, rather than in the positive sense of what it tells us about our obligations toward one another…others will fill the vacuum…(T)he discomfort of some progressives with any hint of religiosity has often inhibited us from addressing issues in moral terms…Scrub language of all religious content and we forfeit the imagery and terminology through which millions of Americans understand both their personality morality and social justice…Of course organized religion doesn't have a monopoly on virtue…But we should not avoid making such claims or appeals—or abandon any reference to our rich religious traditions—in order to avoid giving offense.[366]

When MDTs fall apart or fail to perform optimally it is usually not because of a lack of resources but because one or more members of the team values his or her own agency or even him or herself as more important than a child whose life is swaying in the balance. In one instance, for example, a team declined to do a courtesy interview of a sexual abuse victim because the law enforcement agency didn't like the demanding nature of the request made from another state.[367] Thinking such as this, thinking far removed from anything close to placing the child above all other considerations, may be inhibited if a member of the team was repeatedly assigned the task of questioning whether particular conduct is moral—a role ideally suited for many theologians.

In noting that Fred Rogers, of the PBS children's television show *Mister Rogers*, both cared about traumatized children[368] and was an ordained minister, a child abuse prosecutor lamented

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[363] *See generally,* DIETRICH BONHOEFFER, ETHICS (1995).

[364] *See e.g.* C.S. LEWIS, THE ABOLITION OF MAN (1944) (noting "This conception in all its forms, Platonic, Aristotelian, Stoic, Christian, and Oriental alike, I shall henceforth refer to for brevity as 'the Tao'. Some of the accounts of it which I have quoted will seem, perhaps, to many of you merely quaint or even magical. But what is common to them all is something we cannot neglect. It is the doctrine of objective value, the belief that certain attitudes are really true, and others really false, to the kind of thing the universe is and the kind of things we are." Id. at 18).

[365] *See* RICHARD NIXON, IN THE ARENA 98 (Pocket Books 1990) (noting the value of religion in changing the hearts of theose who make political or other decisions). *See also* BARACK OBAMA, THE AUDACITY OF HOPE 195-226 (2006).

[366] Id. at 214.

[367] This is a case NCPTC was asked to consult on.

[368] In the aftermath of a school shooting in Connecticut, many parents were reminded of the words Mister Rogers uttered in helping children cope with trauma: "When I was a boy and I would see scary things in the news, my mother would say to me 'Look for the helpers. You will always find people who are helping.' To this day, especially in times of disaster, I remember my mother's words and I am always comforted that there are still so many

"if only Mister Rogers were a part of our case review team—suddenly we would always put the children first."[369]

Conclusion

Given the fact that most child abusers use religions themes in the abuse of children, and that this usage causes significant spiritual damage inhibiting the ability of the MDT to investigate abuse and the victim to heal, it is elementary that teams need to develop stronger connections to the faith community. These connections will be critical for MDTs serious in preventing abuse, in investigating difficult cases of abuse within a religious institution, or in addressing a victim's mental and physical health—both of which are often inextricably linked to the child's spiritual well-being. There is, though, so much more. A connection to theologians can help MDT members cope with vicarious trauma by addressing the most difficult questions arising in this work. Equally important, theologians can serve as reminders that, whether or not we hold any religious views, the cause of children is the highest of all callings demanding the highest of all conduct.

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helpers—so many caring people in the world." Courtney Hazlett, TODAY (December 17, 2012) available online at: http://todayentertainment.today.com/_news/2012/12/17/15969444-mr-rogers-photo-words-of-advice-go-viral-in-wake-of-shootings?lite (last visited March 25, 2013)

[369] This is an anecdote a child abuse prosecutor shared with one of the authors. To learn more about the ethical and spiritual views of Fred Rogers, *see* AMY HOLLINGSWORTH, THE SIMPLE FAITH OF MISTER ROGERS (2005).