

A Study of Investigating Child Abuse

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This work is dedicated to all the abused children that do not speak up and go unnoticed throughout the world.

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Introduction

When a child in the United States is pulled into the dark and evil world of abuse, there are certain individuals that look to make things right again. These people are the investigators and social workers in the Child Protective Service agencies. Their main focus is to ensure the child's safety.

What is the purpose of Child Protective Services (CPS)? CPS is required to investigate child abuse and maltreatment reports, to protect children who are under 18 years old from further abuse, and to provide rehabilitative services to children, parents, and other family members. Other duties of CPS are making assessments on the home of a child if it is fit to have a child living there, arranging for shelter, arranging for financial assistance, and assisting the court system. In 1973, New York State's Child Protective Services Act expanded the list of mandated reporters and imposed penalties if they failed to report.¹

To get a more in-depth understanding of how child protective services work, an example Child Advocacy Center was focused on, specifically the Bivona Child Advocacy Center in Rochester, New York. At this center caseworkers, law enforcement, forensic interviewers, and families work together to provide care and support for the children involved in and suspected to be involved in abuse. The cases that come to Bivona involve specifically sexual abuse, severe physical abuse, and fatalities of children.

¹ *Child protective services program manual*. (2010). [Chapters 1-3]. (Adobe Digital Editions version), Retrieved from http://ocfs.ny.gov/main/cps/cps_manual.asp

Thirty-two states have laws authorizing multidisciplinary teams of the joint effort of law enforcement and the child protection services.² There are many positive reasons to use this joint force. A place of common work space for this type of team is generally called a Child Advocacy Center. It is a place for the investigation to take place while also having room to interview the children in a comfortable setting. There are over 700 Child Advocacy Centers throughout the nation.³

Child Advocacy Centers (CAC) are determined to maintain a child-friendly environment where children and families can be interviewed and receive support. One of the most positive aspects of a CAC is that it minimizes the number of times a child is interviewed.

Who are abused and who are the abusers?

Figure 1

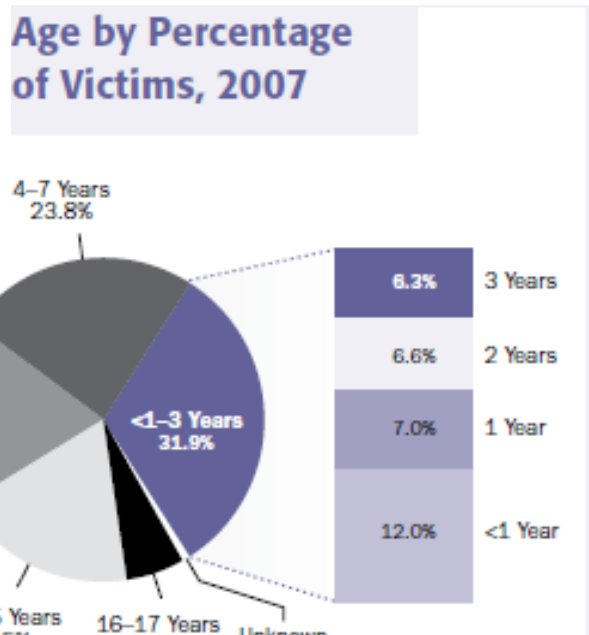


Figure 1. U.S. Department of Health and Human Services, (2011). *Federal and State Reporting Systems*. Accessed on: March 25, 2011. <http://www.acf.hhs.gov/programs/cb/systems/>

In the article titled Child Maltreatment 2007 the Department of Health and Human Services estimates 794,000 U.S. children were victims of maltreatment in the year 2007 based on national child maltreatment estimates. The data in this article is collected and analyzed through

² Pence, D.M., & Wilson, C.A., (1994) Reporting and investigating child sexual abuse. *The Future of Children*, Vol. 4, 70-83.

³ *About Bivona: Bivona child advocacy center*. (2009). Retrieved from <http://bivonacac.org/about-bivona>

the National Child Abuse and Neglect Data System (NCANDS).⁴ The *Federal Child Abuse Prevention and Treatment Act* (CAPTA) defines abuse and neglect as any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation.⁵ An even more alarming number is the 3.5 million of children that received CPS investigations or assessments. Around three-quarters of the victims had no other past of being a victim. Figure 1 shows the age by percentage of victims in the year 2007. Victimization was at its highest rate with the younger children.

Almost half of the children that were victimized were White (46.1%). Around one-fifth were African-American children (21.7%), while another one-fifth of children maltreated were Hispanic (20.8%).

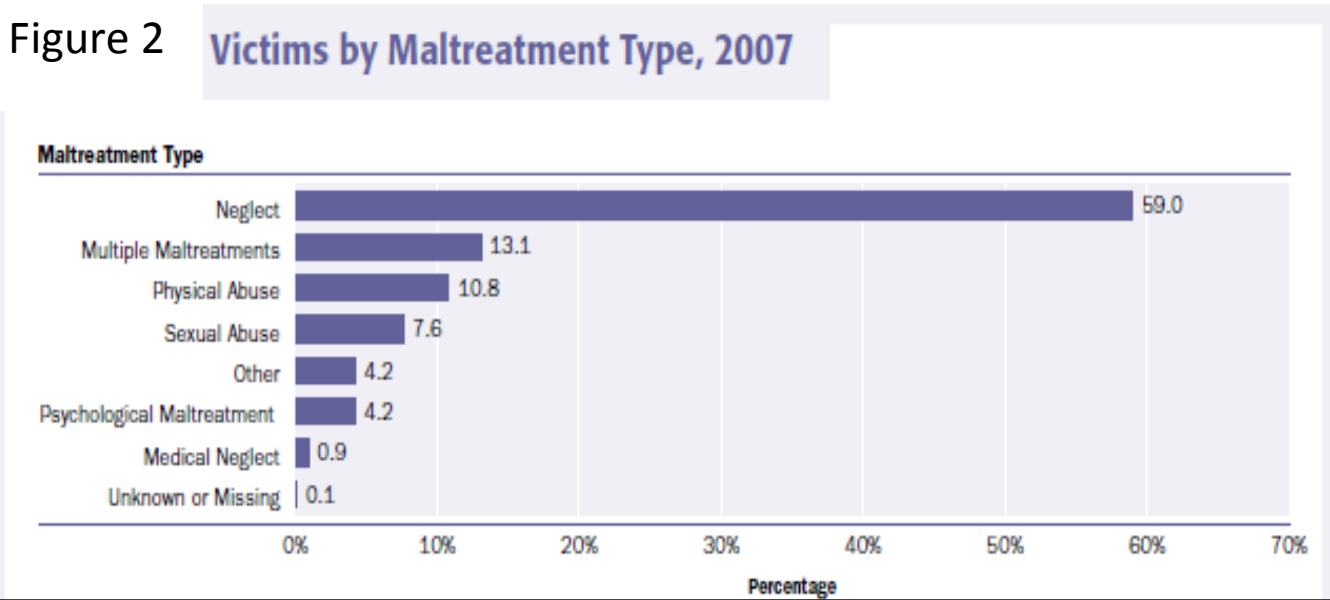


Figure 2, U.S. Department of Health and Human Services, (2011). *Federal and State Reporting Systems*. Accessed on: March 25, 2011. <http://www.acf.hhs.gov/programs/cb/systems/>

⁴ U.S. Department of Health and Human Services, (2011). *Federal and State Reporting Systems*. Accessed on: March 25, 2011. <http://www.acf.hhs.gov/programs/cb/systems/>

⁵ Gaudiosi, J.A., U.S. Department of Health and Human Services, Administration for Children and Families. (2009). *Child maltreatment 2007*. Washington, DC: Government Printing Office. Retrieved from <http://www.acf.hhs.gov/programs/cb/pubs/cm07/cm07.pdf>

But what are the different types of maltreatment? In 2007, there were eight categories that the cases were sorted into (see Figure 2). The category with the highest percentage of cases was that of neglect. Fifty-nine percent of the victims of maltreatment suffered neglect. Moving to the next category, 10.8 percent of victims were physically abused. One of the worst types of maltreatment, sexual abuse, made up 7.6 percent of the victims in this year. There is a category of “other” which is any other abuse or maltreatment that does not fall into the other groupings.

It has been said that one in three girls in the U.S. will be sexually abuse at some point in their childhood.⁶ The same can be said for one in seven boys in their childhood⁷. Of these children, both boys and girls, around 93 percent know the person that is committing the crime of abuse.⁸ The abuse between family and extended family members is known as intra-familial abuse. This can be a child and a father, mother, grandparents, siblings, uncles, aunts, cousins, etc.

The National Child Abuse and Neglect Data System defines a perpetrator as a person who is considered responsible for the maltreatment of a child.⁹ In the year 2007, there were around 859,000 perpetrators. Of those perpetrators, 80 percent were parents of the victim. The gender of the perpetrators was tipped slightly more to the female side. Fifty-six and one half percent were women while only 42.4 percent were male. The female perpetrators were younger than 30 years of age 45 percent of the time while the males were under 30, 34.5 percent of the time. The race of the perpetrators related closely to the race of the victims. This can be assumed

⁶ Briere, J., & Eliot, D.M. (2003) Prevalence and Psychological Sequence of Self-Reported Childhood Physical and Sexual Abuse in General Population: *Child Abuse and Neglect*.

⁷ Briere, J., & Eliot, D.M. (2003) Prevalence and Psychological Sequence of Self-Reported Childhood Physical and Sexual Abuse in General Population: *Child Abuse and Neglect*.

⁸ Douglas, E., & Finkelhor, D., (2005). Childhood sexual abuse fact sheet, *Crimes Against Children Research Center*

⁹ Gaudiosi, J.A., U.S. Department of Health and Human Services, Administration for Children and Families. (2009). *Child maltreatment 2007*. Washington, DC: Government Printing Office. Retrieved from <http://www.acf.hhs.gov/programs/cb/pubs/cm07/cm07.pdf>

because of the fact that 80 percent of perpetrators are parents of the victim, thus normally the children are of the same race.

Up to 50 percent of those who sexually abuse are under the age of 18.¹⁰ Of the adolescents who have sexually abused others, 20 to 50 percent of them were victims of physical abuse.¹¹ This shows the terrible cycle that abuse can cause for children. It will stick with them for years to come and haunt them. If professionals can give support and therapy for victims, it might help decrease the continued abuse cycle.

Past Studies

In the past, there have been studies and analysis on problems of the professional practices of the child abuse system. While professionals always are hopeful their actions have zero negative effects on the children, it seems to be almost a distant dream that this will ever be the case.

Fincham, Beach, Moore, and Diener (1994) talk of a few negatives throughout the investigation process.¹² The first point speaks of how Child Protective Service professionals cannot be held to a higher standard than others. They are prone to making mistakes just as any other person or agency. Many children that are involved in sexual abuse will most likely undergo a medical examination, which will then potentially cause more trauma. Interviews will need to be done which become stressful and repetitive. When there is an intra-familial case, the

¹⁰ Hunter, J.A., Figueredo, A., Malamuth, N.M., & Becker, J.V. (2003). Juvenile sex offenders: Toward the Development of a typology. *Sexual Abuse: A Journal of Research and Treatment* Vol. 15.

¹¹ Hunter, J., & Becker, J., (1998). "Motivators of Adolescent Sex Offenders and Treatment Perspectives", *Sexual Aggression*, Washington, D.C.: American Psychiatric Press, Inc.

¹² Fincham, F.D., Beach, S.R., Moore, T., & Diener, C., (1994) The professional response to child sexual abuse: Whose interests are served? *Family Relations*, Vol. 43, 244-255.

child will be removed from the household, or out of the place where the alleged abuse is occurring. Many times they are placed in foster care. Intra-familial cases are abuse cases that happen within a family, between an adult and the child or even between siblings.

Fincham et al. (1994) also state a few ways in which professionals should examine their own actions and behavior.¹³ First, know your legal responsibilities. Knowledge of the laws and policies surrounding child abuse will help the professional deal with the system. Second, know the limits of one's expertise. Professionals should stay within their "domain of expertise" and not stray from it because it could end up hurting the case or having a negative effect on the child. Third, children's memory can be limited. A child's mind and ability to recall certain events can be affected by many things such as a suggestive question or accusatory tones during questioning. Another item that professionals need to be familiar with is anatomically detailed dolls. The professionals need to understand whether or not the dolls should be used in an interview with a child.

In a different study, Milner and Murphy (1995)¹⁴ look into the different techniques used to evaluate the predators of child physical and sexual abuse and the problems associated with each. As for interviews, they report that the gender can have a significant impact of the process. Herzberger and Tennen (1985) reported that females were more likely than males to view harsh discipline as inappropriate.¹⁵ Women seem to have a more emotional trigger when reporting abuse. Females come to the conclusion that the child has been abused quicker and more

¹³ Fincham, F.D., Beach, S.R., Moore, T., & Diener, C., (1994) The professional response to child sexual abuse: Whose interests are served? *Family Relations*, Vol. 43, 244-255.

¹⁴ Milner, J.S., & Murphy, W.D., (1995) Assessment of child physical and sexual abuse offenders. *Family Relations*, Vol. 44, 478-488.

¹⁵ Herzberger, S.D., & Tennen, H. (1985). "Snips and snails and puppy dog tails": Gender of agentm recipient, and observer as determinants of perceptions of discipline. *Sex Roles*. Vol. 12, 853-865.

definitively than males. How can this slight bias be trimmed down? Immediately one thinks of the training the individual receives when starting their professional career. This is exactly what Kendall-Tackett and Watson (1991) suggested in their study.¹⁶ They stated that the bias of interviewers should be presented to the individuals during training to cut down the tendencies of this bias.

Milner and Murphy (1995) move on to discuss the multiple tests that assess the abuse-related parent characteristics. Some of the characteristics include life stress, loneliness, depression, parenting attitudes, conflict resolution techniques and alcohol use. The tests that are linked to these characteristics are Social Readjustment Scale¹⁷, the Revised UCLA Loneliness Scale¹⁸, Beck Depression Inventory¹⁹, Parent Attitude Research Inventory²⁰, Conflict Tactics Scale²¹, and the Michigan Alcoholism Screening Test²², respectively. These standardized scales show the association between parent characteristics and physically abusive behavior. Another standardized test that measures the stress associated with problems in parenting and abusive behavior is the Parenting Stress Index²³. This self-report measure was not designed for measuring child abuse specifically but it correlates with child physical abuse potential²⁴

¹⁶ Kendall-Tackett, K.A., & Watson, M.W., (1991). Factors that influence professionals' perceptions of behavioral indicators of child sexual abuse. *Journal of Interpersonal Violence*. Vol. 6, 385-395.

¹⁷ Holmes, T.H., * Rahe, R.H. (1967). The social readjustment scale. *Journal of Psychosomatic Research*. Vol. 11, 213-218.

¹⁸ Russell, D., Peplau, L. A., & Cutrona, C. E. (1980). The Revised UCLA Loneliness Scale: Concurrent and discriminant validity evidence. *Journal of Personality and Social Psychology*. Vol. 39, 472-480.

¹⁹ Beck, A.T., Ward, C.H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*. Vol. 4, 561-571.

²⁰ Emmerich, W. (1969). The parental role: A functional-cognitive approach. *Monographs of the Society for Research in Child Development*. Vol. 34 (8, Serial No. 132).

²¹ Straus, M.A., & Gelles, R.J. (1990) *Physical violence in American families*. New Brunswick, NJ: Transactions.

²² Selzer, M.L. (1971). The Michigan Alcoholism Screening Test: The quest for a new diagnostic instrument. *American Journal of Psychiatry*. Vol. 127, 88-94.

²³ Abidin, R.R. (1990). *Parenting Stress Index – Manual* (3rd ed.) Charlottesville, VA: Pediatric Psychology Press.

²⁴ Milner, J.S. (1986a) *The Child Abuse Potential Inventory: Manual* (2nd ed.) Webster, NC: Psytec.

As for child sexual abuse offenders, there are two approaches Milner and Murphy (1995) discuss: physiological assessments and self-report questionnaires.²⁵ When using physiological tests to determine if a person has physically abused a child, the measurements typically come from the autonomic nervous system when dealing with physical abuse, such as blood pressure, respiration, and heart rate. When assessing child sexual abusers, there are measures of sexual arousal. The assessment consists of direct measurement of sexual arousal with measurements of penile circumference or volume. In studies by Freund,(1965) he used a recording device and slide stimuli. The offenders were shown slides of children and sex offenders could be reliably be differentiated from nonpedophilic subjects based on the sexual responses and measurements²⁶.

There are currently a few problems with this physiological procedure.²⁷ First, the equipment is specialized and expensive. The availability of the equipment poses a problem. Also, there needs to be special training to learn the techniques in using the equipment. Another negative to this procedure is that the measure of sexual arousal cannot determine whether a person has committed a specific sexual offense.

As for self-report questionnaires, sexual abuse offenders use the Abel-Becker Cognition Scale. It is a 29-item test that measures for cognitive distortions which is a factor that maintains the offenders behavior²⁸. It specifically measures for the justifications that offenders use to support why they behaved in a certain way. Examples of these excuses are: “She didn’t say no,”

²⁵ Milner, J.S., & Murphy, W.D., (1995) Assessment of child physical and sexual abuse offenders. *Family Relations*, Vol. 44, 478-488.

²⁶ Freund, K. (1965) Diagnosing heterosexual pedophilia by means of a test for sexual interest. *Behavior Research and Therapy*. Vol. 3, 229-234.

²⁷ Milner, J.S., & Murphy, W.D., (1995) Assessment of child physical and sexual abuse offenders. *Family Relations*, Vol. 44, 478-488.

²⁸ Abel, G.G., Becker, J.V., Cunningham-Rathner, J., Rouleau, J.L., Kaplan, M., & Reich, J. (1984). *The treatment of child molesters*. (Available from G.G. Abel, Behavior Medicine Institute, 3280 Howell Mill Road, N.W., Suite T-30, Atlanta, GA 30327-4101.

“I was drinking,” or “It was sex education.” The offenders use these reasons as a way to make their behavior “okay” to do.

Another self-report is the Multiphasic Sex Inventory²⁹. This 300-item scale measures such things as sexual obsession, social/sexual desirability, cognitive distortions and immaturity. These areas are thought to be important for sex offender treatment. This test gives much information on the cognitive distortions that offenders have and is helpful in determining treatment for each specific offender.

Issues for Sexually Abused Children

Children are the most vulnerable victim in the eyes of the criminal. This is what makes them a target for sexual predators. After a child has gone through the horrible pain and suffering of sexual abuse, and they make it known to the world, they can sometimes be viewed as “damaged goods”. The community will view the child with pity, disgust, and curiosity into the life of the child. Also, parents might dress the child poorly because the child is viewed as damaged.³⁰

Children also feel guilty when they have been sexually abused.³¹ They feel responsible for the sexual behavior, for disclosures, and for disruption. The child might think that because negative things have happened, it is their fault. They must be put at ease that it is not their fault and the adult was the one doing wrong things. As for disclosures, the perpetrator will be angry that the “secret” is lost and puts the blame on the child. Obviously, the perpetrator knew it was wrong because it had to be kept a secret. There is much disruption that happens after a

²⁹ Nichols, H.R., & Molinder, I. (1984). *Multiphasic Sex Inventory*. Tacoma, WA: Authors.

³⁰ MacFarlane, K., & Waterman, J., (1988) *Sexual Abuse of Young Children*. New York, NY: Guilford Press

³¹ MacFarlane, K., & Waterman, J., (1988) *Sexual Abuse of Young Children*. New York, NY: Guilford Press

disclosure. There are many changes that take place and a family being separated is just one of those things. However, the child must be told that they are not responsible for the disruptions that take place.³²

Fear and repressed anger or hostility are two emotions the child faces during and after sexual abuse. The children generally become mistaken in their thoughts when they fear abandonment. Also, threats occur frequently as part of the abuse and the child will continuously be in fear that the threat will actually happen. As for the anger, each child acts differently when they feel this emotion. Some are never aware of the anger while others repress it and never speak of it. Meanwhile, some children act out and become aggressive.³³

One issue that people who have not gone through sexual abuse and have a hard time with is trust. Sexually abused child have an inability to trust others after the abuse. The degree of mistrust depends on many variables such as how long the abuse occurred, the degree of pain, and who was involved in the abuse.³⁴

An important issue children have after sexual abuse and really any abuse for that matter, is self mastery and control. After experiencing a huge violation of one's body and privacy, the child often feels they have no rights or choices. The victim may continue acting as one, and is waiting for someone to help them reconnect with their self-control. Children must have this explained to them completely: They have solutions, options and rights to use, and there is hope that things will get better.³⁵

³² Refer to 27

³³ Refer to 27

³⁴ Refer to 27

³⁵ Refer to 27

The Interviews

This study involved interviewing members of a multidisciplinary team at Bivona Child Advocacy Center in Rochester, NY in order to get a more detailed, insider's view of how a CAC works. This impact team consists of a multiagency investigative team which is comprised of workers in areas such as Child Protective Services, police departments, sheriff departments, Referral and Evaluation of Abused Children (REACH) medical services, the District Attorney's office, state troopers, and a few others. At this Child Advocacy Center, there is a facility in which the cases of child sexual abuse, severe physical abuse, and fatalities can be investigated by the team.

The data obtained is based on a set of interview questions. It consists of 20 open-ended questions for the team members. The set of the questions is listed in Appendix #1. The questions and study was approved by the Institutional Review Board at The College at Brockport SUNY. The questions were focused on the methods of investigating each case of child abuse. Other questions asked the team members of the specific protocol that was in place, personal attachment to specific cases, and areas in the investigation field that can be improved on. There were many similarities between the interviewees. They agreed on many changes and improvements that could be made.

One of the similarities between the investigators was the background each had. Every member had gone to college. Every member of the team had a degree in either psychology, social work, or criminal justice (Table 1). Field training was the step each member took to be accepted into their current position. There is training for each team member once they have joined the team as well. Each year they must have continued training, not only to refresh their

minds on the proper procedures but also if new information has since been found. The protocol used for the interviews of the children (RATAC) also has special training and procedures that are used as guidelines more than regulations.

Table 1	
Subject	Number of Caseworkers N=10
Psychology	4
Social Work	3
Criminal Justice	3

Table 2	
Gender	Number of Caseworkers N=10
Male	4
Female	6

There are a few ways in which a case is brought to this team. The largest number of cases comes to the team through the New York State Child Abuse Hotline (1-800-342-3470). There is also a Monroe County Child Abuse Hotline (1-585-461-5690). The hotlines are staffed 24 hours a day. The Child Protective Services will ask about the suspected case and get as much information from the caller as possible. There is the option to remain anonymous. If the situation meets the standard to take action the report will be sent to the New York State Child Abuse and Maltreatment Register. The register will then take the necessary steps to get the case sent to the proper agency. Another way in which a case is brought to the team is straight from local law enforcement. Sometimes observers of child abuse call 9-1-1 immediately and then the case is transferred to the proper agency from there. Other times, Child Protective Services (CPS) brings the case directly to the team.

The most common form of investigation procedure found in this study was the R.A.T.A.C. protocol. This is an interview guide which the team follows. RATAC stands for Rapport, Anatomy ID, Touch inquiry, Abuse scenario, Closure. Each of these steps help the investigator know what questions are better to ask at certain ages of the child. There was a

majority opinion that this guide was useful and easy to use. This guide is the most consistent way to interview children. The main point each member wanted to make clear was that this was just a guideline, not a law to follow precisely. Basically, the team members and caseworkers would use what they needed for the specific case and that's it.

One of the questions presented to the investigative team was how often do they have contact with law enforcement and after a case is handed over to the police for criminal procedures, how much involvement do they still have? The beauty of this joint task force is that the caseworkers have contact daily and consistently with law enforcement. There are law enforcement officials in the center and they work closely on each case to get the best outcome possible. Bivona caseworkers have contact with the cases after abuse has been positively identified and the case goes to family court. Sometimes the caseworkers will have to testify in criminal court based on each individual case. The team receives updates on the status of each case that is in court, but once the case has reached a decision in court, that is the last update they will receive. This confidentiality protocol is one that the caseworkers wish could be changed. They realize the children need to be protected but they want to continue to give support to the child that they have grown familiar with.

Two other questions within the interview were based on what problems there were with the protocols or investigation methods in general and what can be improved in the investigation system. The consensus answer for these questions was that each member wanted the investigations to be more consistent and efficient. They knew that there was room for improvement with the efforts of the team. The team wanted to stay open-minded and open to new ways of investigating and methods. A main point each member on the impact team had to remember was that they must be able to generate multiple hypotheses. If they have seen an

abuse case in the past and got a certain conviction, it may not be the exact same situation in the current case. They need to be able to see that there will be different outcomes.

Another important issue that the Impact team wanted to see changes in is the idea of videotaping interviews. The reason behind this is that it minimizes the trauma a child feels. If the investigation can hold one forensically sound interview, it would save time, effort, and help the child start to get back to a normal way of life. Instead, there needs to be multiple interviews and the child has to testify in certain cases. This can be very traumatic as well because the children will be picked apart by the defense attorney. The taping of interviews can also catch small things that others may not have seen. Videotaping is also a big help for peer review. Most caseworkers wanted to have more peer review because it helps with more successful interviews and investigations. Going from case to case a team member might turn on “auto-pilot” and not realize they are making mistakes. Peer reviews show each person new ways of asking questions or approaching a certain subject with a child. Each team member sees the truth in the fact that they cannot be perfect in their work all the time. Videotaping and peer review help immensely with non-verbal communication (see Table 3). The interviewers will be able to spot different signs of non verbal communication and then use peer review to figure out how to interpret the action.

Changes in Procedure	# of caseworkers that spoke of this
Videotaping	5
Peer Review	6

Going along with the topic of problems, each participant in this study was asked about the negative effects of their work and how to minimize the trauma suffered by the child. The

majority of participants agreed that a formal uniform of a police officer can be a negative in the child's mind. The child is being taken from school or their home to speak with a uniformed police officer. From the media and from the families involved with CPS, police are not always good. They take away "bad guys". When a child is taken into a room alone with a police officer, many times the child believes they are the ones that have done something wrong, when in all actuality it was the perpetrator. Interviews of children used to be done at police stations where the child would see suspects in handcuffs and other hardened criminals. Now that the interviews take place at advocacy centers, police are urged to try to be in plain clothes. If a law enforcement official is the interviewer in a case, they need to make an effort to make the distinction to the child that they are not a "bad cop" because they are there to help the child. Also, when children are involved with Child Protective Services they understand that those agency members are at their home to take them away from their parents. Children can see CPS as being negative. The investigation team tries its hardest to explain to the child that they are not in trouble. This is very difficult at times but that is what will help the child see there are being helped. Each member tries to be friendly and build a good rapport with the victim. This is the first step in the RATAAC protocol. When the kids understand the role of the team members, it can help minimize the trauma.

A different view of a child's trauma based on police came from a law enforcement official. This person spoke of the uniform as a positive effect not negative. They believed the uniform is an ice-breaker. The children are curious as to what their badge is and what is in the handcuff holder. This official did not buy the idea that because an officer was wearing their uniform in an interview that the child will be more negatively affected. The official believed that the family is where this idea comes from. Families have views of police that are negative and

this is how the children learn about police. They are told that the cops are bad. This view is very unique. This official may have dealt with children that find police interesting. Another idea is that this official might not be able to see how their work can have potential negative effects on children even though they are helping. Based off this interview, it can be said that each child will be affected differently. Each child responds in their own way. Coping methods develop and if the support system is strong, the negative effects will not be as strong.

One of the last questions in the interview revealed some surprising answers. The question dealt with the emotional attachment each member has felt about a case and if it might be considered professional. It was clear to see that every member has at one point or another felt some connection with a specific case. The case can have some sort of similarity with the team member's personal life and that could be the reason they become attached. It would be inhumane if one did not become emotional in some cases (see Table 4). The main focus though, is that each member must stay objective throughout the case even if one has become attached in some way. The emotions of the team cannot affect the case in any way or else it could potentially hurt the child's case to get help. The cases the Child Advocacy Centers receive are traumatic events and the investigation team can be affected mentally. There are psychologists always available for the caseworkers to call and speak with to help soothe their dark and twisted memories of the cases. The team members understand that they cannot bring home the memories of the cases every night. It will haunt them. The positive to becoming attached at times to cases is that it makes one over-protective in their personal lives. This also becomes a driving force for the team member. This job calls for a devoted person and each member interviewed was extremely dedicated to their work. It can be said that in this field a person needs a "hard heart" in order to do this work. A person cannot become emotionally crippled

every time a case that is horrible comes up. One can also imagine that the tolerance for certain things grows case after case. This is why a new member is not immediately thrown right into the harshest case. They are slowly eased into the field.

Table 4	
Unprofessional to become emotional over a case?	# of caseworkers that spoke of this
No, it is human nature	10
Cannot lose objectivity	6
Cannot bring it home	4

RATAC

RATAC is an investigative interviewing guideline. Child investigators do not have one sole protocol to adhere too. There are several different techniques intertwined with other protocols. However, many believe that RATAC reduces the trauma experienced by the child and their families. It minimizes the need of unnecessary repetitive interviews. The interview of the children using RATAC is geared toward each child’s age and cognitive, social, and emotional development.³⁶ The following is a description of each section of RATAC: Rapport, Anatomy ID, Touch inquiry, Abuse Scenario, and Closure. A shortened version of the RATAC interview guide is attached as Appendix #2.

The first step in the RATAC guideline is building rapport. Rapport is the formal word for a friendly relationship.³⁷ The investigator makes every effort to make the child comfortable in the interview room to allow for the best experience possible for the child. There are three things that the interviewer needs to do in order to have the most efficient rapport possible. First,

³⁶ Anderson, J., Ellefson, J., Lashley, J., Miller, A.L., Olinger, S., Russell, A., Stauffer, J., & Weigman, J., (2010) The cornerhouse forensic interview protocol: ratac. Retrieved from:

<http://www.ncptc.org/vertical/Sites/%7B8634A6E1-FAD2-4381-9C0D-5DC7E93C9410%7D/uploads/%7B0CB5FDDE-6496-40B7-8D70-E4EE6498903D%7D.PDF>

³⁷ Definition retrieved from: <http://www.learnersdictionary.com/search/rapport>

the interviewer must establish the child's comfort level by understanding the non-verbal communication, as well as the verbal communication. If the child is uncomfortable in the current setting, one might try to switch the area they are in or the positioning in the room. The investigator should make every effort possible to be at the same level with the child. If a child is sitting in a chair or lying on the ground, the interviewer should be as well. Second, the interviewer should learn how the child expresses themselves. Every child reacts differently and it is the interviewer's job to strive to understand the language, emotion, and individuality of the child. Lastly, the interviewer must establish and identify the level of competence of the child. An easy way to do this is to spend adequate time talking about general things which are unrelated to the case. The interviewer will be able to observe the child's linguistic, cognitive, and social skills.³⁸ The biggest concern with this stage is that the interviewer is required to develop a positive rapport or else the child will doubt the intentions of the interviewer and be closed off and withhold information.

The next step is anatomy identification. The purpose of this stage is to learn whether a child can identify the difference between males and females. Also, this stage is designed to have the interviewer develop or learn the child's common names for human body parts. Anatomical diagrams will be used frequently in this step. The interviewer will use the diagrams to point at a part and ask a question such as, "What do you call this part on the body?" It is important for the interviewer to realize that they are not a teacher in this process, but are only focusing on understanding the child's words for each body part. This stage also helps build a rapport between the child and the interviewer.

³⁸ Refer to 32

The third step in the RATAAC protocol is touch inquiry. This part of the process can be tricky. To bring up the idea of inappropriate touching can have a huge impact on how the child responds to the interviewer's questions throughout the rest of the interview. So to ease into the conversation of touching, the interviewer asks the child about "okay" touches. Once the touches that a child "likes" is discussed, the interviewer should slide in a question about touches that a child dislikes. It might be easier to discuss areas of the body that are wrong to touch. At times, use of anatomical diagrams will be helpful when a child is struggling with a body part. The child then can point to the area or part on the body that is wrong to touch.

The next step is called abuse scenario. This stage is when the interviewer allows more stories to be told by the child. If a child is on a roll and is opening up, it will be okay to let the child continue. However, gathering details from a child is a very tricky process. The interviewer must be careful about what details the child needs to explain. Even though the child has possibly disclosed that abuse has happened, more details need to be explained. Other instances of abuse may be disclosed during this step. The questions used to gain details of the disclosure should be age appropriate. A child's memory is very delicate. However, an interviewer should ask questions such as, "Tell me everything you remember," or, "And then what happened?" These questions should be asked multiple times so the child's memory can be run through multiple times. Facts that can be corroborated is what the interviewer will find most valuable. For example, a child may be able to report the location of items in a room that the alleged perpetrator claims the child never entered.³⁹ This is the stage in which anatomical dolls can be introduced. The child will be able to better show what happened during the abuse. It gives the child the ability to show what happened when they are not able to describe it with words. Using dolls if

³⁹ Refer to 32

beneficial for the child because then it puts distance from the child's own body. The child will not think about themselves in the event but pictures the dolls doing the action. This step also includes the process of exploring alternative hypotheses. The interviewer is looking for other explanation about the child's disclosure of abuse. If a child discloses about abuse between them and the father, it does not mean the interviewer should ask, "What did mommy do?" The interviewer should ask about "someone else". The interviewer should avoid using other person's names.

The last step in the RATAAC protocol is closure. The transition to closure should include questions such as, "Did I miss anything?" or "Is there anything else we should discuss?" This allows the child to keep the power in the discussion. In order to issue a respectful ending, the interviewer should ask the child if he/she has any further questions. Also, the interviewer should always remember to thank the child for the willingness to participate in the interview. Another extremely important part of closure is to discuss personal safety options. Some items to discuss could include touching private parts and how that is wrong. Another item would be the option that children have the availability to disclose future abuse and how to speak to someone of authority. The interviewer should also talk about personal safety and personal boundaries. After the child understands the details about personal safety, the interviewer should explore safety options. This is almost like a trial and error with the interviewer helping the child decide what the correct decision would be. This final step can help the child for the rest of their lives. They have received support in a friendly environment and they were able to tell their own story without being doubted.

Environment

When the average person thinks of child abuse centers and the field in general, most think of a dark, lonely, and frightening place. However, walk into the Bivona Child Advocacy Center and one will see a completely different scene. The environment is very critical when bringing the child in for an interview and questioning. Bivona has a great setup. Right when one walks in there is a friendly receptionist that gives a smile and asks one to wait for a few minutes so she can call the caseworker to state that one is here to see them. The environment is very friendly and adheres to the children's needs. The music is softly played in the room with a classical feel to it, yet light and it has an up-tempo beat. There are toys galore. Books, dolls, and trucks are scattered throughout the waiting area that are suitable for all ages. There are games with varying levels of difficulty depending on the child. The floor is a nice soft carpet for children to lay on when playing with the toys. All the chairs have comfortable padding on them, to try to make the wait as enjoyable as possible. The colors of the room have a neutral feel with the base color a dark green. The lighting is not dull but not extremely bright either. If one were to observe the room, one will get the relaxed feel of the environment. Also, if one gets the chance to observe a child enter the facility, one will understand how valuable this friendly waiting area is. The children enter the building and immediately go straight to the toys after waving hello to the receptionist. These children "know the drill". One will get the feel of how this room is a comfortable environment. It puts the child at ease before speaking of the horrible acts of abuse with a caseworker.

When leaving the waiting area, one goes down steps to the interview rooms and offices. A unique piece to this center is the separation of the interview rooms and the offices. There is a security pass lock that must be accessed to enter to the offices. This puts an emphasis on how

important it is to show the children everything is about them and the caseworkers are there to help them. Leaving the hustle and bustle of the office out of the child's mind helps to show the child they are the center of attention.

Now, as one enters the interview rooms, there is a clear similarity as the waiting room. Every effort is put in place to make it comfortable and friendly. There is carpeting and neutral colors in the room. There is a drawing board to help the child relax or possibly to help draw an act of abuse that occurred. Interestingly, the anatomical dolls are kept in a closed bag. This is so the interviewer can gain rapport before turning to the events of the abuse. There is a table and set of chairs in every room. There also is a set of steps in the corner. The interviewer will always be the second person to sit down. They want to have the child decide where they are comfortable sitting. If the child sits at the table, the interviewer will also. If the child sits on the steps, so should the interviewer. An added situation is that the interviewer should sit beneath the child if on the steps. In these investigations, it is good to have the child be above the person doing the interview. It helps the child feel in control and that they are the important one. If the investigator is standing above the child, the child will feel controlled and being looked down upon.

On the other side of the one-way mirror lies the observation room. There is a table along the window looking into the room with about four or five chairs. Why so many? This is one of the biggest positives of the Child Advocacy Centers. The impact team is a joint task force in which if wanted could all observe the one interview. This minimizes the trauma suffered by the child. The child only needs to do the one full interview and almost all the questions are answered. For listening purposes, the microphone in the interview room has a very high sensitivity and can pick up whispers that a human may not hear. This is very similar to how dogs

can hear a very high pitch whistle and humans cannot. This microphone picks up something a child might whisper and the interviewer did not catch. The observers hear the whole interview and if they see the interviewer did not catch something, they can call into the room to let them know what was heard. For example, if a child is whispering “Mommy hurts me,” and the interviewer did not hear it or understand the child, the observers can let the interviewer know. Also, in this observation room, the observers can discuss other questions to be asked or another topic that the interviewer did not think of to touch on.

Discussion

What can one take from this study? First, child abuse, no matter if it is a single instance, multiple times, leaves bruises, or has no visible signs of abuse, is a serious and terrible thing. This is not a subject to take lightly. It is a serious crime, and perpetrators need to be held accountable for what they have done and the trauma they have caused the child. This trauma lasts for many years and for most children, will never be forgotten. Being abused, can be an indicator for who will be an abuser in the future. This is the “Cycle of Abuse”. Once a child is abused, the likelihood that child will be an abuser increases.

Something that this study has revealed is that there still is room for improvement. Items such as peer review and videotaping are the top candidates. Having a co-worker critic another is very valuable for both persons involved. Each person can see new techniques of interviewing or be corrected in their bad habits. Peer review can be helped through videotaping. Another positive with using videotaping would be that child would only need one interview and it could be presented in court. However, it is not allowed currently in court. The court still recognizes the right that a defendant is allowed to confront the witnesses against him. This is listed under

the Confrontation Clause of the 6th Amendment. This right of the defendant allows him to come face-to-face with the witnesses or victim who is testifying against him. This can cause trauma to the child being in the courtroom. The child will be forced to explain what happened in front of many people attending the trial. Also, being on the stand, a child can be cross-examined and this can cause trauma because everything the child says will be questioned.

Another improvement or change that would be beneficial is the attire for law enforcement officials. They should strive to not wear their uniform and especially not their handcuffs and gun. The badge might be ok to use to explain how they are there to protect and help the child. This can also go for the caseworkers. Wearing formal attire may give the child the idea that one is very serious and powerful. Casual attire would be better and it will put the interviewer at the same level as the child.

An item that is difficult to improve is the interview process. The RATAC protocol is extremely helpful to the team members. It gives the entire team a commonality in all interviews. They all are on the same page when entering the interview process. The problem with trying to get such a distinct and concrete interview guide is that every case and every child is different. There will never be a perfect protocol for interviews. That is what makes RATAC a good guide for interviewers. A guide is exactly what the RATAC protocol is. It gives the investigators the leeway to touch on areas not specifically discussed in the guide. It also helps the team members stay on track with interviews. Depending on the age of the child, the interviewer should attempt to touch on every category in the RATAC protocol.

The last thing that could be improved on in the child abuse investigation team is awareness. Child abuse happens more frequently than the community imagines. Even though

the number of cases reported is shocking, the number of cases unreported would be even more shocking. The secrecy involved with child abuse is what prevents more from being reported or disclosed. The child is threatened to not disclose actions that happen and fear for their lives. This is why it is important for citizens to call the hotline or police when they suspect abuse. The impact team members that were interviewed expressed their urges that citizens report abuse even if they are unsure. It is better to be safe than sorry. The hotline is in place so places like Bivona are contacted to do the investigations. The impact team also stated that citizens do not need to be the hero and do the investigation themselves. Let the professionals handle the situation. They have the resources and skills needed to produce the best possible outcome.

Report Abuse

It only takes a phone call to get help. The New York State Child Abuse Hotline is 1-800-342-3720. The Monroe County Child Abuse Hotline is 1-585-461-5690.⁴⁰ Again, these hotlines are staffed 24 hours a day. If a child comes to you with a disclosure, explain that you believe them. You are sorry it has happened and you will take care of the child. Always remember to support the child emotionally. Also, attempt to keep the child safe physically and emotionally by staying away from the suspect.

It could make all the difference in the world if you suspect abuse of a child. Report it and if you are uncomfortable identifying yourself, then remain anonymous. Find more information about the reporting process at <http://www.dorightbykids.org/>.⁴¹

⁴⁰ *If you suspect abuse: Bivona child advocacy center.* (2009). Retrieved from: <http://bivonacac.org/if-you-suspect-abuse>

⁴¹ Monroe County Department of Human Services. *Do right by kids – child abuse reporting.* (2003). Retrieved from: <http://www.dorightbykids.org/>

Some of the most important things to remember from this study would be based around the child. The way one comes into an investigation will impact the child. Anything and everything that happens in the investigation process will impact the child. The environment has to be set perfectly to gain the trust of the child and that starts with the rapport building.

Some other items to take away from this study are the changes that could potentially improve the investigation process. Videotaping interviews would help not only with the investigation but also in the courtroom. Peer review would help the caseworkers so they do not make mistakes as often and they can also find other ways to ask children questions. Another improvement would be that police officers should be in plain-clothes when interviewing children, to decrease the potential for traumatic affects.

Appendix #1

1. How long have you worked in this investigative process?
2. What training/education do you have or continue to receive in this field?
3. What training do you need or is required to have in this field?
4. In your experiences, how do the majority of cases get brought to you?
5. Where do you start when the case comes to you? Straight to observation? Or is there substantial preliminary work?
6. What are the procedures once a child or family is admitted?
7. What are the methods of investigation that you use?
8. Is there a specific protocol or are you allowed to do anything you see fit?
9. What are the most obvious signs of abuse you generally see?
10. Once you have a case in which you are positive there is abuse, what are the next steps you take?
11. How often do you have contact with the law?
12. After turning over a case to the police, how much involvement do you have or are you separated entirely from the case?
13. Have you ever gotten personally attached to a case or emotional over a case? Is that unprofessional or do you think it is appropriate?
14. What problems do you think there are with the protocol? How would you change it?
15. Are there any problems with other investigative methods? Such as police policies?
16. Do you think there should be a more distinct protocol or is everything a case by case basis?
17. Do you think your work ever has negative effects? If so, how do you think these can be minimized?
18. How can you improve your own investigation techniques?
19. Do you think there can be more policy and laws in this problem area?
20. Any advice to people that see child abuse or think they see child abuse?

Appendix #2

Interview Guide

<p>Rapport</p>	<p>Face Drawing: Use with most children ≤ 7 8-10 offer <u>choice</u> 11+ skip</p> <p>Family Circles: Use with most ≤ 10 11+ interviewer preference</p> <p>Videotaping/observers: Tell children 5+ (or if children ask)</p>																																										
<p>Anatomy ID</p>	<p>Gender Differentiation: Use with ≤ 5 6+ skip</p> <p>Naming Body Parts: Use with ≤ 9 10+ skip, come back if necessary</p>																																										
<p>Touch Inquiry</p>	<p>“Positive” touch: ≤ 5: Do you get (hugs/kisses/tickles)? 6-9: Do you get touches that you like? 10+: What do you know about coming here today?</p> <p>“Negative” touch: ≤ 9: Are there places on your body no one is supposed to touch? (or) Places you don’t want someone to touch? Is it okay for someone to touch your ___?</p> <p>Alternative lines of questioning: as necessary</p>																																										
<p>Abuse Scenario</p>	<p>Details of disclosure – Use Age Appropriate Guidelines</p> <table border="1"> <thead> <tr> <th>Age of Child</th> <th>Who</th> <th>What</th> <th>Where</th> <th>When</th> <th>Structured Report</th> <th>Contextual Details</th> </tr> </thead> <tbody> <tr> <td>3</td> <td colspan="6">[Redacted]</td> </tr> <tr> <td>4-6</td> <td colspan="6">[Redacted]</td> </tr> <tr> <td>7-8</td> <td colspan="6">[Redacted]</td> </tr> <tr> <td>9-10</td> <td colspan="6">[Redacted]</td> </tr> <tr> <td>11-12</td> <td colspan="6">[Redacted]</td> </tr> </tbody> </table> <p>Explore alternative hypotheses</p>	Age of Child	Who	What	Where	When	Structured Report	Contextual Details	3	[Redacted]						4-6	[Redacted]						7-8	[Redacted]						9-10	[Redacted]						11-12	[Redacted]					
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11-12	[Redacted]																																										
<p>Closure</p>	<p>Educate regarding personal safety Explore safety options Provide a respectful end</p> <p>6+: Ask if there is anything you forgot to ask/is important Ask the child if he or she has any questions or concerns</p>																																										

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