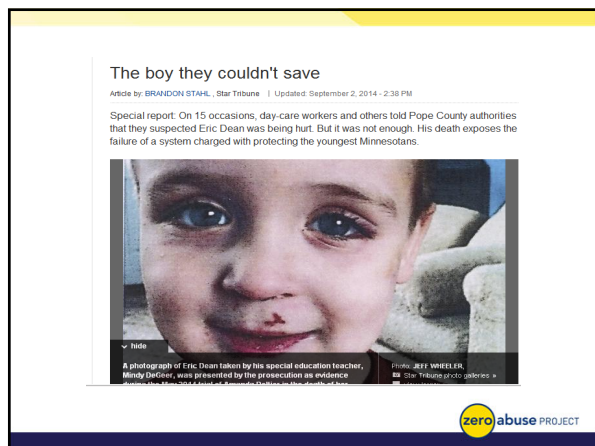




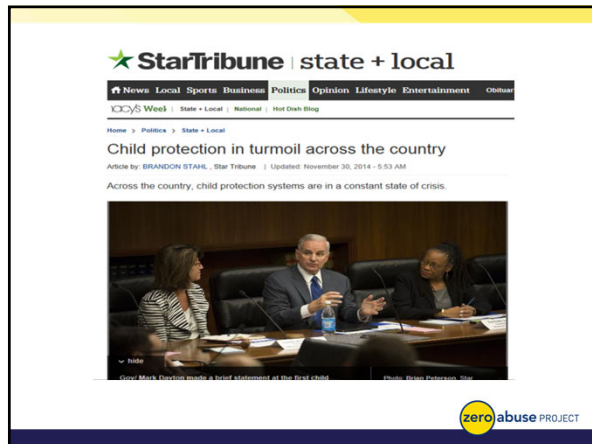
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4

National Failings

- Only 50% of the nation's *identified* abused children received child protection investigation and only 30% of the children suffering "serious harm" received child protection investigation
- NIS-4 researchers labeled "serious harm" as child abuse or neglect cases in which "an act or omission result in demonstrable harm."

Source: NIS-4 2010

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This is a success story

The screenshot shows the official website for Cottonwood County, Minnesota. The header includes "Welcome to COTTONWOOD COUNTY MINNESOTA" and navigation links like "CONTACT US", "NEWS", "ELECTED OFFICIALS", "COUNTY DEPARTMENTS", "JOB OPPORTUNITIES", and "GOVERNMENT INFORMATION". A large image of a field is featured. At the bottom, it says "Welcome to Cottonwood County, Minnesota" and "WHAT'S NEW IN COTTONWOOD COUNTY". A "zeroabuse PROJECT" logo is in the bottom right corner.

6

A Success Story Rooted In Failure



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Lessons Learned

- We needed a protocol
- Improve FI services
- Medical services
- Mental health services
- Community engagement
- Outreach to faith community
- It was time to think of prevention

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8

Our Problems Are National Problems

Rural Victim Assistance

A Victim Witness Guide for Rural Prosecutors

[About This Document](#) | [Administrative](#) | [Related Links](#) | [Home](#)

Lack of Community Resources

On the responsibility of rural prosecutors, many have access to national resources. In rural areas with few local community resources, however, advocates have been finding challenges in securing local services and building safe and secure locations for counseling groups and for meeting with victims and witnesses. Although large urban areas have their pick of service providers such as law enforcement offices, large medical facilities, psychiatric hospital programs, and domestic violence and sexual assault programs, many rural communities are faced with a dearth of resources and recovery providers. (OVC, 2018)

Of the rural prosecutors' offices surveyed, more than 74 percent responded that they did not have adequate community resources for victim advocates. Of the 48 percent who reported that their communities did have adequate resources, more than 70 percent that indicated that they had no community resources and for the entire survey. This is a problem when victims are unable to find resources for counseling, support, and other services. Many rural prosecutors report that community resources are not available in rural areas. Many rural prosecutors report that community resources are not available in rural areas. Many rural prosecutors report that community resources are not available in rural areas.

When we need the use of a national guide, there is a need to use the national guide as a starting point. It is the victim that face the challenges, which has affected our cases. (There is) inadequate justice transportation, an inadequate number of evidence resources, and lengthy response time to rural calls to law enforcement.

The following table lists the number of community resources available in rural areas (as indicated by local offices).

Percentage of Resources in Rural Jurisdictions by Number of Existing Programs

Number of Existing Programs in Jurisdiction	Type of Community Service				
	Domestic Violence Hotline	Victim Witness Assistance Center	Rural Sexual Assault Crisis Center	Mental Health Counseling	Victim Witness Support Group
None	24.17%	14.17%	12.50%	12.50%	12.50%
One	24.17%	24.17%	24.17%	24.17%	24.17%
Two	14.17%	14.17%	14.17%	14.17%	14.17%
Three or more	37.50%	47.50%	50.00%	50.00%	50.00%

Note: Many of these services are located in jurisdictions other than the respondent's.

[OVC Home](#) | [About OVC](#) | [OVC Publications](#) | [Web Site Links](#) | [Disclaimer](#)

Office of Justice Programs
Department of Justice

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Lack of Rural Resources

- 54% of rural prosecutors report they do not have adequate resources for victims and their families
- 46% report they had access to resources—but were located in other jurisdictions.

American Prosecutors Research Institute. Rural Victim Assistance, A Victim/Witness Guide for Rural Prosecutors, Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice.



10

We Formed A Task Force

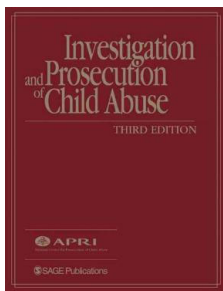


Credit: Christina Morabito, Reuters



11

Best Practices



- Immediate response
- Specialized units
- Use CACs
- Highly trained forensic interviewers
- Involve prosecutor early



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MDT Protocol

- Limit investigators
- Limit prosecutors
- Involve prosecutors at the outset
- Child friendly interview room
- Train investigators to interview kids
- Train investigators to interview child abuse suspects
- Corroboration and crime scene photos in every case



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Limited Investigators Involved



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Limited Prosecutors Involved



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Involve Prosecutor From The Outset



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Child Friendly Interview Rooms



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The Forensic Interview



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18

Think Creatively

Winnebago Delivers Seven Mobile Childhood Advocacy Centers to the State of New York

Mobile community outreach centers enhance services for childhood abuse victims and their families

NEWS PROVIDED BY
Winnebago Industries →
Dec 10, 2019, 06:00 ET

SHARE THIS ARTICLE

FOREST CITY, Iowa, Dec. 10, 2019 /PRNewswire/ -- To provide better access to critical abuse counseling services for the residents of rural communities, the Specialty Vehicle Division of [Winnebago Industries, Inc.](#) (NYSE: WGO) has produced and delivered seven community outreach vehicles to New York State. Funded through a partnership between the Office of Victim Services (OVS) and the state Office of Child and Family Services (OCFS), the mobile childhood advocacy

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Forensic Interview Training

ChildFirst®

Bringing the field into the classroom.



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Suspect Interrogation Training



Credit: Daniel McCullough, Unsplash

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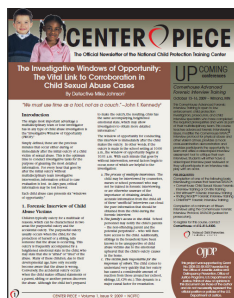
Corroboration and Photos



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An Immediate Response

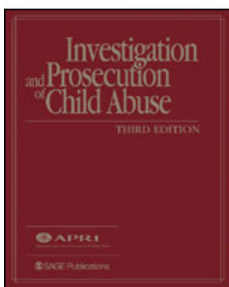


- 24/7 for forensic interviews
- Always investigators, social workers and prosecutors with specialized training on call

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The Role of the Prosecutor



"Coordinating a community's response to child abuse is one of the most challenging and rewarding activities a prosecutor can undertake...It can also engender community support, improve investigative procedures and case outcomes, and build professionalism in public service."

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Educate Mandated Reporters



25

Reasons for failure to report

- Insufficient evidence
- Lack of certainty
- Belief report will cause additional harm
- Need to maintain good relationship with patients, clients, parents
- Ambiguity in some reporting laws
- Ignorance of the law
- Fear of retaliation
- Fear reporter's name will be revealed

Sources: Kenny, 2001; Bailey, 1982

26

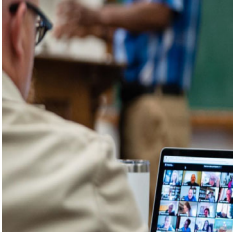
Inadequate Training in Pennsylvania

- In a survey of 1,400 mandated reporters from 54 counties:
 - 14% had never been trained
 - 24% had not been trained in five years
 - 80% suggested training received was inadequate (not approved for CEUs or not sure)

Mandated Reporter Survey Report, The Protect Our Children Committee, 2012.

27

Virtual Teaching



- Encourage virtual lessons with several students at a time so teacher can see possible signs of abuse (handprint, blackened eye, etc.)
- May detect yelling or other concerns in the home
- Even if yelling does not rise to the level of a report, it may create an opportunity to address stress



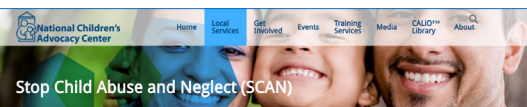
31

Get Free Resources Into The Hands of Parents



32

Make CAC School Prevention Programs Virtual



Stop Child Abuse and Neglect (SCAN) is a school-based program designed to provide child abuse prevention and safety information to school children. Staff members and trained volunteers teach youth about personal safety including inappropriate touching, Internet safety, and bullying. The program is free to area schools available in the Madison and Madison County school systems for grades 3, 5 and 7. SCAN programs are also presented to private schools and preschools upon request. SCAN offers a program for children in kindergarten and first grade for a fee as well.



Testimonials

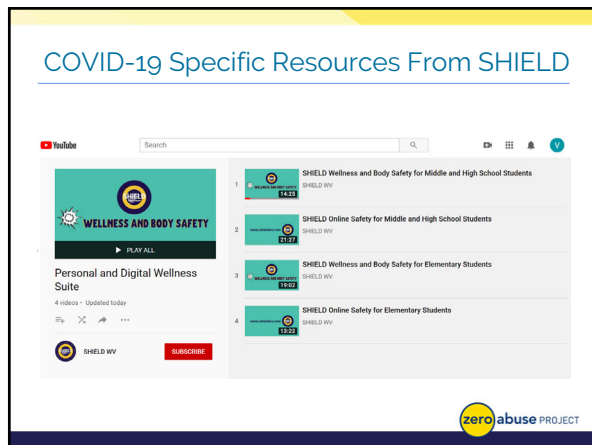
"NCAC saved my children's lives. They learned from SCAN when something wasn't ok to tell. When it happened to my son he came to me right away and told me. He got into therapy and he is doing great."



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A Resource For Your MDT During Pandemic




Responding to Child Abuse During a Pandemic:
25 Tips for MDTs

Victor I. Vieth, Robert J. Peters, Tyler Cournut, Rita Farrell, Rachel Johnson, Stacie LeBlanc, Alison Feigh, Jane Strub, and Peter Singer

"Determine that the thing can and shall be done, and then we shall find the way."
-Abraham Lincoln

Many child protection professionals believe child abuse is likely to increase during the COVID-19 pandemic because most abusers are parents or siblings who now have more complete access to the child victim. In turn, the victim may no longer have schoolteachers, faith leaders or other mandated reporters they can access for help or who may detect a sign of abuse. Children may also have reduced access to medical and mental health providers. In responding to this concern, here are some tips Multi-Disciplinary Teams (MDTs) may wish to employ.



40

Training For Health Care Providers




Credit: Anh Nguyen Duy, Pixabay



41

It Wasn't Complicated

- We bought the doctors breakfast
- We brought specialists into the community
- We bought them books
- Developed checklists



42

The Need To Improve Training of Medical Professionals

- Nearly one-third of AHT cases are misdiagnosed
- Misdiagnosis of child abuse "common"
- Few mental health professionals meet APA training standards to be minimally qualified to counsel survivors of trauma

Sources: Jenny (1999); Starling (2012); Champion (2003)



43

What 18 Hours of Training Might Mean

- Medical School: 9-month elective, 2 hours once a month, paper plus work with adolescent inpatient
- Implemented University of Toledo College of Medicine
- Four published studies:
 - Students completing elective "significantly more prepared to identify signs of maltreatment"
 - To report cases of suspected abuse even if they didn't know for sure
 - To recommend or secure needed services for a maltreated child or adolescent

Knox, et al, International Journal of Adolescent Medicine and Health (2013)



44

Three Concrete Suggestions



45

ACE Screening And Education Of Patients



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Screening of Parental ACEs

- Children of parents with high ACE scores have higher rates of adversity
- Parental ACE exposures "can negatively impact child development in multiple domains, including problem solving, communication, personal-social, and motor skills."

Sources: Randell, et al (2015); Folger, et al (2018)

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Gillespie & Folger (2017)

- Total of 2,283 parents assessed for past history of ACEs
- Provider and parent feedback positive
- "All providers reported that the information they found with the assessment tool was useful in their clinical practice...[providers] had more empathy for their patients, better understanding of the forces that shape parenting...had cultivated a more trusting relationship..."

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The ACE Conversation (Gundersen Health)



- 80% of patients felt comfortable receiving information from providers (only 5% uncomfortable)
- 54% interested in the information, 41% neutral, 5% uninterested



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The ACE Conversation (Gundersen Health)



- 9% disclosed an ACE for themselves or a child
- Conversations lasted 1-2 minutes
- 97% of patients preferred this information to come from physicians



50

Greater Sensitivity To Boys And Men



51

Sensitivity to Male Survivors

■ COMMENTARY

Best Clinical Practices for Male Adult Survivors of Childhood Sexual Abuse: "Do No Harm"

Lee Gallo-Silver, MD, LCSW-R, Christopher M. Anderson, Jaime Romo, MD

Form 1 2014 Summer 18(3):82-87

<http://dx.doi.org/10.7812/jrr.14-009>

Abstract

The health care literature describes treatment challenges and recommended alterations in practice procedures for female survivors of childhood sexual abuse, a subtype of adverse childhood experiences. Currently, there are no concomitant recommendations for best clinical practices for male survivors of childhood sexual abuse or other adverse clinical experiences. Anecdotal information suggests ways physicians can address the needs of adult male survivors of childhood sexual abuse by changes in communication, locus of control, and consent/permission before and during physical examinations and procedures. The intent of this article is to act as a catalyst for improved patient care and more research focused on the identification and optimal responses to the needs of men

medical health. The psychological impact of an ACE may result in behaviors that diminish the overall health, exacerbate stress-sensitive conditions, and diminish a person's willingness to seek timely treatment for medical problems.¹⁻³

Even though this research^{4,5} indicates that the extent and impact of trauma for female and male survivors of childhood sexual abuse are the same, there continues to be a gender gap in the health



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Gallo-Silver, et al (2014)

"The literature in breast cancer and in obstetrics and gynecology addresses the issues of providing health care services to a sexually abused female patient. Physicians in these specialties perform genital examinations and related invasive procedures. The recommendations for physicians in these studies indicate the need to slow down the examination process to enable more communication with the patient as well as asking the patient for permission to proceed with the examination. Medical internists and urologists examine men in a manner proximate to a gynecologist's examination of women. Yet, no recommendations exist to address the issue of childhood sexual abuse and its potential impact on adult patients."



53

Gallo-Silver (2014)

"With my last heart attack, I almost did not call 911 because I was so afraid they would insert an IV [intravenous catheter] into my groin. I had told my cardiologist of my problem. When I was on the table in the operating room with IV Valium [diazepam] and morphine, I still, somewhere deep in my brain, realized that there was a needle stuck in my groin [for heart catheterization and implanting a stent]. I started flailing about in a full-blown panic attack. The doctor called for a crash team and had people hold me down while they administered restraints and got an anesthetist to put me completely under."



54

Gallo-Silver (2014)

"I went to a urologist due to prostate symptoms. I was not able to find a woman urologist that would see adult male patients. I told the urologist about the sexual abuse when I was a kid, but he seemed not to get it. He told me to "drop 'em" (meaning pull down my pants) when he wanted to examine me. When he did the digital rectal examination, I winced due to the discomfort, and he joked: 'And I didn't even buy you a nice dinner.'"



55

A Better Approach (Gallo-Silver 2014)

- As part of history taking, ask about adverse childhood experiences of physical and/or sexual abuse, and family violence.
- Listen to the patient and stop doing any other nonemergency activity.
- Ask your patient about concerns and preferences in the biologic sex of his physician. If there are gender concerns, allow the patient to discuss them.



56

More Recommendations (Gallo-Silver)

- If your patient indicates he is fearful, ask your patient about how to increase his feelings of safety.
- For invasive procedures, ensure your patient understands informed consent and that he can change his mind at any point before sedation or anesthesia.
- Help your patient anticipate the stressors of next steps before you order further tests or procedures.
- Review procedures with your patient that involve undressing and touching.



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And Still More...

- Inform your patient before touching and explain the specific purpose of touching.
- Inform your patient at the beginning of the examination that you will request body positioning before making that request.
- Take a "sounding" from your patient during invasive examination procedures ("How are you doing? Do you need me to...?")



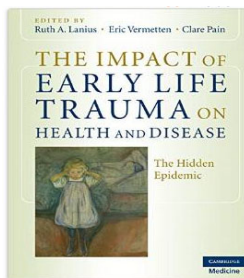
58

Educating Patients About Health Risks of Hitting Children



59

The Prevalence of Injuries Corporal Punishment



- ACE research found 28% of children hit so hard there are injuries and a majority of substantiated physical abuse cases involve corporal punishment

Source: Felitti & Anda (2012)



60

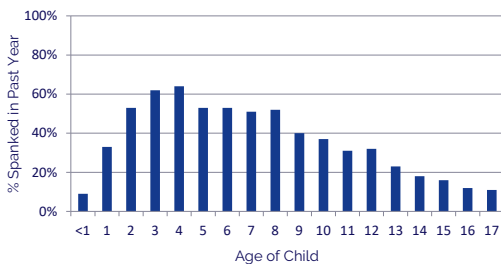
CP and Physical Abuse Risks

- Approximately 2/3rds of parents report hitting children below the age of two
- 85% of children physically punished prior to high school
- 51% of all children have been hit with instruments (Gershoff 2008)



61

Spanking by Age



Finkelhor et al., (2019) "Corporal Punishment: Current Rates from a National Survey," J of Child and Family Studies, doi.org/10.1017/210826-019-01426-4



62

Corporal Punishment and Physical Health

Harsh physical discipline (pushing, grabbing, shoving, slapping, and hitting) even in the absence of more severe maltreatment (broken bones, sexual abuse, etc.) is associated with higher risks of cardiovascular disease, arthritis, obesity, history of family dysfunction, and mental disorders

Source: Afifi, et al, 2013



63

The Least Effective Discipline

The Long-Term Effects of Spanking

A multiyear study shows spanking kids makes them more aggressive later on

By Alice Park | Monday, May 03, 2010

Like 5.1K Tweet 30 In Share 3 Read Later

Disciplining young children is what parents are supposed to do — most moms and dads have no trouble agreeing with that. But should the punishment include spanking?

As many parents can attest, few disciplinary measures stop a child from misbehaving as quickly as a swift smack or two on the bottom.

But in a new study published in *Pediatrics*, researchers at Tulane University provide the strongest evidence yet that children's short-



Peter Dabney / Photographer's Choice - Getty Images

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Gershoff (2016)



Spanking a child leads to bad behavior, not the better manners some parents may think a smack on the bottom will elicit, a new study suggests. Researchers from the University of Texas at Austin and the University of Michigan analyzed 75 studies spanning more than 50 years that spanned 150,000 children.

- 75 studies over 50 years
- More than 150,000 children
- Traditional "spanking" linked to elevated risks of defying parents, acting aggressively, cognitive difficulties, mental health problems

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The Impact On Developing Brains

health Food Fitness Wellness Parenting Vital Signs

Spanking the gray matter out of our kids

By Sarah Kovac, Special to CNN
Updated 7:54 AM ET, Wed July 23, 2014



The more you physically punish your children for their lack of self-control, the less they have, Sarah Kovac says.

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American Academy of Pediatrics (2018)

CHILDREN'S HEALTH

The American Academy Of Pediatrics On Spanking Children: Don't Do It, Ever.

November 15, 2018 - 7:45 AM ET
Heard on Weekend Edition Sunday

CAMERON JENKINS

LULU GARCIA-NAVARRO



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The Best That Can Be Said About CP

- "At its worst corporal punishment may have negative effects on children and at its best has no effects, positive or negative."
- Think of CP as a "risk factor"

Source: Gershoff, 2002

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Asking Doctors To Take The Lead

AMERICAN ACADEMY OF PEDIATRICS
Committee on Psychosocial Aspects of Child and Family Health

Guidance for Effective Discipline

ABSTRACT. When advising families about discipline strategies, pediatricians should use a comprehensive approach that includes consideration of the parent-child relationship, reinforcement of desired behaviors, and consequences for negative behaviors. Corporal punishment is of limited effectiveness and has potentially deleterious side effects. The American Academy of Pediatrics recommends that parents be encouraged and assisted in the development of methods other than spanking for managing undesired behavior.

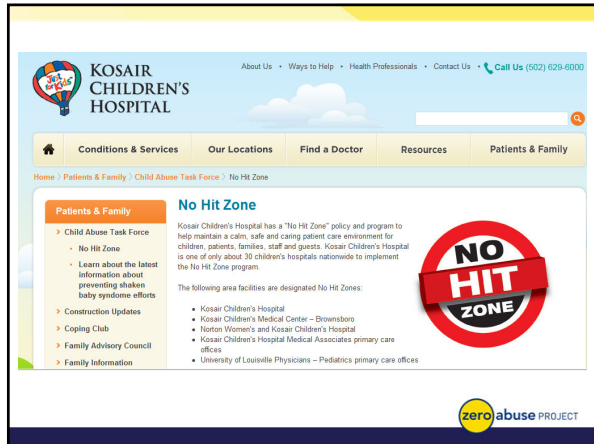
Parents often ask pediatricians for advice about the provision of appropriate and effective discipline. In fact, 90% of pediatricians report that

by removing dangerous objects from their reach) and introduce activities that distract their children from potential hazards. Such proactive behaviors are central to discipline for toddlers. Communicating verbally (a firm no) helps prepare the infant for later use of reasoning, but parents should not expect reasoning, verbal commands, or reprimands to manage the behavior of infants or toddlers.

As children grow older and interact with wider, more complex physical and social environments, the adults who care for them must develop increasingly creative strategies to protect them and teach them orderly and desirable patterns of behavior. As a result of consistent discipline and modeling of desirable

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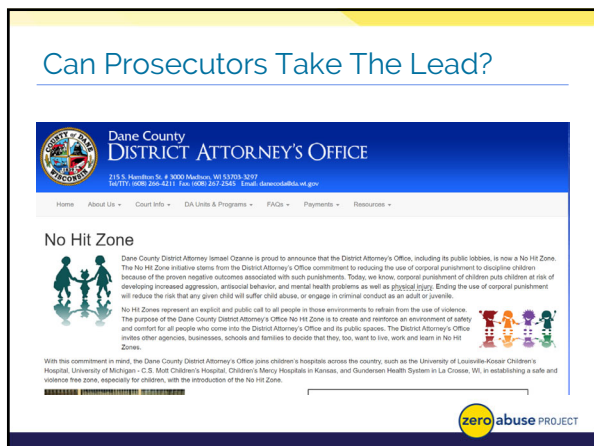
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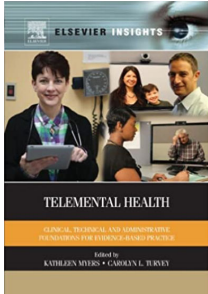


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72

Telemental Health



- Generally supported in the literature
- Check CALIO
- Must have back up plan if communication link is broken and can't be re-established
- Training critical
- Concerns:
 - Confidentiality may be compromised
 - Insurance issues
 - What if a sensitive subject is brought up and child lacks physical presence of someone to manage emotions?



73

Community Education



74

Community Education

- Newspaper ads
- Press releases after every conviction
- Press release for other successes
- Respond to every criticism
- Volunteer to speak to other groups
- Reaching out to diverse cultures



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Community Column



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Working With Faith Community



- Specific training
- Involvement of faith leader on our MDT

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Religion in Child Sexual Abuse Forensic Interviews



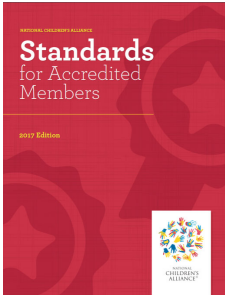
- Recommendations:
 - Foster respectful understanding between CACs and faith communities
 - Provide education to faith leaders
 - Train CAC staff on religious issues
 - Discuss religious issues in MDT case reviews

Tishelman, Amy & Fontes, Lisa. (2017). Religion in child sexual abuse forensic interviews. *Child Abuse & Neglect*. 63, 120-130. 10.1016/j.chiabu.2016.11.025

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Guidance



"Cultural competency is a fundamental component of the CAC philosophy...To effectively meet clients' needs, the CAC and MDT must be willing and able to understand the clients' worldviews, adapt practices as needed, and offer assistance in a manner in which it can be utilized."

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The Role of Spiritual Care

Psychological Trauma: Theory, Research, Practice, and Policy
2006, Vol. 1, No. 2, 139-145

© 2009 American Psychological Association
1076-898X/09/\$12.00 DOI: 10.1037/a0016211

Changes in Personal Religion/Spirituality During and After Childhood Abuse: A Review and Synthesis

Donald F. Walker, Henri Webb Reid, Tiffany O'Neill, and Lindsay Brown
Richmond Graduate University

Psychologists have begun to consider the potential role of traumatic experiences on the victim's spirituality and religiousness as well as the role personal religious and spiritual faith might have in recovery from abuse. In this review, the authors were particularly interested in these issues as they pertain to childhood abuse. The authors identified 34 studies of child abuse as they relate to spirituality and religiosity that included information on a total of 19,090 participants. The studies were classified according to both the form of abuse and the form of religiousness or spirituality that were examined. The majority of studies indicated either some decline in religiousness or spirituality ($N = 14$) or a combination of both growth and decline ($N = 12$). Seven studies gave preliminary indications that religiousness/spirituality can moderate the development of posttraumatic symptoms or symptoms associated with other Axis I disorders. The authors discuss implications for both therapy and future research.

Keywords: childhood abuse, religion and spirituality

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What You Might Want To Teach Faith Leaders

"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."

- Anna Salter

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Youth Minister With Over 100 Victims

"(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.'"

Source: Salter, p. 199



82

Understand Clergy Abusers Are Just As Dangerous

- Share characteristics of other offenders
- More skilled/better educated
- Careful selection of victims
- More likely to use force
- Treatment the same

Langevin, et al. A Study of Clerics Who Commit Sexual Offenses, 24 Child Abuse & Neglect 535 (2000)



83

Understand Predators Will Abuse A Child with Others Present

- 54.9% of child molesters offended when another child present
 - The Tricky Part by Martin Mora
- 23.9% offended when another adult present
- Note—it may be subtle (under the blankets)
- Why? Increases power over child, the chance of getting caught enhances arousal, etc.

Underwood, et al. Do sexual offenders Molest when Other Persons are Present? 11(3) Journal of Research and Treatment (1999)



84

Policies for sex offenders seeking to join a church or attend services

- **Compliance with the law.** Speak to the offender's probation officer and/or the local prosecutor.
- **Consultation with the sex offender's treatment provider.** This will determine potential dangers and help the church in meeting the offender's needs.
- **Review court and investigative records.** What charges were dismissed? What did the offender confess to?
- **Determine level of supervision necessary.** Low risk may require a shadow, high risk separate services.



85

Policies for sex offenders seeking to join a church or attend services

- Sex offender should not be allowed to attend services with victim. This is true even if low risk.
- If SO goes to different congregation—let them know of risks.
- Be sensitive to the fears of parents and the emotions of all survivors.
- Have a public congregational meeting.



86

"Keeping Faith" Training



87

Julie Valentine Center Chaplain



88

A Resource That May Help



89

Prevention At The Local Level



- Annual retreat
- Prevention scouts



90

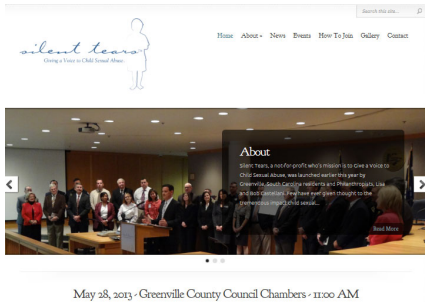
Daro & Donnelly: When Prevention Falls Short

- When proponents "oversimplify" or promote "singular solutions"
- Prevention is complex and will differ from community to community and thus puts prevention in the hands of front line professionals



91

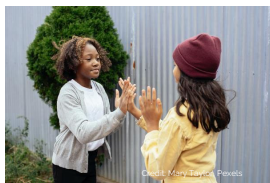
Prevention In Every Community



92

Sources of Resiliency For Abused Children

- Educational characteristics
 - Engagement in academics
 - Engagement in extra-curricular activities
 - Positive relationship with instructors



Source: Summers, 2006



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Other Resiliency Factors

- Community characteristics
 - Positive relationship with caring, non-abusive adult
 - Adults or peers who disapprove of antisocial behavior
 - Involvement with religious community
 - Peer support
 - Safety of community
 - Access to health care



Source: Herrenkohl et al. (2008)



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Vicarious Trauma Plan for MDT

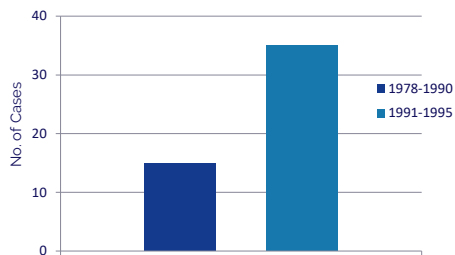


- Develop a "buddy system"
- If MDT has mental health provider or chaplain, enlist their aid and make them available virtually
- Ask CAC board to write thank you letters to team members for their extra efforts in extraordinary times



95

CSA Prosecutions in Cottonwood



Victor Vieth, (1998), "In My Neighbor's House: A Proposal to Address Child Abuse in Rural America," 22 Hamline L. Rev. 143



96

Statewide Comparison

- During the years 1994-1996, Cottonwood County had the highest rate of determining child physical and child sexual abuse per 1,000 children of any of Minnesota's 87 counties.

Child Protective Services: A Program Report (January, 1998)



97

"Till The Night Be Passed"



**"Silence in the face of evil
is itself evil. Not to act is to
act."**

— Dietrich Bonhoeffer



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