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The District Attorney as a Mobilizer in a Community Approach to Child Sexual Abuse

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I. INTRODUCTION

Although child sexual abuse is not a new problem, until recently, prosecutors had not examined its complex relationship to the criminal justice system. It is a problem that requires a shift in the way the criminal justice system responds to child sexual abuse and in the way it interacts with other systems.

Most prosecutors' offices have encountered frustration in dealing with child sexual abuse cases because the criminal justice system and the agencies which respond to child sexual abuse are not equipped for the child victim. As a society, we will not successfully convey that sexual abuse of children is not acceptable behavior until we redesign the systems responsible for helping and protecting child victims so that offenders are held responsible for their actions. If we continue to impose little or no costs on child abusers, we cannot expect their behavior to change.

Fortunately, in Madison County we developed an approach to this problem that works for the children and the prosecutors, as well as the other professionals who represent the children in sexual

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Madison County comprises the 23rd Judicial Circuit of the State of Alabama. The circuit is located in northern Alabama and is 100 miles south of Nashville, Tennessee, and 100 miles north of Birmingham, Alabama. The county population is 225,000. The District Attorney's office in this circuit employs twelve full-time assistant district attorneys, three investigators, a victim-witness coordinator, a special projects director, a coordinator for children's advocacy, and other administrative assistants and clerks.

abuse cases. In our community, we annually serve about 240 child sexual abuse victims. Some forty percent of these cases are referred for prosecution and almost one hundred percent result in guilty pleas or convictions. Our approach focuses on the needs of the children, rather than on the needs of the agencies and professionals. The success of our program is largely credited to this approach.

As the chief law enforcement officers in their communities, prosecutors are in an excellent position to mobilize agencies and professionals to make needed changes and to encourage implementation of a multidisciplinary approach to the problem. Our approach has proven humane and effective in our community and could be effective in other communities as well. There are certain basic elements upon which our program was built, which can be emulated by others.

Reports of child sexual abuse were on the rise in Madison County in 1981 when I was elected to the position of District Attorney. Prior to then, between 1973 and 1975, I was an Assistant District Attorney assigned to Juvenile Court. My job required that I work with representatives from the Madison County Department of Pensions and Security (also known as the protective service agency). After I became District Attorney, I acted on my prior experience and set review meetings with the protective service agency workers. In the beginning, the meetings were scheduled monthly. We reviewed specific cases of child abuse, including cases of sexual abuse. During these sessions, the District Attorney's Office gave advice to the protective service agency workers regarding courtroom testimony, the elements of criminal offenses, proper file documentation, and whether to refer developing cases to law enforcement.

We reviewed the first sexual abuse cases in 1981. That year, we faced an overwhelming increase in child sexual abuse cases. By the end of the year, statistics reflected that thirty-five percent of the reviewed abuse cases involved child sexual abuse. Alarming, the number grew to ninety percent by mid-1985.

Certain problems kept recurring during the sessions. The many professionals involved with the child victims were not communicating with each other. Medical exams were incomplete. They were often performed in hospital emergency rooms after the children were kept waiting for hours. The children and their families were bounced between agencies: law enforcement, protective service, hospitals, therapy, the juvenile court system, and the District

Attorney's Office. The system was revictimizing the children. Few children and families could survive, much less benefit, from this approach; yet, reported cases were reaching an epidemic level.

II. TEAM REVIEW

Recognizing that something had to be done, I redesigned the existing, ineffective approach to child sexual abuse cases in late 1981. I scheduled case review meetings more frequently (biweekly) and invited law enforcement detectives to attend from both the Huntsville Police Department and the juvenile unit of the Madison County Sheriff's Department. We designed forms for presentation of cases at the team review sessions. We documented all decisions, including referrals for therapy and recommendations for criminal prosecution. The cases were reviewed repeatedly to allow the team to develop a complete profile of the victim, family, and offender. In 1983, a victim-witness coordinator from the District Attorney's Office joined the team.

Team review strengthened relations between the police detectives and the protective service social workers. The social workers and the law enforcement detectives jointly investigated and reported on all child sexual abuse cases. They performed the initial interview together and later decided whether to confront the alleged offender. We saw a dramatic turnaround in the attitude of both the law enforcement detectives and social workers. The team review experience helped each agency better understand the philosophy of the other and prevented duplication of effort.

As the sessions continued, we learned that to be effective, we had to refer families for therapy early in the intervention process. The team review sessions were therefore expanded to include the therapists who were treating the children, families, and offenders. The therapists briefed the team on the patients' participation in therapy, their attitude, and progress. The input of the therapists was vital to the determination of whether to refer the case for criminal prosecution.

III. COMMUNITY APPROACH

The participating professionals became alarmed by the increasing number of child sexual abuse cases and wanted to alert and inform other professionals and community leaders of the extent of the problem. So, in 1983, representatives from the District Attorney's Office and the protective service agency appeared before

the county child abuse prevention coalition, which had existed in the community for almost ten years, to inform them of the alarming growth in the number of child sexual abuse cases in the community. The representatives stressed the need for increased professional involvement from the community, particularly from the medical community, and emphasized the need to educate teachers, nurses, day care workers, and others who were likely to be exposed to cases of child sexual abuse. The meeting stimulated the community into forming a child sexual abuse task force.

The task force was composed of representatives from many fields: medical, counseling, nursing, education, prosecution, protective services, law enforcement, day care, and others. The task force met twice each month. It was divided into four subcommittees: treatment, intervention, identification, and prevention. The subcommittees developed independent goals and made appropriate recommendations to the task force.

The primary purpose of the task force was to bring agency representatives together to discuss shared problems. Although most of the task force members had "hands-on" experience with reported cases of child sexual abuse prior to the task force, they had never met each other. The protective service agency workers often referred children and families to therapists without any knowledge of the therapists' treatment philosophy. Many of the members were unfamiliar with the process of criminal prosecution and were reluctant to report cases because they thought it would be harmful to the family. The task force meetings and projects provided the professionals with an opportunity to discuss their common problems with one another. It brought the professional community closer, and closed gaps in their communication.

IV. MULTIDISCIPLINARY PROGRAM PROPOSED

During a task force meeting in August, 1984, the intervention committee presented a reenactment of an actual child sexual abuse case. It illustrated the present approach taken by the community agencies. The presentation caused the professionals to recognize that the present approach was still revictimizing the child.

A matter of particular concern was the realization that the child was unnecessarily experiencing multiple interviews. Although the community agencies were cooperating and working together, in 1984, the children were still being bounced from agency to agency. At each agency, the children were being interviewed by another "stranger." By the time cases were referred for criminal prosecu-

tion, the children and their families were worn out. The methods employed to deal with these cases were not as effective as they could have been. Some were damaging to the child. To lessen the strain on the children, the task force formed a multidisciplinary, child-focused program—The Children's Advocacy Center.

V. THE CHILDREN'S ADVOCACY CENTER

The Children's Advocacy Center program incorporates an "advanced" team approach to handling reported cases of child sexual abuse. It demonstrates a unique and successful community approach to interagency management. The project streamlines and consolidates agency and professional involvement.

The Children's Advocacy Center is located in a house in Huntsville, Alabama. The task force chose a house rather than an office building because it symbolized a non-institutional approach to handling the child sexual abuse cases. By agreement, all of the community agencies involved in these cases coordinate their activities through the Center. A detective acts as the Center's liaison to each of the law enforcement agencies. An Assistant District Attorney acts as the Center's liaison to the District Attorney's Office. A social worker acts as liaison to the protective service agency. The liaisons comprise the program staff. The administrative staff includes a program coordinator and clerical support.

By written agency agreement, the agencies refer all reports of child sexual abuse to the Center. Rather than visiting police departments, protective service offices, hospital emergency rooms, mental health treatment facilities, and the prosecutor's office, the children visit only the Center.

The child victim's initial contact at the Center is with a member of the interviewing team. The interviewing team is selected carefully from protective service and law enforcement personnel. The Center pays careful attention to the interviewing methods. There are three interview rooms, each designed for a different age group. There is a playroom for very young victims and two other rooms for older victims.

Interviews are conducted by a team member and are videotaped when appropriate. They may be conducted in phases or sessions. Normally, children will not tell the full story in one interview. The interviewer begins by establishing a trust relationship with the child. She gives the child a tour of the house and allows the child to inspect every room. We want the children to feel that the Center is their special place.

At the completion of the interview, the child, and when appropriate, the family, are referred for therapy. The Center contacts the therapist; therapy sessions are held initially at the Center. We feel it is important that all of the child's introductions to agency representatives occur at the Center, on the child's "turf."

Once the initial interview is completed, the interviewer presents the case at one of the biweekly team review sessions. If the interview was videotaped, it may be shown at the review session. When the child completes the initial therapy session, the therapist becomes part of the review team.

Less than one-half of the reported child sexual abuse cases are referred to the criminal justice system. Contrary to common belief, the child and family may benefit from involvement in the criminal justice system. This can only be accomplished with a sensitive and patient approach to the child and the child's family. It cannot be accomplished without the involvement of a therapist and an advocate from the criminal justice system.

In our system, this advocate is the District Attorney's Victim-Witness Coordinator (Coordinator). The Coordinator maintains close contact with the child and may even visit the child's home. When appropriate, the child, family, and therapist contribute to the decision of whether the case will be routed to the criminal justice system. If a criminal case is accepted for prosecution, the Coordinator introduces the child to the Assistant District Attorney responsible for prosecuting the case. The introduction occurs at the Center, after the Assistant District Attorney has had an opportunity to review the notes or videotape of the initial interview session and has participated in team review of the case.

Prior to the trial, the Coordinator explains the criminal justice system and gives the child a tour of the Grand Jury Room and courtrooms. The Coordinator accompanies the child during the actual courtroom sessions.

VI. DIVERSION PROGRAM

We designed a District Attorney's Diversion Program not only to aid the victim, but also to aid the professionals, particularly the therapists, who become involved with the child, family, and offender. It minimizes the need to force children to testify against their father, stepfather, or other family member. The diversion program provides the coercion for getting offenders into treatment; many will not participate in therapy unless forced. The program also forces offenders to account for their conduct to the criminal

justice system.

Not all cases of child sexual abuse are appropriate for the diversion program. The team makes the decision of whether to refer the offender to the diversion program during review of the particular case. When the program is appropriate, the team charges the offender with a crime based on the fact situation described by the child. For example, the offender may be charged with sodomy, sexual abuse, or rape. The District Attorney's Office informs the offender that he has been officially charged with the specific act.

To qualify for the diversion program, an offender must admit his guilt. He must also undergo psychological evaluation by a qualified therapist and may be required to comply with other conditions. The other conditions may include remaining away from the home of the child and family, maintaining steady employment, and avoiding other criminal charges.

Once the diversion program accepts the offender, the initial charge is "suspended" for an indefinite period of time, and the offender is routed to therapy. He is advised that if he successfully completes the program, he may plead guilty to a lesser misdemeanor sexual offense.

VII. FUTURE DEVELOPMENTS

The staff members of the Center are presently preparing a manual that details the community approach to child sexual abuse. A local university sociologist has developed an evaluation plan by which we intend to evaluate the benefits of our program to the children and families. We should know the results of the evaluation by July, 1986.

The Center will continue to refine the interviewing techniques and other procedures used in these cases. The Center's staff and agency participants have become specialized in this process. Some of the program participants are developing an interviewing guide which will stress the community approach to child sexual abuse. In addition, we plan to conduct training programs at the Center for protective service agency workers, law enforcement detectives, prosecutors, therapists, and others.

VIII. CONCLUSION

Madison County's community approach to the child sexual abuse problem has worked remarkably well. The children are now the central focus of the system, and all of the professionals that

interact with the child treat the welfare of the child as the first priority. In addition, the participating professionals recognize that the offenders must account for their behavior.

Our coordinated approach caused area professionals to improve their skills. We capitalize on the limited flexibility of the criminal justice system and better accommodate the needs of the children. The current approach is designed not only for criminal justice purposes, but also for the benefit of the children.

Referrals for criminal prosecution have increased dramatically in Madison County. The number of cases accepted for criminal prosecution has increased five hundred percent from 1982 to 1984. During one week in late 1984, twelve children were taken into the courtroom in twelve different cases. Most of the professionals involved in our system have concluded that the child's participation in the criminal justice system can be very therapeutic.

The professionals have identified another seldom recognized aspect of the child sexual abuse problem: many juvenile delinquents are running from child abuse. A successful community approach should not ignore the delinquents. Our community approach now emphasizes total involvement by the professionals who deal with abused children. Within the next twelve months, we anticipate that we will establish alternative delinquency programs that focus on juvenile delinquents and encourage therapists to become involved with them. We are redesigning our juvenile system intake procedures to help juvenile probation officers spot victims of child abuse. We are also designing alternative sentencing programs to provide more flexibility to the juvenile system.

I do not pretend to understand why child sexual abuse occurs. As District Attorney, however, I realized that I had a responsibility to redesign the system which was supposed to respond to child victims of sexual abuse. We have changed our system through the mobilization and dedicated efforts of professionals in the community. The Children's Advocacy Center is a model community approach that can and should be replicated throughout the country to improve the quality and responsiveness of all systems which interact with sexually abused children.